

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 [XX] MCR CODE 1

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 RESURRECTION MEDICAL CENTER (14-0117) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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				1
2	SUBPROVIDER I	-516565	991865		2
3	SWING BED - SNF	144473	14244	13644	3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	206778			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-165314	1006109	13644	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 7435 WEST TALCOTT
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60631

COUNTY: COOK

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	RESURRECTION MEDICAL CENTER	14-0117	07/01/1966	N	P	O	2
3	SUBPROVIDER I	RESURRECTION REHAB UNIT	14-T117	07/01/1991	N	P	O	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF	RESURRECTION NURSING PAVILION	14-5324	02/01/1980	N	P	N	6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	RESURRECTION MEDICAL CENTER RDF	14-2335	07/01/2004				16
17	COST REPORTING PERIOD (MM/DD/YYYY)			FROM: 07/01/2009 TO: 06/30/2010				17
18	TYPE OF CONTROL			1 2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I			5				20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21	
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			NO				21.01	
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02	
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N		N 16974	21.03	
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.04	
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.			1				21.05	
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.							21.06	
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO		NO		21.07	
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.							21.08	
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							NO	22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							NO	23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.								23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.								23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.								24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.								24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	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	NO			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:					26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.					26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:					26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO				27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	1.0848	1.0848		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	1600	1600		28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>						
28.03	STAFFING	0.00	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND 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			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		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	10/14/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7722	1382	12167	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		7722	1382	12167	12
13	RPCH VISITS					13
14	SUBPROVIDER I		1015		1228	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

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	111094467	3504673	114599140	3951135.72	29.00		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	884080		884080	6764.60	130.69		4
4.01 TEACHING PHYSICIAN SALARIES	1251253		1251253	14736.87	84.91		4.01
5 PHYSICIAN - PART B	5241233		5241233	46081.00	113.74		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)		3504673	3504673	129887.00	26.98		6
6.01 CONTRACT SERVICES, I&R						HOURS REPT	6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	6256716	236474	6493190	300826.00	21.58	HOURS REPT	8
8.01 EXCLUDED AREA SALARIES	4516664	13342	4530006	200309.00	22.62	HOURS REPT	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	270614		270614	4404.12	61.45	HRS RPT & INV	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	224250		224250	5058.00	44.34	A82 ANALYSIS	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT						HOURS REPT	10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	18430053		18430053	590619.00	31.20	HO COST REPORT	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)		28616905	28616905			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS		1404545	1404545			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		147686	147686			CMS 339	18
18.01 PART A TEACHING PHYSICIANS		230022	230022			CMS 339	18.01
19 PHYSICIAN PART B		912482	912482			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)		864645	864645			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1055712		1055712	58531.44	18.04		21
22 ADMINISTRATIVE & GENERAL	4287147	513766	4800913	149003.28	32.22		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1749614		1749614	26185.78	66.82		22.01
23 MAINTENANCE & REPAIRS	599632		599632	30695.90	19.53		23
24 OPERATION OF PLANT	2104176	-750240	1353936	102708.92	13.18		24
25 LAUNDRY & LINEN SERVICE	170248		170248	16498.67	10.32		25
26 HOUSEKEEPING	2291974		2291974	195275.61	11.74		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2867115	-1219708	1647407	204759.01	8.05		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1206366	1206366	84870.00	14.21		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2126986		2126986	74672.89	28.48		30
31 CENTRAL SERVICES AND SUPPLY	334109		334109	22648.39	14.75		31
32 PHARMACY	2851330		2851330	79005.51	36.09		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	4458283		4458283	175406.71	25.42		33
34 SOCIAL SERVICE	165531		165531	8757.45	18.90		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	106351595		106351595	3786616.63	28.09	1
2 EXCLUDED AREA SALARIES	10773380	249816	11023196	501135.00	22.00	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	95578215	-249816	95328399	3285481.63	29.02	3
4 SUBTOTAL OTHER WAGES & REL COSTS	18924917		18924917	600081.12	31.54	4
5 SUBTOTAL WAGE-RELATED COSTS		28764591	28764591		30.17%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	114503132	28514775	143017907	3885562.75	36.81	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	25061857	-249816	24812041	1229019.56	20.19	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2335

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						60	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						3.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						312	5
6	NUMBER OF STATIONS						12	6
7	TREATMENT CAPACITY PER DAY PER STATION						3	7
8	UTILIZATION							8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP X INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		439						1
2	RUB		3203						2
3	RUA		699						3
3.01	RUX		448						3.01
3.02	RUL		2466						3.02
4	RVC		363						4
5	RVB		2631						5
6	RVA		460						6
6.01	RVX		592						6.01
6.02	RVL		1421						6.02
7	RHC		441						7
8	RHB		146						8
9	RHA		143						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		270						10
11	RMB		443						11
12	RMA		81						12
12.01	RMX		1289						12.01
12.02	RML		1029						12.02
13	RLB		24						13
14	RLA		67						14
15	SE3		265						15
16	SE2		492						16
17	SE1		11						17
18	SSC		367						18
19	SSB		289						19
20	SSA		412						20
21	CC2		44						21
22	CC1		39						22
23	CB2		279						23
24	CB1		194						24
25	CA2		88						25
26	CA1		146						26
27	IB2		14						27
28	IB1		14						28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2		17						35
36	PE1		22						36
37	PD2								37
38	PD1		16						38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1		24						42
43	PA2								43
44	PA1								44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		19428						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	12731103 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	12731103 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.264637 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	82697480 28
29	TOTAL GROSS MEDICAID COST	21884813 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	23416556 30
31	UNCOMPENSATED CARE COST	6196887 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	21884813 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400		6373559	6373559	-2966914	3406645	5377739	8784384	4
5	0500	1055712	24718930	25774642	5770662	5770662	2083233	7853895	5
6.10	0611		366312	366312	48159	25822801	-788041	25034760	6.10
6.20	0621					366312	-78448	287864	6.20
6.30	0631						4621283	4621283	6.30
6.40	0641						1668185	1668185	6.40
6.50	0652						7142294	7142294	6.50
6.60	0662	3417640	41494426	44912066	-3505123	41406943	-16326131	25080812	6.60
6.70	0653								6.70
6.80	1951								6.80
6.90	0663	869507	4515457	5384964	-266641	5118323	-45025	5073298	6.90
7	0700	599632	519349	1118981		1118981		1118981	7
8	0800	1938499	8008862	9947361	-7581782	2365579		2365579	8
8.01	0801				6682740	6682740	-29678	6653062	8.01
8.02	0802	165677	538177	703854		703854		703854	8.02
9	0900			2026647		2026647		2026647	9
9.01	0901	170248	94655	264903		264903	-17958	246945	9.01
10	1000	1909790	665981	2575771		2575771		2575771	10
10.01	1001	382184	75298	457482		457482		457482	10.01
11	1100	2246046	1721918	3967964	-2177315	1790649		1790649	11
11.01	1101	621069	892621	1513690		1513690	-5873	1507817	11.01
12	1200				2153498	2153498	-1203264	950234	12
13	1300								13
14	1400	2126986	265228	2392214		2392214	-517185	1875029	14
15	1500	334109	317332	651441	545591	1197032		1197032	15
16	1600	2851330	11140421	13991751	-10770464	3221287		3221287	16
17	1700	4458283	1361880	5820163		5820163		5820163	17
18	1800								18
18.01	1801	165531	17944	183475		183475		183475	18.01
20	2000								20
21	2100								21
22	2200				3504673	3504673		3504673	22
23	2300	5111289	1401616	6512905	-1662478	4850427		4850427	23
24	2400								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	17580762	2459152	20039914		20039914	-69508	19970406	25
26	2600	6049114	1154707	7203821		7203821	-166183	7037638	26
31	3100	4516664	712519	5229183		5229183		5229183	31
33	3300	1028612	521046	1549658		1549658	-296352	1253306	33
34	3400	6256716	1012651	7269367	266641	7536008		7536008	34
ANCILLARY SERVICE COST CENTERS									
37	3700	4331692	16996873	21328565	-4938864	16389701		16389701	37
38	3800	790004	111880	901884		901884		901884	38
39	3900	2675467	737219	3412686		3412686	-289387	3123299	39
40	4000	119823	1557267	1677090		1677090		1677090	40
41	4100	5615326	2914627	8529953	-598691	7931262		7931262	41
42	4200	1443803	905725	2349528	290837	2640365		2640365	42
43	4300	1085655	713913	1799568	307854	2107422		2107422	43
44	4400	5402152	5313297	10715449		10715449	-1058162	9657287	44
46	4600	394618	2727364	3121982		3121982		3121982	46
46.30	4650								46.30
49	4900	1467668	490029	1957697	-24744	1932953	-30036	1902917	49
50	5000	3353107	363444	3716551	-66554	3649997		3649997	50
50.01	5001	1146046	167771	1313817		1313817		1313817	50.01
50.02	5002	814978	109918	924896		924896		924896	50.02
51	5100	1722194	157472	1879666	55586	1935252		1935252	51
52	5200	1060739	267213	1327952	10968	1338920		1338920	52
53	5300	1193228	1295495	2488723	19690	2508413	-883104	1625309	53
54	5400	432582	748505	1181087	5054	1186141		1186141	54
54.01	5401	119610	3794752	3914362		3914362		3914362	54.01
55	5500				1006667	1006667		1006667	55
55.30	5530				4938864	4938864		4938864	55.30
56	5600				10770464	10770464		10770464	56
56.01	3950	132223	61264	193487		193487		193487	56.01
56.02	3520								56.02
56.03	3120	1469062	4235720	5704782		5704782	-17424	5687358	56.03
57	5700	1275898	1045372	2321270		2321270		2321270	57
OUTPATIENT SERVICE COST CENTERS									
60	6000	1801247	851142	2652389		2652389		2652389	60
61	6100	6491828	1930677	8422505		8422505	-2390113	6032392	61
61.01	4040	2900117	953107	3853224	-1842195	2011029		2011029	61.01

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	
61.02 4950 SOCIAL SERVICE-PSYCH								61.02
62 6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
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
95	111094467	160826734	271921201	-23817	271897384	-3319138	268578246	95
NONREIMBURSABLE COST CENTERS								
99 9900 NONPAID WORKERS		2643	2643	23817	26460		26460	99
100 7950 OTHER								100
100.05 7955 NON EMPLOYEE CHILD CARE								100.05
101	111094467	160829377	271923844		271923844	-3319138	268604706	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 IMPLANT MEDICAL SUPPLIES	A	IMPL. DEV. CHARGED TO PATIENT	55.30		4938864	1
2						2
3						3
4 CHARGEABLE DRUGS F	C	DRUGS CHARGED TO PATIENTS	56		10770464	4
5						5
6 ELECTRICITY AND GAS F	D	ELECTRICITY	8.01		2705112	6
7						7
8 WORKER'S COMPENSATION F	E	EMPLOYEE BENEFITS	5		48159	8
9						9
10 SHARED DIETARY EXPENSE F	F	CAFETERIA	12	1206366	947132	10
11	F	NONPAID WORKERS	99	13342	10475	11
12						12
13 TEACHING MD AND RESIDENTS F	G	I&R SERVICES-OTHER PRGM COSTS	23	828396		13
14	G	I&R SERVICES-OTHER PRGM COSTS	23	1013799		14
15						15
16 RNP NURSING ADMINISTRATION F	H	SKILLED NURSING FACILITY	34	236474	30167	16
17						17
18 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-THERAPEUTIC	42	234627	56210	18
19	I	RADIOISOTOPE	43	248355	59499	19
20						20
21 BIOMEDICAL ENGINEERING F	J	ELECTRICITY	8.01	190917	3786711	21
22						22
23 THERAPY SUPERVISORS F	K	OCCUPATIONAL THERAPY	51	55586		23
24	K	SPEECH PATHOLOGY	52	10968		24
25						25
26 SHARED SUPERVISION F	L	ELECTROCARDIOLOGY	53	19690		26
27	L	ELECTROENCEPHALOGRAPHY	54	5054		27
28						28
29 EQUIPMENT DEPRECIATION	M	NEW CAP REL COSTS-MVBLE EQUIP	4		5770662	29
30						30
31 SECURITY F	N	ADMINISTRATION & GENERAL	6.60	750240	148802	31
32						32
33 RESIDENT SALARIES F	O	I&R SERVICES-SALARY & FRINGES	22	3504673		33
34						34
35 PROPERTY INSURANCE RECLASS	P	NEW CAP REL COSTS-BLDG & FIXT	3		178454	35
36 SUBTOTAL				8318487	29450711	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 IMPLANT MEDICAL SUPPLIES	A	OPERATING ROOM	37		4938864	1
2						2
3						3
4 CHARGEABLE DRUGS F	C	PHARMACY	16		10770464	4
5						5
6 ELECTRICITY AND GAS F	D	OPERATION OF PLANT	8		2705112	6
7						7
8 WORKER'S COMPENSATION F	E	ADMINISTRATION & GENERAL	6.60		48159	8
9						9
10 SHARED DIETARY EXPENSE F	F	DIETARY	11	1219708	957607	10
11						11
12						12
13 TEACHING MD AND RESIDENTS F	G	FAMILY PRACTICE CENTER	61.01	1842195		13
14	G					14
15						15
16 RNP NURSING ADMINISTRATION F	H	RNP ADMINISTRATION	6.90	236474	30167	16
17						17
18 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-DIAGNOSTIC	41	234627	56210	18
19	I	RADIOLOGY-DIAGNOSTIC	41	248355	59499	19
20						20
21 BIOMEDICAL ENGINEERING F	J	OPERATION OF PLANT	8	190917	3786711	21
22						22
23 THERAPY SUPERVISORS F	K	PHYSICAL THERAPY	50	66554		23
24	K					24
25						25
26 SHARED SUPERVISION F	L	RESPIRATORY THERAPY	49	24744		26
27	L					27
28						28
29 EQUIPMENT DEPRECIATION	M	NEW CAP REL COSTS-BLDG & FIXT	3		5770662	9 29
30						30
31 SECURITY F	N	OPERATION OF PLANT	8	750240	148802	31
32						32
33 RESIDENT SALARIES F	O	I&R SERVICES-OTHER PRGM COSTS	23		3504673	33
34						34
35 PROPERTY INSURANCE RECLASS	P	ADMINISTRATION & GENERAL	6.60		178454	12 35
36 SUBTOTAL				4813814	32955384	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					
2 REBATE RECLASS	Q	CENTRAL SERVICES & SUPPLY	15		1552258
3					
4 CHARGABLE MEDICAL SUPPLES	R	MEDICAL SUPPLIES CHARGED TO P	55		1006667
5					
6 CAPITAL INTEREST RECLASS	S	NEW CAP REL COSTS-BLDG & FIXT	3		2625294
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36 TOTAL RECLASSIFICATIONS				8318487	34634930

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1						1
2 REBATE RECLASS	Q	ADMINISTRATION & GENERAL	6.60		1552258	2
3						3
4 CHARGABLE MEDICAL SUPPLES	R	CENTRAL SERVICES & SUPPLY	15		1006667	4
5						5
6 CAPITAL INTEREST RECLASS	S	ADMINISTRATION & GENERAL	6.60		2625294	12 6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				4813814	38139603	36

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	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	5980636			2803748			8784384 3
4 NEW CAP REL COSTS-MVBLE EQUIP	7853895						7853895 4
5 TOTAL	13834531			2803748			16638279 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	6373559						6373559 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	6373559						6373559 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	-962161	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-225582	ADMINISTRATION & GENERAL	6.60	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-78448	NON PATIENT PHONES	6.10	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-5102388			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	1098220			14
15 LAUNDRY AND LINEN SERVICE	B	-17958	RNP LAUNDRY	9.01	15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1203264	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					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A-8-3		UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				
37 TV ELECTRICITY COST	A	-29678	ELECTRICITY	8.01	36
37.01 EMPLOYEE CHILD CARE REVENUE	B	-659266	EMPLOYEE BENEFITS	5	37
37.07 NURSING REIMBURSEMENT	A	-517185	NURSING ADMINISTRATION	14	37.01
37.12 PHASE 3 CARDIAC REVENUE	B	-97881	ELECTROCARDIOLOGY	53	37.07
37.16 EMPLOYEE FITNESS REVENUE	B	-63375	EMPLOYEE BENEFITS	5	37.12
37.19 PAVILION REVENUE	B	-30879	RNP ADMINISTRATION	6.90	37.16
37.20 PAVILION REVENUE	A	-5873	RNP DIETARY	11.01	37.19
37.25 RNRC ADMINISTRATION MISC REV	B	-14146	RNP ADMINISTRATION	6.90	37.20
37.39 OUTPATIENT EXP BLDG	A	681718	NEW CAP REL COSTS-BLDG & FIXT	3	37.25
37.50 MISC REVENUE	B	-849510	ADMINISTRATION & GENERAL	6.60	37.39
37.51 MED STAFF &PT B PHY BENEFITS	A	-1077255	EMPLOYEE BENEFITS	5	9 37.50
38 AHA AND MCHC DUES	A	-3644	ADMINISTRATION & GENERAL	6.60	37.51
39 CPA ADJUSTMENT MEDICAID TAX	A	6818916	ADMINISTRATION & GENERAL	6.60	38
40 MED STAFF (9650-240)	A	-910383	ADMINISTRATION & GENERAL	6.60	39
41 MISCELL REVENUE CONVENT	A	-69116	ADMINISTRATION & GENERAL	6.60	40
42					41
43					42
44					43
45					44
46					45
47					46
48					47
49					48
50 TOTAL		-3319138			49

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	5	EMPLOYEE BENEFITS	1011855		1011855	1
2	6.50	CASHIERS AR AND COLLECTIONS	7142294		7142294	2
3	6.30	PURCHASING AND STORES	297823		297823	3
4	6.20	DATA PROCESSING	4621283		4621283	4
4.01	6.60	ADMINISTRATION & GENERAL	8423360	29510172	-21086812	4.01
4.02	6.30	PURCHASING AND STORES	1370362		1370362	4.02
4.03	4	NEW CAP REL COSTS-MVBLE EQUIP	2083233		2083233	9 4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	4696021		4696021	9 4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	962161		962161	11 4.05
5		TOTALS	30608392	29510172	1098220	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.

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B		RMC			HEALTH CARE		1
							2
							3
							4
							5

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

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

PROVIDER-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	53	ELECTROCARDIOLOGY	CARDIOLOGY	785223	785223				
2	33	NURSERY	NEONATAL	296352	296352				
3	31	SUBPROVIDER I	DIRECTOR	87356		87356	124000	2080	124000 6200
4	25	ADULTS & PEDIATRICS	PEDIATRICS	69508	69508				
5	26	INTENSIVE CARE UNIT	DIRECTOR	166183	166183				
6	61	EMERGENCY	DIRECTOR AND STAFF	2713894	2390113	323781	158000	32877	2497388 124869
7	61.01	FAMILY PRACTICE CENTER	AGGREGATE	1098463		1098463	158000	18416	1398908 69945
8	57	RENAL DIALYSIS	AGGREGATE						
9	49	RESPIRATORY THERAPY	AGGREGATE	30036	30036				
10	39	DELIVERY ROOM & LABOR RO	AGGREGATE	289387	289387				
11	44	LABORATORY	DIRECTOR AND PATHOL	1577464	1058162	519302	192300	12480	1153800 57690
12	56.03	CARDIAC CATHETERIZATION	AGGREGATE	17424	17424				
101		TOTAL		7131290	5102388	2028902		65853	5174096 258704

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	53 ELECTROCARDIOLOGY	CARDIOLOGY						785223
2	33 NURSERY	NEONATAL						296352
3	31 SUBPROVIDER I	DIRECTOR				124000		
4	25 ADULTS & PEDIATRICS	PEDIATRICS						69508
5	26 INTENSIVE CARE UNIT	DIRECTOR						166183
6	61 EMERGENCY	DIRECTOR AND STAFF				2497388		2390113
7	61.01 FAMILY PRACTICE CENTER	AGGREGATE				1398908		
8	57 RENAL DIALYSIS	AGGREGATE						
9	49 RESPIRATORY THERAPY	AGGREGATE						30036
10	39 DELIVERY ROOM & LABOR RO	AGGREGATE						289387
11	44 LABORATORY	DIRECTOR AND PATHOL				1153800		1058162
12	56.03 CARDIAC CATHETERIZATION	AGGREGATE						17424
101	TOTAL					5174096		5102388

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT PHONES 6.10	DATA PROCESSING 6.20	PURCHASING AND STORES 6.30	CASHIERS AR AND COLLECTION 6.50	
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	8784384	8784384							3
4 NEW CAP REL COSTS-MVBLE EQUIP	7853895		7853895						4
5 EMPLOYEE BENEFITS	25034760	126737	3652	25165149					5
6.10 NON PATIENT PHONES	287864	33332	1361		322557				6.10
6.20 DATA PROCESSING	4621283		546136			5167419			6.20
6.30 PURCHASING AND STORES	1668185				8761	184041	1860987		6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS	7142294				15132	193560		7350986	6.50
6.60 ADMINISTRATION & GENERAL	25080812	1577705	168214	923748	61333	680634	9695	194	6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION	5073298		14102	140302	796	115025	73631		6.90
7 MAINTENANCE & REPAIRS	1118981	1235448	75049	132899	7964		4323		7
8 OPERATION OF PLANT	2365579	43492	222833	221046	5575	28558	10806		8
8.01 ELECTRICITY	6653062			42314	6371				8.01
8.02 RNP OPERATION OF PLANT	703854		118484	36720			665		8.02
9 LAUNDRY & LINEN SERVICE	2026647	127426	4692		796		66553		9
9.01 RNP LAUNDRY	246945		7940	37733			2599		9.01
10 HOUSEKEEPING	2575771	57755	18704	423276	796		9443		10
10.01 RNP HOUSEKEEPING	457482		160	84705			1362		10.01
11 DIETARY	1790649	177719	59635	227472	5575	15866	47022		11
11.01 RNP DIETARY	1507817		10325	137651			26436		11.01
12 CAFETERIA	950234	95036		267373	4779	13486			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1875029	46204	33704	471415	15132	115819	744		14
15 CENTRAL SERVICES & SUPPLY	1197032	151779	30575	74050	796	24591	2140		15
16 PHARMACY	3221287	63643	131159	631955	7168	299066	357832		16
17 MEDICAL RECORDS & LIBRARY	5820163	122142	11660	988112	22300	571161	2697		17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE	183475			36687			18		18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	3504673	41496	9207	776758			7563		22
23 I&R SERVICES-OTHER PRGM COSTS A	4850427			1541135					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	19970406	1586035	683468	3896465	31061	264162	34006	846026	25
26 INTENSIVE CARE UNIT	7037638	247489	73454	1340695	1593	68222	13710	188768	26
31 SUBPROVIDER I	5229183	330875	12088	1001051	2389	29352	4659	160760	31
33 NURSERY	1253306	12057	13147	227976	1593	29352	1489	43959	33
34 SKILLED NURSING FACILITY	7536008			1439118			9880	171292	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	16389701	331690	974265	960055	3982	57910	535445	662047	37
38 RECOVERY ROOM	901884	25955	2646	175093	796	19039	1817	99399	38
39 DELIVERY ROOM & LABOR ROOM	3123299	315473	106093	592977	796	38077	7984	76349	39
40 ANESTHESIOLOGY	1677090	25491	169032	26557	1593		16601	100589	40
41 RADIOLOGY-DIAGNOSTIC	7931262	377964	1460064	1137507	16725	677461	63082	869915	41
42 RADIOLOGY-THERAPEUTIC	2640365	178717	989557	371999	9557	38077	11059	110339	42
43 RADIOISOTOPE	2107422	7490	108178	295663	3186	87261	17693	161942	43
44 LABORATORY	9657287	194399	195461	1197306	19114	928924	58772	887311	44
46 WHOLE BLOOD & PACKED RED BLOOD	3121982	7434	118	87461	796	135651	88574	65749	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1902917	45614	63292	319802	3982	29352	10936	227340	49
50 PHYSICAL THERAPY	3649997	105743	19915	728415	8761	45217	2791	134351	50
50.01 RNRC PHYSICAL THERAPY	1313817			254004			431	29058	50.01
50.02 DAY RHABILITATION FACILITY	924896		30848	180628			318	21738	50.02
51 OCCUPATIONAL THERAPY	1935252	89668	5283	394018	5575	76948	558	69020	51
52 SPEECH PATHOLOGY	1338920	23903	3427	237528	796		5674	40102	52
53 ELECTROCARDIOLOGY	1625309	89794	25275	268825	7168	19039	2040	170334	53
54 ELECTROENCEPHALOGRAPHY	1186141	20207	235980	96995	796	19039	9219	36752	54
54.01 ELECTROPHYSIOLOGY	3914362		32915	26510			123725	166607	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1006667							74942	55
55.30 IMPL. DEV. CHARGED TO PATIENT	4938864							37521	55.30
56 DRUGS CHARGED TO PATIENTS	10770464							871779	56
56.01 WELLNESS PROGRAM	193487	24704	390	29305	796		952	1182	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION	5687358		466772	325596	796		134436	344222	56.03
57 RENAL DIALYSIS	2321270	52794	48353	282784	1593	79328	27350	119010	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	2652389	302545	492294	399219	9557	126131	19610	116649	60
61 EMERGENCY	6032392	409329	165810	1438816	9557	77742	28726	429904	61
61.01 FAMILY PRACTICE CENTER	2011029		5312	234473	16725	79328	5871	15836	61.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	NON PATIENT PHONES	DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTION	
	0	3	4	5	6.10	6.20	6.30	6.50	
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									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	268578246	8705284	7851029	25162192	322557	5167419	1860937	7350986	95
NONREIMBURSABLE COST CENTERS									
99 NONPAID WORKERS	26460	79100	2866	2957			50		99
100 OTHER									100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	268604706	8784384	7853895	25165149	322557	5167419	1860987	7350986	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL 5A	ADMIN AND GENERAL	RNP ADMIN	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	ELECTRI- CITY	RNP OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE
		6.60	6.90	7	8	8.01	8.02	9
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL	28502335	28502335						6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION	5417154	643065	6060219					6.90
7 MAINTENANCE & REPAIRS	2574664	305636		2880300				7
8 OPERATION OF PLANT	2897889	344006		2167170	5409065			8
8.01 ELECTRICITY	6701747	795558				7497305		8.01
8.02 RNP OPERATION OF PLANT	859723	102057	1138666	159510			2259956	8.02
9 LAUNDRY & LINEN SERVICE	2226114	264260			119503	165639	49930	2825446
9.01 RNP LAUNDRY	295217	35045	200270	6473				9.01
10 HOUSEKEEPING	3085745	366306		67709	54164	75075	22630	60373
10.01 RNP HOUSEKEEPING	543709	64543	159314	3488				10.01
11 DIETARY	2323938	275872		124417	166669	231014	69636	
11.01 RNP DIETARY	1682229	199696	1888593	21869				11.01
12 CAFETERIA	1330908	157991			89127	123535	37238	
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	2558047	303663		254	43331	60060	18104	
15 CENTRAL SERVICES & SUPPLY	1480963	175804	137892		142342	197295	59472	4152
16 PHARMACY	4712110	559370		1484	59686	82728	24937	221
17 MEDICAL RECORDS & LIBRARY	7538235	894856		478	114548	158771	47859	
18 SOCIAL SERVICE								
18.01 RNP SOCIAL SERVICE	220180	26137	37966					18.01
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A	4339697	515161			38916	53940	16260	26905
23 I&R SERVICES-OTHER PRGM COSTS A	6391562	758736						
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	27311629	3242160			1487425	2061666	621456	1063831
26 INTENSIVE CARE UNIT	8971569	1065006			232101	321707	96974	203928
31 SUBPROVIDER I	6770357	803702			310303	430099	129647	272923
33 NURSERY	1582879	187902			11307	15673	4724	
34 SKILLED NURSING FACILITY	9156298	1086935	2142551	159				
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	19915095	2364101		106620	311067	431158	129967	234492
38 RECOVERY ROOM	1226629	145612			24341	33738	10170	74550
39 DELIVERY ROOM & LABOR ROOM	4261048	505825		161	295859	410079	123613	90592
40 ANESTHESIOLOGY	2016953	239430		159	23906	33135	9988	
41 RADIOLOGY-DIAGNOSTIC	12533980	1487896		3241	354464	491309	148098	205425
42 RADIOLOGY-THERAPEUTIC	4349670	516345		360	167605	232311	70027	27953
43 RADIOISOTOPE	2788835	331060			7024	9736	2935	
44 LABORATORY	13138574	1559667		3620	182312	252696	76172	49
46 WHOLE BLOOD & PACKED RED BLOOD	3507765	416403			6971	9663	2913	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	2603235	309027		1549	42778	59293	17873	
50 PHYSICAL THERAPY	4695190	557361			99169	137454	41434	29998
50.01 RNRC PHYSICAL THERAPY	1597310	189615	354967					50.01
50.02 DAY RHABILITATION FACILITY	1158428	137516						3924
51 OCCUPATIONAL THERAPY	2576322	305833		260	84092	116557	35135	
52 SPEECH PATHOLOGY	1650350	195911		1259	22417	31071	9366	
53 ELECTROCARDIOLOGY	2207784	262084		2320	84211	116722	35184	33684
54 ELECTROENCEPHALOGRAPHY	1605129	190543		555	18951	26267	7918	1996
54.01 ELECTROPHYSIOLOGY	4264119	506189		791				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1081609	128397						55
55.30 IMPL. DEV. CHARGED TO PATIENT	4976385	590742						55.30
56 DRUGS CHARGED TO PATIENTS	11642243	1382039						56
56.01 WELLNESS PROGRAM	250816	29774			23168	32112	9680	1001
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	6959180	826117		1300				22061
57 RENAL DIALYSIS	2932482	348112		2983	49512	68627	20687	31169
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4118394	488890		190265	283735	393274	118547	137688
61 EMERGENCY	8592276	1019980		1950	383879	532080	160388	295316
61.01 FAMILY PRACTICE CENTER	2368574	281171		9579				3215

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	LAUNDRY
		AND GENERAL	ADMIN	ANCE AND REPAIRS	OF PLANT	CITY	OPERATION OF PLANT	AND LINEN SERVICE
	5A	6.60	6.90	7	8	8.01	8.02	9
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	268493273	28489107	6060219	2879983	5334883	7394484	2228962	2825446 95
NONREIMBURSABLE COST CENTERS								
99 NONPAID WORKERS	111433	13228		317	74182	102821	30994	99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	268604706	28502335	6060219	2880300	5409065	7497305	2259956	2825446 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE-KEEPING	RNP HOUSE-KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
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
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL									6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION									6.90
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 ELECTRICITY									8.01
8.02 RNP OPERATION OF PLANT									8.02
9 LAUNDRY & LINEN SERVICE									9
9.01 RNP LAUNDRY	537005								9.01
10 HOUSEKEEPING		3732002							10
10.01 RNP HOUSEKEEPING			771054						10.01
11 DIETARY		107960	109321	3408827					11
11.01 RNP DIETARY					3792387				11.01
12 CAFETERIA		26990				1765789			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		14941				37601	3036001		14
15 CENTRAL SERVICES & SUPPLY		13495				11404		2222819	15
16 PHARMACY		31810				39783		10118	16
17 MEDICAL RECORDS & LIBRARY		20242				88325		39	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE			10286			4410			18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						6716		2	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1385485		2340833		366192	1062077	141797	25
26 INTENSIVE CARE UNIT		219775		369286		103065	298921	67474	26
31 SUBPROVIDER I		242909		698708		99345	288130	19595	31
33 NURSERY		33255				19429	56349	5628	33
34 SKILLED NURSING FACILITY	537005		504985		3792387	151480	425221	69323	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		507025				107944	313072	870875	37
38 RECOVERY ROOM		9639				14271	41392	8131	38
39 DELIVERY ROOM & LABOR ROOM		134307				50579	146696	26389	39
40 ANESTHESIOLOGY		9639				5459	15834	86162	40
41 RADIOLOGY-DIAGNOSTIC		94465				109418		198219	41
42 RADIOLOGY-THERAPEUTIC		60727				31466		8263	42
43 RADIOISOTOPE		19279				26596		4603	43
44 LABORATORY		110209				93829		41175	44
46 WHOLE BLOOD & PACKED RED BLOOD		6747				7268		401	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		18315				35028		31915	49
50 PHYSICAL THERAPY		28918				52917		12075	50
50.01 RNRC PHYSICAL THERAPY			123962			17725		413	50.01
50.02 DAY RHABILITATION FACILITY						14637		189	50.02
51 OCCUPATIONAL THERAPY		38557				29345		2061	51
52 SPEECH PATHOLOGY						17627		37229	52
53 ELECTROCARDIOLOGY		24098				26530		5999	53
54 ELECTROENCEPHALOGRAPHY		5784				15771		29390	54
54.01 ELECTROPHYSIOLOGY						1597		63981	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			22500					2794	55
55.30 IMPL. DEV. CHARGED TO PATIENT								32313	55.30
56 DRUGS CHARGED TO PATIENTS		4820							56
56.01 WELLNESS PROGRAM						2329		94	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION						34882	101169	181531	56.03
57 RENAL DIALYSIS						24963		74497	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		195034				35626	103327	70375	60
61 EMERGENCY		244195				63377	183813	116886	61
61.01 FAMILY PRACTICE CENTER		46268				18855		2872	61.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									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	537005	3654888	771054	3408827	3792387	1765789	3036001	2222808	95
NONREIMBURSABLE COST CENTERS									
99 NONPAID WORKERS		77114							11 99
100 OTHER									100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	537005	3732002	771054	3408827	3792387	1765789	3036001	2222819	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL								6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION								6.90
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 ELECTRICITY								8.01
8.02 RNP OPERATION OF PLANT								8.02
9 LAUNDRY & LINEN SERVICE								9
9.01 RNP LAUNDRY								9.01
10 HOUSEKEEPING								10
10.01 RNP HOUSEKEEPING								10.01
11 DIETARY								11
11.01 RNP DIETARY								11.01
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	5522247							16
17 MEDICAL RECORDS & LIBRARY	1540	8864893						17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE			298979					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	2			4997599				22
23 I&R SERVICES-OTHER PRGM COSTS A					7150298			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	848	605515		2783874	3983020	48457808	-6766894	41690914 25
26 INTENSIVE CARE UNIT	309	39082		355463	508578	12853238	-864041	11989197 26
31 SUBPROVIDER I	85	49261				10115064		10115064 31
33 NURSERY	794	279915		35194	50354	2283403	-85548	2197855 33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS			298979			18165323		18165323 34
37 OPERATING ROOM	289	58022		309710	443117	26102554	-752827	25349727 37
38 RECOVERY ROOM	184	26759				1615416		1615416 38
39 DELIVERY ROOM & LABOR ROOM	2362	9846		70389	100708	6228453	-171097	6057356 39
40 ANESTHESIOLOGY	5475	47364				2493504		2493504 40
41 RADIOLOGY-DIAGNOSTIC	2246	2206903		35194	50354	17921212	-85548	17835664 41
42 RADIOLOGY-THERAPEUTIC	98517	347668				5910912		5910912 42
43 RADIOISOTOPE	228	1039688				4229984		4229984 43
44 LABORATORY	35	509252		70389	100708	16138687	-171097	15967590 44
46 WHOLE BLOOD & PACKED RED BLOOD		66710				4024841		4024841 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	37112	270894		175972	251771	3854762	-427743	3427019 49
50 PHYSICAL THERAPY	12	135534				5790062		5790062 50
50.01 RNRC PHYSICAL THERAPY		93382				2377374		2377374 50.01
50.02 DAY RHABILITATION FACILITY						1314694		1314694 50.02
51 OCCUPATIONAL THERAPY						3188162		3188162 51
52 SPEECH PATHOLOGY						1965230		1965230 52
53 ELECTROCARDIOLOGY	76	1258700		175972	251771	4485135	-427743	4057392 53
54 ELECTROENCEPHALOGRAPHY		375151		35194	50354	2363003	-85548	2277455 54
54.01 ELECTROPHYSIOLOGY	181					4836858		4836858 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	133	527859				1763292		1763292 55
55.30 IMPL. DEV. CHARGED TO PATIENT						5599440		5599440 55.30
56 DRUGS CHARGED TO PATIENTS	5106623	138980				18274705		18274705 56
56.01 WELLNESS PROGRAM	10492			70389	100708	530563	-171097	359466 56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	708					8126948		8126948 56.03
57 RENAL DIALYSIS	226852					3779884		3779884 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	1287	501809		70389	100708	6809348	-171097	6638251 60
61 EMERGENCY	2595	276599		527915	755313	13156562	-1283228	11873334 61
61.01 FAMILY PRACTICE CENTER	23262			281555	402834	3438185	-684389	2753796 61.01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	16	17	18.01	22	23	25	26	27
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	5522247	8864893	298979	4997599	7150298	268194606	-12147897	256046709
NONREIMBURSABLE COST CENTERS								
99 NONPAID WORKERS						410100		410100
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5522247	8864893	298979	4997599	7150298	268604706	-12147897	256456809

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	NON	DATA	PURCHASING	
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	PATIENT			
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC	5	PHONES			
	0	3	4	4A		6.10	6.20	6.30	
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	1369	126737	3652	131758	131758				5
6.10 NON PATIENT PHONES		33332	1361	34693		34693			6.10
6.20 DATA PROCESSING			546136	546136			546136		6.20
6.30 PURCHASING AND STORES							942	19451	20393
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS						1628	20457		6.50
6.60 ADMINISTRATION & GENERAL	20633	1577705	168214	1766552	4835	6591	71935	106	6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION	307		14102	14409	734	86	12157	807	6.90
7 MAINTENANCE & REPAIRS	1002	1235448	75049	1311499	696	857		47	7
8 OPERATION OF PLANT	19343	43492	222833	285668	1157	600	3018	118	8
8.01 ELECTRICITY					221	685			8.01
8.02 RNP OPERATION OF PLANT	578		118484	119062	192			7	8.02
9 LAUNDRY & LINEN SERVICE		127426	4692	132118		86		730	9
9.01 RNP LAUNDRY			7940	7940	197			28	9.01
10 HOUSEKEEPING	44252	57755	18704	120711	2215	86		104	10
10.01 RNP HOSUEKEEPING			160	160	443			15	10.01
11 DIETARY	27521	177719	59635	264875	1191	600	1677	515	11
11.01 RNP DIETARY	6925		10325	17250	720			290	11.01
12 CAFETERIA		95036		95036	1399	514	1425		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	249	46204	33704	80157	2467	1628	12241	8	14
15 CENTRAL SERVICES & SUPPLY		151779	30575	182354	388	86	2599	23	15
16 PHARMACY	791	63643	131159	195593	3308	771	31608	3923	16
17 MEDICAL RECORDS & LIBRARY	2954	122142	11660	136756	5172	2399	60365	30	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE					192				18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	2789	41496	9207	53492	4065			83	22
23 I&R SERVICES-OTHER PRGM COSTS A					8066				23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	21695	1586035	683468	2291198	20445	3341	27919	373	25
26 INTENSIVE CARE UNIT	3521	247489	73454	324464	7017	171	7210	150	26
31 SUBPROVIDER I	3356	330875	12088	346319	5239	257	3102	51	31
33 NURSERY	585	12057	13147	25789	1193	171	3102	16	33
34 SKILLED NURSING FACILITY	1286			1286	7532			108	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	6592	331690	974265	1312547	5025	428	6120	5864	37
38 RECOVERY ROOM		25955	2646	28601	916	86	2012	20	38
39 DELIVERY ROOM & LABOR ROOM	4740	315473	106093	426306	3104	86	4024	88	39
40 ANESTHESIOLOGY	699	25491	169032	195222	139	171		182	40
41 RADIOLOGY-DIAGNOSTIC	16714	377964	1460064	1854742	5954	1799	71600	692	41
42 RADIOLOGY-THERAPEUTIC	8365	178717	989557	1176639	1947	1028	4024	121	42
43 RADIOISOTOPE	889	7490	108178	116557	1547	343	9222	194	43
44 LABORATORY	1561	194399	195461	391421	6266	2056	98178	644	44
46 WHOLE BLOOD & PACKED RED BLOOD	207	7434	118	7759	458	86	14337	971	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	7890	45614	63292	116796	1674	428	3102	120	49
50 PHYSICAL THERAPY	1203	105743	19915	126861	3812	942	4779	31	50
50.01 RNRC PHYSICAL THERAPY	553			553	1329			5	50.01
50.02 DAY RHABILITATION FACILITY	806		30848	31654	945			3	50.02
51 OCCUPATIONAL THERAPY	908	89668	5283	95859	2062	600	8133	6	51
52 SPEECH PATHOLOGY	2977	23903	3427	30307	1243	86		62	52
53 ELECTROCARDIOLOGY	832	89794	25275	115901	1407	771	2012	22	53
54 ELECTROENCEPHALOGRAPHY	2086	20207	235980	258273	508	86	2012	101	54
54.01 ELECTROPHYSIOLOGY	1565		32915	34480	139			1356	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
56.01 WELLNESS PROGRAM	116	24704	390	25210	153	86		10	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION	389		466772	467161	1704	86		1474	56.03
57 RENAL DIALYSIS	2528	52794	48353	103675	1480	171	8384	300	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4331	302545	492294	799170	2089	1028	13331	215	60
61 EMERGENCY	3070	409329	165810	578209	7531	1028	8216	315	61
61.01 FAMILY PRACTICE CENTER	4213		5312	9525	1227	1799	8384	64	61.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	NON	DATA	PURCHASING
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	PATIENT		
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		PHONES	PROCESSING	AND
	0	3	4	4A	5	6.10	6.20	6.30
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	232390	8705284	7851029	16788703	131743	34693	546136	20392 95
NONREIMBURSABLE COST CENTERS								
99 NONPAID WORKERS	207	79100	2866	82173	15			1 99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	232597	8784384	7853895	16870876	131758	34693	546136	20393 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMIN	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	LAUNDRY
	AR AND	AND	ADMIN	ANCE AND	OF	CITY	OPERATION	AND LINEN
	COLLECTION	GENERAL	ADMIN	REPAIRS	PLANT		OF PLANT	SERVICE
	6.50	6.60	6.90	7	8	8.01	8.02	9
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS	22085							6.50
6.60 ADMINISTRATION & GENERAL	1	1850020						6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION		41739	69932					6.90
7 MAINTENANCE & REPAIRS		19838		1332937				7
8 OPERATION OF PLANT		22328		1002916	1315805			8
8.01 ELECTRICITY		51637				52543		8.01
8.02 RNP OPERATION OF PLANT		6624	13140	73818			212843	8.02
9 LAUNDRY & LINEN SERVICE		17152			29070	1161	4702	185019
9.01 RNP LAUNDRY		2275	2311	2995				9.01
10 HOUSEKEEPING		23776		31334	13176	526	2131	3953
10.01 RNP HOSUEKEEPING		4189	1838	1614				10.01
11 DIETARY		17906		57577	40544	1619	6558	11
11.01 RNP DIETARY		12962	21793	10120				11.01
12 CAFETERIA		10255			21681	866	3507	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		19710		118	10541	421	1705	14
15 CENTRAL SERVICES & SUPPLY		11411	1591		34626	1383	5601	272
16 PHARMACY		36307		687	14519	580	2349	14
17 MEDICAL RECORDS & LIBRARY		58082		221	27865	1113	4507	17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE		1696	438					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		33437			9467	378	1531	1762
23 I&R SERVICES-OTHER PRGM COSTS A		49247						23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2561	210467			361830	14447	58531	69663
26 INTENSIVE CARE UNIT	571	69126			56461	2255	9133	13354
31 SUBPROVIDER I	487	52166			75484	3014	12210	17872
33 NURSERY	133	12196			2751	110	445	
34 SKILLED NURSING FACILITY	519	70549	24725	74				
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2004	153446		49341	75670	3022	12240	15355
38 RECOVERY ROOM	301	9451			5921	236	958	4882
39 DELIVERY ROOM & LABOR ROOM	231	32831		75	71970	2874	11642	5932
40 ANESTHESIOLOGY	305	15541		74	5815	232	941	40
41 RADIOLOGY-DIAGNOSTIC	2634	96574		1500	86227	3443	13948	13452
42 RADIOLOGY-THERAPEUTIC	334	33514		167	40771	1628	6595	1830
43 RADIOISOTOPE	490	21488			1709	68	276	43
44 LABORATORY	2516	101233		1675	44349	1771	7174	3
46 WHOLE BLOOD & PACKED RED BLOOD	199	27027			1696	68	274	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	688	20058		717	10406	416	1683	49
50 PHYSICAL THERAPY	407	36176			24124	963	3902	1964
50.01 RNRC PHYSICAL THERAPY	88	12307	4096					50.01
50.02 DAY RHABILITATION FACILITY	66	8926						257
51 OCCUPATIONAL THERAPY	209	19851		120	20456	817	3309	51
52 SPEECH PATHOLOGY	121	12716		583	5453	218	882	52
53 ELECTROCARDIOLOGY	516	17011		1074	20485	818	3314	2206
54 ELECTROENCEPHALOGRAPHY	111	12368		257	4610	184	746	131
54.01 ELECTROPHYSIOLOGY	504	32855		366				54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	227	8334						55
55.30 IMPL. DEV. CHARGED TO PATIENT	114	38343						55.30
56 DRUGS CHARGED TO PATIENTS	2639	89703						56
56.01 WELLNESS PROGRAM	4	1933			5636	225	912	66
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	1042	53620		602				1445
57 RENAL DIALYSIS	360	22595		1380	12044	481	1948	2041
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	353	31732		88050	69021	2756	11165	9016
61 EMERGENCY	1302	66203		902	93382	3729	15105	19338
61.01 FAMILY PRACTICE CENTER	48	18250		4433				211

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERS	ADMIN	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	LAUNDRY
	AR AND COLLECTION	AND GENERAL	ADMIN	ANCE AND REPAIRS	OF PLANT	CITY	OPERATION OF PLANT	AND LINEN SERVICE
	6.50	6.60	6.90	7	8	8.01	8.02	9
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	22085	1849161	69932	1332790	1297760	51822	209924	185019 95
NONREIMBURSABLE COST CENTERS								
99 NONPAID WORKERS		859		147	18045	721	2919	99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	22085	1850020	69932	1332937	1315805	52543	212843	185019 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
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
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL									6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION									6.90
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 ELECTRICITY									8.01
8.02 RNP OPERATION OF PLANT									8.02
9 LAUNDRY & LINEN SERVICE									9
9.01 RNP LAUNDRY	15746								9.01
10 HOUSEKEEPING		198012							10
10.01 RNP HOUSEKEEPING			8259						10.01
11 DIETARY		5728	1171	399961					11
11.01 RNP DIETARY					63135				11.01
12 CAFETERIA		1432				136115			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		793				2898	132687		14
15 CENTRAL SERVICES & SUPPLY		716				879		241929	15
16 PHARMACY		1688				3067		1101	16
17 MEDICAL RECORDS & LIBRARY		1074				6808		4	17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE			110			340			18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A						518			22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		73511		274652		28228	46416	15433	25
26 INTENSIVE CARE UNIT		11661		43329		7945	13064	7344	26
31 SUBPROVIDER I		12888		81980		7658	12593	2133	31
33 NURSERY		1764				1498	2463	613	33
34 SKILLED NURSING FACILITY	15746		5409		63135	11677	18584	7545	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		26902				8321	13683	94785	37
38 RECOVERY ROOM		511				1100	1809	885	38
39 DELIVERY ROOM & LABOR ROOM		7126				3899	6411	2872	39
40 ANESTHESIOLOGY		511				421	692	9378	40
41 RADIOLOGY-DIAGNOSTIC		5012				8434		21574	41
42 RADIOLOGY-THERAPEUTIC		3222				2426		899	42
43 RADIOISOTOPE		1023				2050		501	43
44 LABORATORY		5847				7233		4481	44
46 WHOLE BLOOD & PACKED RED BLOOD		358				560		44	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		972				2700		3474	49
50 PHYSICAL THERAPY		1534				4079		1314	50
50.01 RNRC PHYSICAL THERAPY			1328			1366		45	50.01
50.02 DAY RHABILITATION FACILITY						1128		21	50.02
51 OCCUPATIONAL THERAPY		2046				2262		224	51
52 SPEECH PATHOLOGY						1359		4052	52
53 ELECTROCARDIOLOGY		1279				2045		653	53
54 ELECTROENCEPHALOGRAPHY		307				1216		3199	54
54.01 ELECTROPHYSIOLOGY						123		6964	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			241					304	55
55.30 IMPL. DEV. CHARGED TO PATIENT								3517	55.30
56 DRUGS CHARGED TO PATIENTS		256							56
56.01 WELLNESS PROGRAM						180		10	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION						2689	4422	19757	56.03
57 RENAL DIALYSIS						1924		8108	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		10348				2746	4516	7659	60
61 EMERGENCY		12956				4885	8034	12722	61
61.01 FAMILY PRACTICE CENTER		2455				1453		313	61.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	
	9.01	10	10.01	11	11.01	12	14	15	
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									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	15746	193920	8259	399961	63135	136115	132687	241928	95
NONREIMBURSABLE COST CENTERS									
99 NONPAID WORKERS		4092							1 99
100 OTHER									100
100.05NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	15746	198012	8259	399961	63135	136115	132687	241929	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	RNP SOCIAL SERVICE 18.01	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL								6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION								6.90
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 ELECTRICITY								8.01
8.02 RNP OPERATION OF PLANT								8.02
9 LAUNDRY & LINEN SERVICE								9
9.01 RNP LAUNDRY								9.01
10 HOUSEKEEPING								10
10.01 RNP HOUSEKEEPING								10.01
11 DIETARY								11
11.01 RNP DIETARY								11.01
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	295515							16
17 MEDICAL RECORDS & LIBRARY	82	304478						17
18 SOCIAL SERVICE								18
18.01 RNP SOCIAL SERVICE			2776					18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				104733				22
23 I&R SERVICES-OTHER PRGM COSTS A					57313			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	45	20797				3519857		3519857 25
26 INTENSIVE CARE UNIT	17	1342				574614		574614 26
31 SUBPROVIDER I	5	1692				635150		635150 31
33 NURSERY	42	9614				61900		61900 33
34 SKILLED NURSING FACILITY			2776			229665		229665 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	15	1993				1786761		1786761 37
38 RECOVERY ROOM	10	919				58618		58618 38
39 DELIVERY ROOM & LABOR ROOM	126	338				579935		579935 39
40 ANESTHESIOLOGY	293	1627				231544		231544 40
41 RADIOLOGY-DIAGNOSTIC	120	75802				2263507		2263507 41
42 RADIOLOGY-THERAPEUTIC	5272	11941				1292358		1292358 42
43 RADIOISOTOPE	12	35710				191190		191190 43
44 LABORATORY	2	17491				692340		692340 44
46 WHOLE BLOOD & PACKED RED BLOOD		2291				56128		56128 46
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1986	9304				174524		174524 49
50 PHYSICAL THERAPY	1	4655				215544		215544 50
50.01 RNRC PHYSICAL THERAPY		3207				24324		24324 50.01
50.02 DAY RHABILITATION FACILITY						43000		43000 50.02
51 OCCUPATIONAL THERAPY						155954		155954 51
52 SPEECH PATHOLOGY						57082		57082 52
53 ELECTROCARDIOLOGY	4	43232				212750		212750 53
54 ELECTROENCEPHALOGRAPHY		12885				296994		296994 54
54.01 ELECTROPHYSIOLOGY	10					76797		76797 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	7	18130				27243		27243 55
55.30 IMPL. DEV. CHARGED TO PATIENT						41974		41974 55.30
56 DRUGS CHARGED TO PATIENTS	273275	4773				370646		370646 56
56.01 WELLNESS PROGRAM	561					34986		34986 56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION	38					554040		554040 56.03
57 RENAL DIALYSIS	12139					177030		177030 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	69	17235				1070499		1070499 60
61 EMERGENCY	139	9500				843496		843496 61
61.01 FAMILY PRACTICE CENTER	1245					49407		49407 61.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	16	17	18.01	22	23	25	26	27
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								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	295515	304478	2776			16599857		16599857 95
NONREIMBURSABLE COST CENTERS								
99 NONPAID WORKERS						108973		108973 99
100 OTHER								100
100.05NON EMPLOYEE CHILD CARE								100.05
101 CROSS FOOT ADJUSTMENTS				104733	57313	162046		162046 101
102 NEGATIVE COST CENTER								102
103 TOTAL	295515	304478	2776	104733	57313	16870876		16870876 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT PHONES NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	
		3	4	5	6.10	6.20	6.30	6.50	
61	EMERGENCY	29129	134491	6491828	12	108260	874765	56588640	61
61.01	FAMILY PRACTICE CENTER		4309	1057922	21	110469	178768	2084445	61.01
61.02	SOCIAL SERVICE-PSYCH								61.02
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	619493	6368084	113530086	405	7195964	56668153	967563239	95
NONREIMBURSABLE COST CENTERS									
99	NONPAID WORKERS	5629	2325	13342			1527		99
100	OTHER								100
100.05	NON EMPLOYEE CHILD CARE								100.05
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	8784384	7853895	25165149	322557	5167419	1860987	7350986	103
104	UNIT COST MULT-WS B PT I		1.232871		796.437037		.032839		104
104	UNIT COST MULT-WS B PT I	14.052271		.221635		.718100		.007597	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			131758	34693	546136	20393	22085	107
108	UNIT COST MULT-WS B PT III				85.661728		.000360		108
108	UNIT COST MULT-WS B PT III			.001160		.075895		.000023	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP ADMIN RNP DIRECT EXP	MAINTEN- ANCE AND REPAIRS MTCE REQS	OPERATION OF PLANT (SQUARE FEET)	ELECTRI- CITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
	6A.60	6.60	6.90	7	8	8.01	8.02	9	
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
6.10 NON PATIENT PHONES									6.10
6.20 DATA PROCESSING									6.20
6.30 PURCHASING AND STORES									6.30
6.40 ADMITTING									6.40
6.50 CASHIERS AR AND COLLECTIONS									6.50
6.60 ADMINISTRATION & GENERAL	-28502335	240102371							6.60
6.70 RNP PATIENT ACCOUNTS									6.70
6.80 RNP OCCUPANCY									6.80
6.90 RNP ADMINISTRATION		5417154	2864290						6.90
7 MAINTENANCE & REPAIRS		2574664		1608675					7
8 OPERATION OF PLANT		2897889		1210385	410444				8
8.01 ELECTRICITY		6701747				410444			8.01
8.02 RNP OPERATION OF PLANT		859723	538177	89088			410444		8.02
9 LAUNDRY & LINEN SERVICE		2226114			9068	9068	9068	3780422	9
9.01 RNP LAUNDRY		295217	94655	3615					9.01
10 HOUSEKEEPING		3085745		37816	4110	4110	4110	80778	10
10.01 RNP HOUSEKEEPING		543709	75298	1948					10.01
11 DIETARY		2323938		69488	12647	12647	12647		11
11.01 RNP DIETARY		1682229	892621	12214					11.01
12 CAFETERIA		1330908			6763	6763	6763		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2558047		142	3288	3288	3288		14
15 CENTRAL SERVICES & SUPPLY		1480963	65173		10801	10801	10801	5556	15
16 PHARMACY		4712110		829	4529	4529	4529	296	16
17 MEDICAL RECORDS & LIBRARY		7538235		267	8692	8692	8692		17
18 SOCIAL SERVICE									18
18.01 RNP SOCIAL SERVICE		220180	17944						18.01
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES		4339697			2953	2953	2953	35998	22
23 I&R SERVICES-OTHER PRGM COSTS		6391562							23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		27311629			112867	112867	112867	1423396	25
26 INTENSIVE CARE UNIT		8971569			17612	17612	17612	272854	26
31 SUBPROVIDER I		6770357			23546	23546	23546	365169	31
33 NURSERY		1582879			858	858	858		33
34 SKILLED NURSING FACILITY		9156298	1012651	89					34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		19915095		59548	23604	23604	23604	313748	37
38 RECOVERY ROOM		1226629			1847	1847	1847	99747	38
39 DELIVERY ROOM & LABOR ROOM		4261048		90	22450	22450	22450	121211	39
40 ANESTHESIOLOGY		2016953		89	1814	1814	1814		40
41 RADIOLOGY-DIAGNOSTIC		12533980		1810	26897	26897	26897	274857	41
42 RADIOLOGY-THERAPEUTIC		4349670		201	12718	12718	12718	37401	42
43 RADIOISOTOPE		2788835			533	533	533		43
44 LABORATORY		13138574		2022	13834	13834	13834	66	44
46 WHOLE BLOOD & PACKED RED BLOO		3507765			529	529	529		46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		2603235		865	3246	3246	3246		49
50 PHYSICAL THERAPY		4695190			7525	7525	7525	40137	50
50.01 RNRC PHYSICAL THERAPY		1597310	167771						50.01
50.02 DAY RHABILITATION FACILITY		1158428						5250	50.02
51 OCCUPATIONAL THERAPY		2576322		145	6381	6381	6381		51
52 SPEECH PATHOLOGY		1650350		703	1701	1701	1701		52
53 ELECTROCARDIOLOGY		2207784		1296	6390	6390	6390	45069	53
54 ELECTROENCEPHALOGRAPHY		1605129		310	1438	1438	1438	2670	54
54.01 ELECTROPHYSIOLOGY		4264119		442					54.01
55 MEDICAL SUPPLIES CHARGED TO P		1081609							55
55.30 IMPL. DEV. CHARGED TO PATIENT		4976385							55.30
56 DRUGS CHARGED TO PATIENTS		11642243							56
56.01 WELLNESS PROGRAM		250816			1758	1758	1758	1339	56.01
56.02 EYE CENTER									56.02
56.03 CARDIAC CATHETERIZATION		6959180		726				29518	56.03
57 RENAL DIALYSIS		2932482		1666	3757	3757	3757	41704	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		4118394		106265	21530	21530	21530	184226	60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP ADMIN RNP DIRECT	MAINTEN- ANCE AND REPAIRS MTCE REQS	OPERATION OF PLANT (SQUARE FEET)	ELECTRI- CITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
		6A.60	6.60	6.90	7	8	8.01	8.02	
61 EMERGENCY		8592276		1089	29129	29129	29129	395130	61
61.01 FAMILY PRACTICE CENTER		2368574		5350				4302	61.01
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	-28502335	239990938	2864290	1608498	404815	404815	404815	3780422	95
NONREIMBURSABLE COST CENTERS									
99 NONPAID WORKERS		111433		177	5629	5629	5629		99
100 OTHER									100
100.05 NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		28502335	6060219	2880300	5409065	7497305	2259956	2825446	103
104 UNIT COST MULT-WS B PT I			2.115784		13.178570		5.506125		104
104 UNIT COST MULT-WS B PT I		.118709		1.790480		18.266329		.747389	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		1850020	69932	1332937	1315805	52543	212843	185019	107
108 UNIT COST MULT-WS B PT III			.024415		3.205809		.518568		108
108 UNIT COST MULT-WS B PT III		.007705		.828593		.128015		.048941	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE-KEEPING	RNP HOUSE-KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	RNP POUNDS OF LAUNDRY 9.01	(HOURS OF SERVICE) 10	RNP HSKPG HRS OF SVC 10.01	(MEALS SERVED) 11	RNP MEALS SERVED 11.01	(MEALS SERVED) 12	(MEALS SERVED) 14	(COSTED REQUIS) 15
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
6.10 NON PATIENT PHONES								6.10
6.20 DATA PROCESSING								6.20
6.30 PURCHASING AND STORES								6.30
6.40 ADMITTING								6.40
6.50 CASHIERS AR AND COLLECTIONS								6.50
6.60 ADMINISTRATION & GENERAL								6.60
6.70 RNP PATIENT ACCOUNTS								6.70
6.80 RNP OCCUPANCY								6.80
6.90 RNP ADMINISTRATION								6.90
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
8.01 ELECTRICITY								8.01
8.02 RNP OPERATION OF PLANT								8.02
9 LAUNDRY & LINEN SERVICE								9
9.01 RNP LAUNDRY	99655							9.01
10 HOUSEKEEPING		116150						10
10.01 RNP HOUSEKEEPING			30808					10.01
11 DIETARY		3360	4368	184017				11
11.01 RNP DIETARY					292794			11.01
12 CAFETERIA		840				3506725		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		465				74673	2078836	14
15 CENTRAL SERVICES & SUPPLY		420				22648		15
16 PHARMACY		990				79006		16
17 MEDICAL RECORDS & LIBRARY		630				175407		17
18 SOCIAL SERVICE							173	18
18.01 RNP SOCIAL SERVICE			411			8757		18.01
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES						13337		22
23 I&R SERVICES-OTHER PRGM COSTS							10	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		43120		126364		727234	727234	629707
26 INTENSIVE CARE UNIT		6840		19935		204680	204680	299645
31 SUBPROVIDER I		7560		37718		197291	197291	87020
33 NURSERY		1035				38584	38584	24993
34 SKILLED NURSING FACILITY	99655		20177		292794	300827	291161	307858
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		15780				214369	214369	3867458
38 RECOVERY ROOM		300				28342	28342	36108
39 DELIVERY ROOM & LABOR ROOM		4180				100447	100447	117191
40 ANESTHESIOLOGY		300				10842	10842	382636
41 RADIOLOGY-DIAGNOSTIC		2940				217296		880271
42 RADIOLOGY-THERAPEUTIC		1890				62489		36697
43 RADIOISOTOPE		600				52817		20441
44 LABORATORY		3430				186337		182853
46 WHOLE BLOOD & PACKED RED BLOO		210				14433		1779
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		570				69562		141733
50 PHYSICAL THERAPY		900				105090		53625
50.01 RNRC PHYSICAL THERAPY			4953			35201		1832
50.02 DAY RHABILITATION FACILITY						29067		839
51 OCCUPATIONAL THERAPY		1200				58276		9151
52 SPEECH PATHOLOGY						35006		165332
53 ELECTROCARDIOLOGY		750				52686		26641
54 ELECTROENCEPHALOGRAPHY		180				31320		130518
54.01 ELECTROPHYSIOLOGY						3171		284134
55 MEDICAL SUPPLIES CHARGED TO P				899				12408
55.30 IMPL. DEV. CHARGED TO PATIENT								143497
56 DRUGS CHARGED TO PATIENTS		150						56
56.01 WELLNESS PROGRAM						4625		418
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION						69273	69273	806158
57 RENAL DIALYSIS						49575		330831
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		6070				70751	70751	312527

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE-KEEPING	RNP HOUSE-KEEPING	DIETARY	RNP DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	RNP POUNDS OF LAUNDRY SERVICE) 9.01	(HOURS OF SERVICE) 10	RNP HSKPG HRS OF SVC 10.01	(MEALS SERVED) 11	RNP MEALS SERVED 11.01	(MEALS SERVED) 12	(MEALS SERVED) 14	(COSTED REQUIS) 15	
61 EMERGENCY		7600				125862	125862	519076	61
61.01 FAMILY PRACTICE CENTER		1440				37444		12755	61.01
61.02 SOCIAL SERVICE-PSYCH									61.02
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	99655	113750	30808	184017	292794	3506725	2078836	9871247	95
NONREIMBURSABLE COST CENTERS									
99 NONPAID WORKERS		2400							47 99
100 OTHER									100
100.05 NON EMPLOYEE CHILD CARE									100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	537005	3732002	771054	3408827	3792387	1765789	3036001	2222819	103
104 UNIT COST MULT-WS B PT I	5.388641		25.027720		12.952407		1.460433		104
104 UNIT COST MULT-WS B PT I		32.130882		18.524522		.503544		.225180	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	15746	198012	8259	399961	63135	136115	132687	241929	107
108 UNIT COST MULT-WS B PT III	.158005		.268080		.215629		.063828		108
108 UNIT COST MULT-WS B PT III		1.704796		2.173500		.038815		.024508	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	
	(COSTED REQUIS) 16	(TIME SPENT) 17	RNP TIME SPENT 18.01	(ASSIGNED TIME) 22	(ASSIGNED TIME) 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
6.10 NON PATIENT PHONES						6.10
6.20 DATA PROCESSING						6.20
6.30 PURCHASING AND STORES						6.30
6.40 ADMITTING						6.40
6.50 CASHIERS AR AND COLLECTIONS						6.50
6.60 ADMINISTRATION & GENERAL						6.60
6.70 RNP PATIENT ACCOUNTS						6.70
6.80 RNP OCCUPANCY						6.80
6.90 RNP ADMINISTRATION						6.90
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
8.01 ELECTRICITY						8.01
8.02 RNP OPERATION OF PLANT						8.02
9 LAUNDRY & LINEN SERVICE						9
9.01 RNP LAUNDRY						9.01
10 HOUSEKEEPING						10
10.01 RNP HOUSEKEEPING						10.01
11 DIETARY						11
11.01 RNP DIETARY						11.01
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY	11516812					16
17 MEDICAL RECORDS & LIBRARY	3211	612211				17
18 SOCIAL SERVICE						18
18.01 RNP SOCIAL SERVICE			10000			18.01
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES	5			1420		22
23 I&R SERVICES-OTHER PRGM COSTS					1420	23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	1769	41817		791	791	25
26 INTENSIVE CARE UNIT	644	2699		101	101	26
31 SUBPROVIDER I	177	3402				31
33 NURSERY	1655	19331		10	10	33
34 SKILLED NURSING FACILITY			10000			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	603	4007		88	88	37
38 RECOVERY ROOM	384	1848				38
39 DELIVERY ROOM & LABOR ROOM	4925	680		20	20	39
40 ANESTHESIOLOGY	11418	3271				40
41 RADIOLOGY-DIAGNOSTIC	4684	152409		10	10	41
42 RADIOLOGY-THERAPEUTIC	205461	24010				42
43 RADIOISOTOPE	476	71801				43
44 LABORATORY	74	35169		20	20	44
46 WHOLE BLOOD & PACKED RED BLOO		4607				46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	77398	18708		50	50	49
50 PHYSICAL THERAPY	25	9360				50
50.01 RNRC PHYSICAL THERAPY		6449				50.01
50.02 DAY RHABILITATION FACILITY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	158	86926		50	50	53
54 ELECTROENCEPHALOGRAPHY		25908		10	10	54
54.01 ELECTROPHYSIOLOGY	377					54.01
55 MEDICAL SUPPLIES CHARGED TO P	278	36454				55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	10650014	9598				56
56.01 WELLNESS PROGRAM	21882			20	20	56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	1476					56.03
57 RENAL DIALYSIS	473108					57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2685	34655		20	20	60

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	RNP	I/R-SALARY	I/R-OTHER	
	(COSTED REQUIS) 16	RECORDS & LIBRARY (TIME SPENT) 17	SOCIAL SERVICE RNP TIME SPENT 18.01	AND FRINGES (ASSIGNED TIME) 22	PROGRAM COSTS (ASSIGNED TIME) 23	
61 EMERGENCY	5412	19102		150	150	61
61.01 FAMILY PRACTICE CENTER	48513			80	80	61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	11516812	612211	10000	1420	1420	95
NONREIMBURSABLE COST CENTERS						
99 NONPAID WORKERS						99
100 OTHER						100
100.05 NON EMPLOYEE CHILD CARE						100.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	5522247	8864893	298979	4997599	7150298	103
104 UNIT COST MULT-WS B PT I	.479494		29.897900		5035.421127	104
104 UNIT COST MULT-WS B PT I		14.480127		3519.435915		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	295515	304478	2776	104733	57313	107
108 UNIT COST MULT-WS B PT III	.025659		.277600		40.361268	108
108 UNIT COST MULT-WS B PT III		.497342		73.755634		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	41690914		41690914		41690914	25
26 INTENSIVE CARE UNIT	11989197		11989197		11989197	26
31 SUBPROVIDER I	10115064		10115064		10115064	31
33 NURSERY	2197855		2197855		2197855	33
34 SKILLED NURSING FACILITY	18165323		18165323		18165323	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	25349727		25349727		25349727	37
38 RECOVERY ROOM	1615416		1615416		1615416	38
39 DELIVERY ROOM & LABOR ROOM	6057356		6057356		6057356	39
40 ANESTHESIOLOGY	2493504		2493504		2493504	40
41 RADIOLOGY-DIAGNOSTIC	17835664		17835664		17835664	41
42 RADIOLOGY-THERAPEUTIC	5910912		5910912		5910912	42
43 RADIOISOTOPE	4229984		4229984		4229984	43
44 LABORATORY	15967590		15967590		15967590	44
46 WHOLE BLOOD & PACKED RED BL	4024841		4024841		4024841	46
46.30 BLOOD CLOTTING FACTORS ADM						46.30
49 RESPIRATORY THERAPY	3427019		3427019		3427019	49
50 PHYSICAL THERAPY	5790062		5790062		5790062	50
50.01 RNRC PHYSICAL THERAPY	2377374		2377374		2377374	50.01
50.02 DAY RHABILITATION FACILITY	1314694		1314694		1314694	50.02
51 OCCUPATIONAL THERAPY	3188162		3188162		3188162	51
52 SPEECH PATHOLOGY	1965230		1965230		1965230	52
53 ELECTROCARDIOLOGY	4057392		4057392		4057392	53
54 ELECTROENCEPHALOGRAPHY	2277455		2277455		2277455	54
54.01 ELECTROPHYSIOLOGY	4836858		4836858		4836858	54.01
55 MEDICAL SUPPLIES CHARGED TO	1763292		1763292		1763292	55
55.30 IMPL. DEV. CHARGED TO PATIE	5599440		5599440		5599440	55.30
56 DRUGS CHARGED TO PATIENTS	18274705		18274705		18274705	56
56.01 WELLNESS PROGRAM	359466		359466		359466	56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	8126948		8126948		8126948	56.03
57 RENAL DIALYSIS	3779884		3779884		3779884	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6638251		6638251		6638251	60
61 EMERGENCY	11873334		11873334		11873334	61
61.01 FAMILY PRACTICE CENTER	2753796		2753796		2753796	61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTI	1270560		1270560		1270560	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	257317269		257317269		257317269	101
102 LESS OBSERVATION BEDS	1270560		1270560		1270560	102
103 TOTAL	256046709		256046709		256046709	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	108485165		108485165			25
26 INTENSIVE CARE UNIT	24847744		24847744			26
31 SUBPROVIDER I	21160974		21160974			31
33 NURSERY	5786416		5786416			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	22547319		22547319			34
37 OPERATING ROOM	42621887	23919235	66541122	.380963	.380963	.380963 37
38 RECOVERY ROOM	7950892	5133039	13083931	.123466	.123466	.123466 38
39 DELIVERY ROOM & LABOR ROOM	8850538	1199309	10049847	.602731	.602731	.602731 39
40 ANESTHESIOLOGY	8232130	5008516	13240646	.188322	.188322	.188322 40
41 RADIOLOGY-DIAGNOSTIC	43323349	71184297	114507646	.155760	.155760	.155760 41
42 RADIOLOGY-THERAPEUTIC	932628	13591362	14523990	.406976	.406976	.406976 42
43 RADIOISOTOPE	7378588	13938028	21316616	.198436	.198436	.198436 43
44 LABORATORY	74310792	42433378	116744170	.136774	.136774	.136774 44
46 WHOLE BLOOD & PACKED RED BL	7171912	1482657	8654569	.465054	.465054	.465054 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	28068241	1856726	29924967	.114520	.114520	.114520 49
50 PHYSICAL THERAPY	11478584	6206171	17684755	.327404	.327404	.327404 50
50.01 RNRC PHYSICAL THERAPY	3824893		3824893	.621553	.621553	.621553 50.01
50.02 DAY RHABILITATION FACILITY		2861455	2861455	.459449	.459449	.459449 50.02
51 OCCUPATIONAL THERAPY	7684109	1401083	9085192	.350919	.350919	.350919 51
52 SPEECH PATHOLOGY	3189064	2089554	5278618	.372300	.372300	.372300 52
53 ELECTROCARDIOLOGY	13833418	8587755	22421173	.180963	.180963	.180963 53
54 ELECTROENCEPHALOGRAPHY	2572969	2264739	4837708	.470771	.470771	.470771 54
54.01 ELECTROPHYSIOLOGY	13536158	8394471	21930629	.220553	.220553	.220553 54.01
55 MEDICAL SUPPLIES CHARGED TO	14067090	736415	14803505	.119113	.119113	.119113 55
55.30 IMPL. DEV. CHARGED TO PATIE	17316932	3287852	20604784	.271754	.271754	.271754 55.30
56 DRUGS CHARGED TO PATIENTS	93854462	20898544	114753006	.159253	.159253	.159253 56
56.01 WELLNESS PROGRAM	195	155367	155562	2.310757	2.310757	2.310757 56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	35379574	9930654	45310228	.179362	.179362	.179362 56.03
57 RENAL DIALYSIS	3130559	12534806	15665365	.241289	.241289	.241289 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4131519	11223138	15354657	.432328	.432328	.432328 60
61 EMERGENCY	24515671	32072969	56588640	.209818	.209818	.209818 61
61.01 FAMILY PRACTICE CENTER		2084445	2084445	1.321117	1.321117	1.321117 61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTI	2878006		2878006	.441472	.441472	.441472 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	663061778	304475965	967537743			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	663061778	304475965	967537743			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3519857		3519857
26 INTENSIVE CARE UNIT				574614		574614
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				635150		635150
33 NURSERY				61900		61900
101 TOTAL				4791521		4791521

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	51221	35239			68.72	2421624
26 INTENSIVE CARE UNIT	8358	5379			68.75	369806
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	15814	13256			40.16	532361
33 NURSERY	3321				18.64	
101 TOTAL	78714	53874				3323791

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	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		1786761	66541122	42554966			.026852	1142686 37
38 RECOVERY ROOM		58618	13083931	4549157			.004480	20380 38
39 DELIVERY ROOM & LABOR ROOM		579935	10049847	4771			.057706	275 39
40 ANESTHESIOLOGY		231544	13240646	4444720			.017487	77725 40
41 RADIOLOGY-DIAGNOSTIC		2263507	114507646	26726278			.019767	528298 41
42 RADIOLOGY-THERAPEUTIC		1292358	14523990	449501			.088981	39997 42
43 RADIOISOTOPE		191190	21316616	3405441			.008969	30543 43
44 LABORATORY		692340	116744170	47762134			.005930	283229 44
46 WHOLE BLOOD & PACKED RED BLOO		56128	8654569	2857691			.006485	18532 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		174524	29924967	10844431			.005832	63245 49
50 PHYSICAL THERAPY		215544	17684755	3331605			.012188	40606 50
50.01 RNRC PHYSICAL THERAPY		24324	3824893				.006359	50.01
50.02 DAY RHABILITATION FACILITY		43000	2861455				.015027	50.02
51 OCCUPATIONAL THERAPY		155954	9085192	988685			.017166	16972 51
52 SPEECH PATHOLOGY		57082	5278618	960528			.010814	10387 52
53 ELECTROCARDIOLOGY		212750	22421173	9951199			.009489	94427 53
54 ELECTROENCEPHALOGRAPHY		296994	4837708	371622			.061391	22814 54
54.01 ELECTROPHYSIOLOGY		76797	21930629	10072546			.003502	35274 54.01
55 MEDICAL SUPPLIES CHARGED TO P		27243	14803505	1394451			.001840	2566 55
55.30 IMPL. DEV. CHARGED TO PATIENT		41974	20604784				.002037	55.30
56 DRUGS CHARGED TO PATIENTS		370646	114753006	59947169			.003230	193629 56
56.01 WELLNESS PROGRAM		34986	155562				.224901	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		554040	45310228	27413012			.012228	335206 56.03
57 RENAL DIALYSIS		177030	15665365	2057450			.011301	23251 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1070499	15354657	2552316			.069718	177942 60
61 EMERGENCY		843496	56588640	14008667			.014906	208813 61
61.01 FAMILY PRACTICE CENTER		49407	2084445				.023703	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		107270	2878006	621980			.037272	23182 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11685941	784710125	277270320				3389979 101

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 09:50

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					51221		35239	25
26 INTENSIVE CARE UNIT					8358		5379	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					15814		13256	31
33 NURSERY					3321			33
34 SKILLED NURSING FACILITY					19428		19428	34
35 NURSING FACILITY								35
101 TOTAL					98142		73302	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66541122			42554966		23919235 37
38 RECOVERY ROOM		13083931			4549157		2998528 38
39 DELIVERY ROOM & LABOR ROOM		10049847			4771		39
40 ANESTHESIOLOGY		13240646			4444720		1723128 40
41 RADIOLOGY-DIAGNOSTIC		114507646			26726278		26547371 41
42 RADIOLOGY-THERAPEUTIC		14523990			449501		5339009 42
43 RADIOISOTOPE		21316616			3405441		4051237 43
44 LABORATORY		116744170			47762134		2311909 44
46 WHOLE BLOOD & PACKED RED BLOO		8654569			2857691		733649 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29924967			10844431		609453 49
50 PHYSICAL THERAPY		17684755			3331605		43686 50
50.01 RNRC PHYSICAL THERAPY		3824893					50.01
50.02 DAY RHABILITATION FACILITY		2861455					50.02
51 OCCUPATIONAL THERAPY		9085192			988685		3427 51
52 SPEECH PATHOLOGY		5278618			960528		63036 52
53 ELECTROCARDIOLOGY		22421173			9951199		4211664 53
54 ELECTROENCEPHALOGRAPHY		4837708			371622		372624 54
54.01 ELECTROPHYSIOLOGY		21930629			10072546		1148412 54.01
55 MEDICAL SUPPLIES CHARGED TO P		14803505			1394451		55
55.30 IMPL. DEV. CHARGED TO PATIENT		20604784					55.30
56 DRUGS CHARGED TO PATIENTS		114753006			59947169		13586268 56
56.01 WELLNESS PROGRAM		155562					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		45310228			27413012		3767352 56.03
57 RENAL DIALYSIS		15665365			2057450		818 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15354657			2552316		2307781 60
61 EMERGENCY		56588640			14008667		7705708 61
61.01 FAMILY PRACTICE CENTER		2084445					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2878006			621980		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		784710125			277270320		101444295 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 RNRC PHYSICAL THERAPY						50.01
50.02 DAY RHABILITATION FACILITY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 ELECTROPHYSIOLOGY						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
56.01 WELLNESS PROGRAM						56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION						56.03
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.01 FAMILY PRACTICE CENTER						61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.380963	.380963	.380963			37
38 RECOVERY ROOM	.123466	.123466	.123466			38
39 DELIVERY ROOM & LABOR ROOM	.602731	.602731	.602731			39
40 ANESTHESIOLOGY	.188322	.188322	.188322			40
41 RADIOLOGY-DIAGNOSTIC	.155760	.155760	.155760			41
42 RADIOLOGY-THERAPEUTIC	.406976	.406976	.406976			42
43 RADIOISOTOPE	.198436	.198436	.198436			43
44 LABORATORY	.136774	.136774	.136774			44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054	.465054	.465054			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.114520	.114520	.114520			49
50 PHYSICAL THERAPY	.327404	.327404	.327404			50
50.01 RNRC PHYSICAL THERAPY	.621553	.621553	.621553			50.01
50.02 DAY RHABILITATION FACILITY	.459449	.459449	.459449			50.02
51 OCCUPATIONAL THERAPY	.350919	.350919	.350919			51
52 SPEECH PATHOLOGY	.372300	.372300	.372300			52
53 ELECTROCARDIOLOGY	.180963	.180963	.180963			53
54 ELECTROENCEPHALOGRAPHY	.470771	.470771	.470771			54
54.01 ELECTROPHYSIOLOGY	.220553	.220553	.220553			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113	.119113	.119113			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754	.271754	.271754			55.30
56 DRUGS CHARGED TO PATIENTS	.159253	.159253	.159253			56
56.01 WELLNESS PROGRAM	2.310757	2.310757	2.310757			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	.179362	.179362	.179362			56.03
57 RENAL DIALYSIS	.241289	.241289	.241289			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.432328	.432328	.432328			60
61 EMERGENCY	.209818	.209818	.209818			61
61.01 FAMILY PRACTICE CENTER	1.321117	1.321117	1.321117			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.441472	.441472	.441472			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
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	.159253	1
2 PROGRAM VACCINE CHARGES	77436	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	12332	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER-VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER-VICES (SEE INSTRU.) 5.03	PPS SER-VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		23919235						37
38 RECOVERY ROOM		2998528						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		1723128						40
41 RADIOLOGY-DIAGNOSTIC		26547371	34					41
42 RADIOLOGY-THERAPEUTIC		5339009						42
43 RADIOISOTOPE		4051237						43
44 LABORATORY		2311909						44
46 WHOLE BLOOD & PACKED RED BLOOD		733649						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		609453	3793					49
50 PHYSICAL THERAPY		43686						50
50.01 RNRC PHYSICAL THERAPY								50.01
50.02 DAY RHABILITATION FACILITY								50.02
51 OCCUPATIONAL THERAPY		3427						51
52 SPEECH PATHOLOGY		63036						52
53 ELECTROCARDIOLOGY		4211664						53
54 ELECTROENCEPHALOGRAPHY		372624						54
54.01 ELECTROPHYSIOLOGY		1148412						54.01
55 MEDICAL SUPPLIES CHARGED TO PA			9025					55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		13586268						56
56.01 WELLNESS PROGRAM								56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		3767352						56.03
57 RENAL DIALYSIS		818	11758					57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2307781						60
61 EMERGENCY		7705708						61
61.01 FAMILY PRACTICE CENTER								61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		101444295	24610					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		101444295	24610					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)			PPS SERVICES (COLUMNS 1.01x5.04)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		9112344					37
38 RECOVERY ROOM		370216					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		324503					40
41 RADIOLOGY-DIAGNOSTIC		4135019	5				41
42 RADIOLOGY-THERAPEUTIC		2172849					42
43 RADIOISOTOPE		803911					43
44 LABORATORY		316209					44
46 WHOLE BLOOD & PACKED RED BLOOD		341186					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		69795	434				49
50 PHYSICAL THERAPY		14303					50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY		1203					51
52 SPEECH PATHOLOGY		23468					52
53 ELECTROCARDIOLOGY		762155					53
54 ELECTROENCEPHALOGRAPHY		175421					54
54.01 ELECTROPHYSIOLOGY		253286					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT			1075				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		2163654					56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		675720					56.03
57 RENAL DIALYSIS		197	2837				57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		997718					60
61 EMERGENCY		1616796					61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		24329953	4351				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		24329953	4351				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-T117) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	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		1786761	66541122	66921			.026852	1797 37
38 RECOVERY ROOM		58618	13083931	6683			.004480	30 38
39 DELIVERY ROOM & LABOR ROOM		579935	10049847				.057706	39
40 ANESTHESIOLOGY		231544	13240646	7586			.017487	133 40
41 RADIOLOGY-DIAGNOSTIC		2263507	114507646	703948			.019767	13915 41
42 RADIOLOGY-THERAPEUTIC		1292358	14523990	84590			.088981	7527 42
43 RADIOISOTOPE		191190	21316616	23126			.008969	207 43
44 LABORATORY		692340	116744170	3443585			.005930	20420 44
46 WHOLE BLOOD & PACKED RED BLOO		56128	8654569	34062			.006485	221 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		174524	29924967	901430			.005832	5257 49
50 PHYSICAL THERAPY		215544	17684755	5521034			.012188	67290 50
50.01 RNRC PHYSICAL THERAPY		24324	3824893				.006359	50.01
50.02 DAY RHABILITATION FACILITY		43000	2861455				.015027	50.02
51 OCCUPATIONAL THERAPY		155954	9085192	5326633			.017166	91437 51
52 SPEECH PATHOLOGY		57082	5278618	1529159			.010814	16536 52
53 ELECTROCARDIOLOGY		212750	22421173	112018			.009489	1063 53
54 ELECTROENCEPHALOGRAPHY		296994	4837708	16304			.061391	1001 54
54.01 ELECTROPHYSIOLOGY		76797	21930629				.003502	54.01
55 MEDICAL SUPPLIES CHARGED TO P		27243	14803505	1181269			.001840	2174 55
55.30 IMPL. DEV. CHARGED TO PATIENT		41974	20604784				.002037	55.30
56 DRUGS CHARGED TO PATIENTS		370646	114753006	5934360			.003230	19168 56
56.01 WELLNESS PROGRAM		34986	155562				.224901	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		554040	45310228	60279			.012228	737 56.03
57 RENAL DIALYSIS		177030	15665365	359795			.011301	4066 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1070499	15354657	272582			.069718	19004 60
61 EMERGENCY		843496	56588640				.014906	61
61.01 FAMILY PRACTICE CENTER		49407	2084445				.023703	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		107270	2878006				.037272	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11685941	784710125	25585364				271983 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-T117) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66541122			66921		37
38 RECOVERY ROOM		13083931			6683		38
39 DELIVERY ROOM & LABOR ROOM		10049847					39
40 ANESTHESIOLOGY		13240646			7586		40
41 RADIOLOGY-DIAGNOSTIC		114507646			703948		41
42 RADIOLOGY-THERAPEUTIC		14523990			84590	1689	42
43 RADIOISOTOPE		21316616			23126		43
44 LABORATORY		116744170			3443585		44
46 WHOLE BLOOD & PACKED RED BLOO		8654569			34062		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29924967			901430		49
50 PHYSICAL THERAPY		17684755			5521034		50
50.01 RNRC PHYSICAL THERAPY		3824893					50.01
50.02 DAY RHABILITATION FACILITY		2861455					50.02
51 OCCUPATIONAL THERAPY		9085192			5326633		51
52 SPEECH PATHOLOGY		5278618			1529159		52
53 ELECTROCARDIOLOGY		22421173			112018	464	53
54 ELECTROENCEPHALOGRAPHY		4837708			16304		54
54.01 ELECTROPHYSIOLOGY		21930629					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14803505			1181269		55
55.30 IMPL. DEV. CHARGED TO PATIENT		20604784					55.30
56 DRUGS CHARGED TO PATIENTS		114753006			5934360	9605	56
56.01 WELLNESS PROGRAM		155562					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		45310228			60279	657	56.03
57 RENAL DIALYSIS		15665365			359795		57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15354657			272582		60
61 EMERGENCY		56588640					61
61.01 FAMILY PRACTICE CENTER		2084445					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2878006					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		784710125			25585364	12415	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-T117) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.380963	.380963	.380963			37
38 RECOVERY ROOM	.123466	.123466	.123466			38
39 DELIVERY ROOM & LABOR ROOM	.602731	.602731	.602731			39
40 ANESTHESIOLOGY	.188322	.188322	.188322			40
41 RADIOLOGY-DIAGNOSTIC	.155760	.155760	.155760			41
42 RADIOLOGY-THERAPEUTIC	.406976	.406976	.406976			42
43 RADIOISOTOPE	.198436	.198436	.198436			43
44 LABORATORY	.136774	.136774	.136774			44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054	.465054	.465054			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.114520	.114520	.114520			49
50 PHYSICAL THERAPY	.327404	.327404	.327404			50
50.01 RNRC PHYSICAL THERAPY	.621553	.621553	.621553			50.01
50.02 DAY RHABILITATION FACILITY	.459449	.459449	.459449			50.02
51 OCCUPATIONAL THERAPY	.350919	.350919	.350919			51
52 SPEECH PATHOLOGY	.372300	.372300	.372300			52
53 ELECTROCARDIOLOGY	.180963	.180963	.180963			53
54 ELECTROENCEPHALOGRAPHY	.470771	.470771	.470771			54
54.01 ELECTROPHYSIOLOGY	.220553	.220553	.220553			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113	.119113	.119113			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754	.271754	.271754			55.30
56 DRUGS CHARGED TO PATIENTS	.159253	.159253	.159253			56
56.01 WELLNESS PROGRAM	2.310757	2.310757	2.310757			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	.179362	.179362	.179362			56.03
57 RENAL DIALYSIS	.241289	.241289	.241289			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.432328	.432328	.432328			60
61 EMERGENCY	.209818	.209818	.209818			61
61.01 FAMILY PRACTICE CENTER	1.321117	1.321117	1.321117			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.441472	.441472	.441472			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
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	.159253	1
2 PROGRAM VACCINE CHARGES	513	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	82	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			1689					41
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
50.01 RNRC PHYSICAL THERAPY								50.01
50.02 DAY RHABILITATION FACILITY								50.02
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			464					53
54 ELECTROENCEPHALOGRAPHY								54
54.01 ELECTROPHYSIOLOGY								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			9605					56
56.01 WELLNESS PROGRAM								56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION			657					56.03
57 RENAL DIALYSIS								57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
61.01 FAMILY PRACTICE CENTER								61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL			12415					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			12415					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T117) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			263			41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOOD						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 RNRC PHYSICAL THERAPY						50.01
50.02 DAY RHABILITATION FACILITY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY			84			53
54 ELECTROENCEPHALOGRAPHY						54
54.01 ELECTROPHYSIOLOGY						54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS			1530			56
56.01 WELLNESS PROGRAM						56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION			118			56.03
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.01 FAMILY PRACTICE CENTER						61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT)						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL			1995			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES			1995			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66541122					37
38 RECOVERY ROOM		13083931					38
39 DELIVERY ROOM & LABOR ROOM		10049847					39
40 ANESTHESIOLOGY		13240646					40
41 RADIOLOGY-DIAGNOSTIC		114507646					41
42 RADIOLOGY-THERAPEUTIC		14523990					42
43 RADIOISOTOPE		21316616					43
44 LABORATORY		116744170					44
46 WHOLE BLOOD & PACKED RED BLOO		8654569					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29924967					49
50 PHYSICAL THERAPY		17684755					50
50.01 RNRC PHYSICAL THERAPY		3824893			1504131		50.01
50.02 DAY RHABILITATION FACILITY		2861455					50.02
51 OCCUPATIONAL THERAPY		9085192			1119621		51
52 SPEECH PATHOLOGY		5278618			235496		52
53 ELECTROCARDIOLOGY		22421173					53
54 ELECTROENCEPHALOGRAPHY		4837708					54
54.01 ELECTROPHYSIOLOGY		21930629					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14803505			74		55
55.30 IMPL. DEV. CHARGED TO PATIENT		20604784					55.30
56 DRUGS CHARGED TO PATIENTS		114753006			1207154		56
56.01 WELLNESS PROGRAM		155562					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		45310228					56.03
57 RENAL DIALYSIS		15665365					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15354657					60
61 EMERGENCY		56588640					61
61.01 FAMILY PRACTICE CENTER		2084445					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2878006					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		784710125			4066476		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT 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	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3519857		3519857	25
26 INTENSIVE CARE UNIT				574614		574614	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				635150		635150	31
33 NURSERY				61900		61900	33
101 TOTAL				4791521		4791521	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	51221	3903			68.72	268214	25
26 INTENSIVE CARE UNIT	8358	608			68.75	41800	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	15814	345			40.16	13855	31
33 NURSERY	3321	1588			18.64	29600	33
101 TOTAL	78714	6444				353469	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] 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	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		1786761	66541122				.026852	37
38 RECOVERY ROOM		58618	13083931				.004480	38
39 DELIVERY ROOM & LABOR ROOM		579935	10049847				.057706	39
40 ANESTHESIOLOGY		231544	13240646				.017487	40
41 RADIOLOGY-DIAGNOSTIC		2263507	114507646				.019767	41
42 RADIOLOGY-THERAPEUTIC		1292358	14523990				.088981	42
43 RADIOISOTOPE		191190	21316616				.008969	43
44 LABORATORY		692340	116744170				.005930	44
46 WHOLE BLOOD & PACKED RED BLOO		56128	8654569				.006485	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		174524	29924967				.005832	49
50 PHYSICAL THERAPY		215544	17684755				.012188	50
50.01 RNRC PHYSICAL THERAPY		24324	3824893				.006359	50.01
50.02 DAY RHABILITATION FACILITY		43000	2861455				.015027	50.02
51 OCCUPATIONAL THERAPY		155954	9085192				.017166	51
52 SPEECH PATHOLOGY		57082	5278618				.010814	52
53 ELECTROCARDIOLOGY		212750	22421173				.009489	53
54 ELECTROENCEPHALOGRAPHY		296994	4837708				.061391	54
54.01 ELECTROPHYSIOLOGY		76797	21930629				.003502	54.01
55 MEDICAL SUPPLIES CHARGED TO P		27243	14803505				.001840	55
55.30 IMPL. DEV. CHARGED TO PATIENT		41974	20604784				.002037	55.30
56 DRUGS CHARGED TO PATIENTS		370646	114753006				.003230	56
56.01 WELLNESS PROGRAM		34986	155562				.224901	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		554040	45310228				.012228	56.03
57 RENAL DIALYSIS		177030	15665365				.011301	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1070499	15354657				.069718	60
61 EMERGENCY		843496	56588640				.014906	61
61.01 FAMILY PRACTICE CENTER		49407	2084445				.023703	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		107270	2878006				.037272	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11685941	784710125					101

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 09:50

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					51221		3903	25
26	INTENSIVE CARE UNIT					8358		608	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					15814		345	31
33	NURSERY					3321		1588	33
34	SKILLED NURSING FACILITY					19428			34
35	NURSING FACILITY								35
101	TOTAL					98142		6444	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66541122					37
38 RECOVERY ROOM		13083931					38
39 DELIVERY ROOM & LABOR ROOM		10049847					39
40 ANESTHESIOLOGY		13240646					40
41 RADIOLOGY-DIAGNOSTIC		114507646					41
42 RADIOLOGY-THERAPEUTIC		14523990					42
43 RADIOISOTOPE		21316616					43
44 LABORATORY		116744170					44
46 WHOLE BLOOD & PACKED RED BLOO		8654569					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29924967					49
50 PHYSICAL THERAPY		17684755					50
50.01 RNRC PHYSICAL THERAPY		3824893					50.01
50.02 DAY RHABILITATION FACILITY		2861455					50.02
51 OCCUPATIONAL THERAPY		9085192					51
52 SPEECH PATHOLOGY		5278618					52
53 ELECTROCARDIOLOGY		22421173					53
54 ELECTROENCEPHALOGRAPHY		4837708					54
54.01 ELECTROPHYSIOLOGY		21930629					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14803505					55
55.30 IMPL. DEV. CHARGED TO PATIENT		20604784					55.30
56 DRUGS CHARGED TO PATIENTS		114753006					56
56.01 WELLNESS PROGRAM		155562					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		45310228					56.03
57 RENAL DIALYSIS		15665365					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15354657					60
61 EMERGENCY		56588640					61
61.01 FAMILY PRACTICE CENTER		2084445					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2878006					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		784710125					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
50.01 RNRC PHYSICAL THERAPY						50.01
50.02 DAY RHABILITATION FACILITY						50.02
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
54.01 ELECTROPHYSIOLOGY						54.01
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
56.01 WELLNESS PROGRAM						56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION						56.03
57 RENAL DIALYSIS						57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
61.01 FAMILY PRACTICE CENTER						61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPATIENT PROGRAM CHARGES	RATIO OF		RATIO OF	
	RELATED COST	RELATED COST			COST TO CHARGES	CAPITAL COSTS	COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1786761	66541122				.026852	37
38 RECOVERY ROOM		58618	13083931				.004480	38
39 DELIVERY ROOM & LABOR ROOM		579935	10049847				.057706	39
40 ANESTHESIOLOGY		231544	13240646				.017487	40
41 RADIOLOGY-DIAGNOSTIC		2263507	114507646				.019767	41
42 RADIOLOGY-THERAPEUTIC		1292358	14523990				.088981	42
43 RADIOISOTOPE		191190	21316616				.008969	43
44 LABORATORY		692340	116744170				.005930	44
46 WHOLE BLOOD & PACKED RED BLOO		56128	8654569				.006485	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		174524	29924967				.005832	49
50 PHYSICAL THERAPY		215544	17684755				.012188	50
50.01 RNRC PHYSICAL THERAPY		24324	3824893				.006359	50.01
50.02 DAY RHABILITATION FACILITY		43000	2861455				.015027	50.02
51 OCCUPATIONAL THERAPY		155954	9085192				.017166	51
52 SPEECH PATHOLOGY		57082	5278618				.010814	52
53 ELECTROCARDIOLOGY		212750	22421173				.009489	53
54 ELECTROENCEPHALOGRAPHY		296994	4837708				.061391	54
54.01 ELECTROPHYSIOLOGY		76797	21930629				.003502	54.01
55 MEDICAL SUPPLIES CHARGED TO P		27243	14803505				.001840	55
55.30 IMPL. DEV. CHARGED TO PATIENT		41974	20604784				.002037	55.30
56 DRUGS CHARGED TO PATIENTS		370646	114753006				.003230	56
56.01 WELLNESS PROGRAM		34986	155562				.224901	56.01
56.02 EYE CENTER								56.02
56.03 CARDIAC CATHETERIZATION		554040	45310228				.012228	56.03
57 RENAL DIALYSIS		177030	15665365				.011301	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1070499	15354657				.069718	60
61 EMERGENCY		843496	56588640				.014906	61
61.01 FAMILY PRACTICE CENTER		49407	2084445				.023703	61.01
61.02 SOCIAL SERVICE-PSYCH								61.02
62 OBSERVATION BEDS (NON-DISTINC		107270	2878006				.037272	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11685941	784710125					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-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 RNRC PHYSICAL THERAPY							50.01
50.02 DAY RHABILITATION FACILITY							50.02
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
54.01 ELECTROPHYSIOLOGY							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 WELLNESS PROGRAM							56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 FAMILY PRACTICE CENTER							61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66541122					37
38 RECOVERY ROOM		13083931					38
39 DELIVERY ROOM & LABOR ROOM		10049847					39
40 ANESTHESIOLOGY		13240646					40
41 RADIOLOGY-DIAGNOSTIC		114507646					41
42 RADIOLOGY-THERAPEUTIC		14523990					42
43 RADIOISOTOPE		21316616					43
44 LABORATORY		116744170					44
46 WHOLE BLOOD & PACKED RED BLOO		8654569					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		29924967					49
50 PHYSICAL THERAPY		17684755					50
50.01 RNRC PHYSICAL THERAPY		3824893					50.01
50.02 DAY RHABILITATION FACILITY		2861455					50.02
51 OCCUPATIONAL THERAPY		9085192					51
52 SPEECH PATHOLOGY		5278618					52
53 ELECTROCARDIOLOGY		22421173					53
54 ELECTROENCEPHALOGRAPHY		4837708					54
54.01 ELECTROPHYSIOLOGY		21930629					54.01
55 MEDICAL SUPPLIES CHARGED TO P		14803505					55
55.30 IMPL. DEV. CHARGED TO PATIENT		20604784					55.30
56 DRUGS CHARGED TO PATIENTS		114753006					56
56.01 WELLNESS PROGRAM		155562					56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION		45310228					56.03
57 RENAL DIALYSIS		15665365					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		15354657					60
61 EMERGENCY		56588640					61
61.01 FAMILY PRACTICE CENTER		2084445					61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINC		2878006					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		784710125					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-T117) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5324)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	51221	15814				19428	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	51221	15814				19428	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	51221	15814				19428	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)	35239	13256				19428	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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5324)	
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	41690914	10115064				18165323	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	41690914	10115064				18165323	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	108485165	21160974				22547319	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	108485165	21160974				22547319	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.384301	.478006				.805653	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2117.98	1338.12				1160.56	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	41690914	10115064				18165323	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) (14-0117)	SUB I (PPS) (14-T117)	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	813.94	639.63				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28682432	8478935				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28682432	8478935				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	11989197	8358	1434.46	5379	7715960	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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	57174599	6341795				48
49 TOTAL PROGRAM INPATIENT COSTS	93572991	14820730				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2791430	532361				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3389979	271983				51
52 TOTAL PROGRAM EXCLUDABLE COST	6181409	804344				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	87391582	14016386				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) (14-0117)	SUB I (PPS) (14-T117)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF	
	(PPS)	
	(14-5324)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	18165323	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	935.01	67
68 PROGRAM ROUTINE SERVICE COST	18165374	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	18165374	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	229665	71
72 PER DIEM CAPITAL RELATED COSTS	11.82	72
73 PROGRAM CAPITAL RELATED COSTS	229639	73
74 INPATIENT ROUTINE SERVICE COST	17935735	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	17935735	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	18165374	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	1607720	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	19773094	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)
 (14-0117)(14-T117)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1561	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	813.94	84
85 OBSERVATION BED COST	1270560	85

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

86 OLD CAPITAL-RELATED COST	41690914		1270560		86
87 NEW CAPITAL-RELATED COST	3519857	41690914	.084427	1270560	107270
88 NON PHYSICIAN ANESTHETIST		41690914		1270560	88
89 MEDICAL EDUCATION		41690914		1270560	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) (14-0117)	SUB I (OTHER) (14-T117)	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)	51221	15814				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	51221	15814				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	51221	15814				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)	3903	345				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	3321					15
16 TITLE V OR XIX NURSERY DAYS	1588					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) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
17		1	1	1	1	1	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	41690914	10115064					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	41690914	10115064					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	108485165	21160974					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	108485165	21160974					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.384301	.478006					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	2117.98	1338.12					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	41690914	10115064					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) (14-0117)	SUB I (OTHER) (14-T117)	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	813.94	639.63				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3176808	220672				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3176808	220672				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)	2197855	3321	661.81	1588	1050954	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	11989197	8358	1434.46	608	872152	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	5099914	220672				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	339614	13855				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	339614	13855				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) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 09:50

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. 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 09:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0117)	SUB I (OTHER) (14-T117)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1561	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	813.94	84
85 OBSERVATION BED COST	1270560	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0117) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		71357993		25
26 INTENSIVE CARE UNIT		16109229		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380963	42554966	16211868	37
38 RECOVERY ROOM	.123466	4549157	561666	38
39 DELIVERY ROOM & LABOR ROOM	.602731	4771	2876	39
40 ANESTHESIOLOGY	.188322	4444720	837039	40
41 RADIOLOGY-DIAGNOSTIC	.155760	26726278	4162885	41
42 RADIOLOGY-THERAPEUTIC	.406976	449501	182936	42
43 RADIOISOTOPE	.198436	3405441	675762	43
44 LABORATORY	.136774	47762134	6532618	44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054	2857691	1328981	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.114520	10844431	1241904	49
50 PHYSICAL THERAPY	.327404	3331605	1090781	50
50.01 RNRC PHYSICAL THERAPY	.621553			50.01
50.02 DAY RHABILITATION FACILITY	.459449			50.02
51 OCCUPATIONAL THERAPY	.350919	988685	346948	51
52 SPEECH PATHOLOGY	.372300	960528	357605	52
53 ELECTROCARDIOLOGY	.180963	9951199	1800799	53
54 ELECTROENCEPHALOGRAPHY	.470771	371622	174949	54
54.01 ELECTROPHYSIOLOGY	.220553	10072546	2221530	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113	1394451	166097	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754			55.30
56 DRUGS CHARGED TO PATIENTS	.159253	59947169	9546767	56
56.01 WELLNESS PROGRAM	2.310757			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.179362	27413012	4916853	56.03
57 RENAL DIALYSIS	.241289	2057450	496440	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.432328	2552316	1103438	60
61 EMERGENCY	.209818	14008667	2939270	61
61.01 FAMILY PRACTICE CENTER	1.321117			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.441472	621980	274587	62
63.50 RHC 63.50				
63.60 FQHC 63.60				
101 TOTAL		277270320	57174599	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		277270320		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T117)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		17797337		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380963	66921	25494	37
38 RECOVERY ROOM	.123466	6683	825	38
39 DELIVERY ROOM & LABOR ROOM	.602731			39
40 ANESTHESIOLOGY	.188322	7586	1429	40
41 RADIOLOGY-DIAGNOSTIC	.155760	703948	109647	41
42 RADIOLOGY-THERAPEUTIC	.406976	84590	34426	42
43 RADIOISOTOPE	.198436	23126	4589	43
44 LABORATORY	.136774	3443585	470993	44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054	34062	15841	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.114520	901430	103232	49
50 PHYSICAL THERAPY	.327404	5521034	1807609	50
50.01 RNRC PHYSICAL THERAPY	.621553			50.01
50.02 DAY RHABILITATION FACILITY	.459449			50.02
51 OCCUPATIONAL THERAPY	.350919	5326633	1869217	51
52 SPEECH PATHOLOGY	.372300	1529159	569306	52
53 ELECTROCARDIOLOGY	.180963	112018	20271	53
54 ELECTROENCEPHALOGRAPHY	.470771	16304	7675	54
54.01 ELECTROPHYSIOLOGY	.220553			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113	1181269	140704	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754			55.30
56 DRUGS CHARGED TO PATIENTS	.159253	5934360	945065	56
56.01 WELLNESS PROGRAM	2.310757			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.179362	60279	10812	56.03
57 RENAL DIALYSIS	.241289	359795	86815	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.432328	272582	117845	60
61 EMERGENCY	.209818			61
61.01 FAMILY PRACTICE CENTER	1.321117			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.441472			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		25585364	6341795	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		25585364		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5324)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.380963			37
38 RECOVERY ROOM	.123466			38
39 DELIVERY ROOM & LABOR ROOM	.602731			39
40 ANESTHESIOLOGY	.188322			40
41 RADIOLOGY-DIAGNOSTIC	.155760			41
42 RADIOLOGY-THERAPEUTIC	.406976			42
43 RADIOISOTOPE	.198436			43
44 LABORATORY	.136774			44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.114520			49
50 PHYSICAL THERAPY	.327404			50
50.01 RNRC PHYSICAL THERAPY	.621553	1504131	934897	50.01
50.02 DAY RHABILITATION FACILITY	.459449			50.02
51 OCCUPATIONAL THERAPY	.350919	1119621	392896	51
52 SPEECH PATHOLOGY	.372300	235496	87675	52
53 ELECTROCARDIOLOGY	.180963			53
54 ELECTROENCEPHALOGRAPHY	.470771			54
54.01 ELECTROPHYSIOLOGY	.220553			54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113	74	9	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754			55.30
56 DRUGS CHARGED TO PATIENTS	.159253	1207154	192243	56
56.01 WELLNESS PROGRAM	2.310757			56.01
56.02 EYE CENTER				56.02
56.03 CARDIAC CATHETERIZATION	.179362			56.03
57 RENAL DIALYSIS	.241289			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.432328			60
61 EMERGENCY	.209818			61
61.01 FAMILY PRACTICE CENTER	1.321117			61.01
61.02 SOCIAL SERVICE-PSYCH				61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.441472			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4066476	1607720	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4066476		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0117) [] 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
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.380963		37
38 RECOVERY ROOM	.123466		38
39 DELIVERY ROOM & LABOR ROOM	.602731		39
40 ANESTHESIOLOGY	.188322		40
41 RADIOLOGY-DIAGNOSTIC	.155760		41
42 RADIOLOGY-THERAPEUTIC	.406976		42
43 RADIOISOTOPE	.198436		43
44 LABORATORY	.136774		44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.114520		49
50 PHYSICAL THERAPY	.327404		50
50.01 RNRC PHYSICAL THERAPY	.621553		50.01
50.02 DAY RHABILITATION FACILITY	.459449		50.02
51 OCCUPATIONAL THERAPY	.350919		51
52 SPEECH PATHOLOGY	.372300		52
53 ELECTROCARDIOLOGY	.180963		53
54 ELECTROENCEPHALOGRAPHY	.470771		54
54.01 ELECTROPHYSIOLOGY	.220553		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754		55.30
56 DRUGS CHARGED TO PATIENTS	.159253		56
56.01 WELLNESS PROGRAM	2.310757		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	.179362		56.03
57 RENAL DIALYSIS	.241289		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.432328		60
61 EMERGENCY	.209818		61
61.01 FAMILY PRACTICE CENTER	1.321117		61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.441472		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
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-T117)	<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
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.380963		37
38 RECOVERY ROOM	.123466		38
39 DELIVERY ROOM & LABOR ROOM	.602731		39
40 ANESTHESIOLOGY	.188322		40
41 RADIOLOGY-DIAGNOSTIC	.155760		41
42 RADIOLOGY-THERAPEUTIC	.406976		42
43 RADIOISOTOPE	.198436		43
44 LABORATORY	.136774		44
46 WHOLE BLOOD & PACKED RED BLOOD	.465054		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.114520		49
50 PHYSICAL THERAPY	.327404		50
50.01 RNRC PHYSICAL THERAPY	.621553		50.01
50.02 DAY RHABILITATION FACILITY	.459449		50.02
51 OCCUPATIONAL THERAPY	.350919		51
52 SPEECH PATHOLOGY	.372300		52
53 ELECTROCARDIOLOGY	.180963		53
54 ELECTROENCEPHALOGRAPHY	.470771		54
54.01 ELECTROPHYSIOLOGY	.220553		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.119113		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.271754		55.30
56 DRUGS CHARGED TO PATIENTS	.159253		56
56.01 WELLNESS PROGRAM	2.310757		56.01
56.02 EYE CENTER			56.02
56.03 CARDIAC CATHETERIZATION	.179362		56.03
57 RENAL DIALYSIS	.241289		57
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.432328		60
61 EMERGENCY	.209818		61
61.01 FAMILY PRACTICE CENTER	1.321117		61.01
61.02 SOCIAL SERVICE-PSYCH			61.02
62 OBSERVATION BEDS (NON-DISTINCT)	.441472		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
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 (14-0117)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	16466075					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18348446					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	33155589					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	1027454					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	865113					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1895977					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	2476606					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	334.05					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	54.30					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)	18.00					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]	3.48					3.06
3.07 SUM OF LINES 3.04-3.06	0.00 3.48					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	75.78					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1	68.91					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	68.91					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	68.55					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..	68.55					3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	68.67				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0117)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.205568				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.203293				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	0.203293				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1838063				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2018788				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]	3682903				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	7539754 0	7539754			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS					4.01
4.02	SUM OF 4 AND 4.01					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					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	77986470				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	77986470				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	6544784				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3774358				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	88305612				16
17	PRIMARY PAYER PAYMENTS	14717				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	88290895				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5626764				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	488018				20
21	REIMBURSABLE BAD DEBTS	565975				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	396183				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	489191				21.02
22	SUBTOTAL	82572296				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0117)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	82572296				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	83088861				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-516565				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0117)	HOSPITAL (14-0117)	HOSPITAL (14-0117)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES	16683			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	24329953			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	21743561			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	16683			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	102046			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	102046			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	102046			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	85363			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	16683			17
17.01 TOTAL PPS PAYMENTS	21743561			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0117)	HOSPITAL (14-0117)	HOSPITAL (14-0117)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	6718		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	5052553		18.01
19 SUBTOTAL	16700973		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	726132		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	17427105		23
24 PRIMARY PAYER PAYMENTS	3430		24
25 SUBTOTAL	17423675		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD	3070		26
27 BAD DEBTS	546231		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	382362		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	504887		27.02
28 SUBTOTAL	17809107		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	17809107		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	16817242		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	991865		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T117) 1	SUB I (14-T117) 1.01	SUB I (14-T117) 1.02	
1 MEDICAL AND OTHER SERVICES	82			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1995			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	2095			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	82			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	513			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	513			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	513			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	431			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	82			17
17.01 TOTAL PPS PAYMENTS	2095			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T117) 1	SUB I (14-T117) 1.01	SUB I (14-T117) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	419		18.01
LINE 17.01			
19 SUBTOTAL	1758		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	1758		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	1758		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	20477		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	14334		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	19491		27.02
28 SUBTOTAL	16092		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	16092		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1848		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	14244		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5324)	SNF (14-5324)	SNF (14-5324)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5324)	SNF (14-5324)	SNF (14-5324)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0117)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		82913427		16710225
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02	02/22/2010	175434	02/22/2010	107017
PROVIDER .03				3.02
TO .04				3.03
PROVIDER .05				3.04
TO .50				3.05
PROVIDER .51				3.50
TO .52		NONE		3.51
PROVIDER .53				NONE
PROGRAM .54				3.52
				3.53
				3.54
SUBTOTAL	.99	175434		107017
4 TOTAL INTERIM PAYMENTS		83088861		16817242
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02		NONE		NONE
PROVIDER .03				5.02
PROVIDER .50				5.03
TO .51		NONE		5.50
PROGRAM .52				5.51
				5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				991865
PROVIDER TO .02		-516565		6.01
PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		82572296		17809107
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T117)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15046541		1848	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02					3.02
PROVIDER .03		NONE		NONE	3.03
TO .04					3.04
PROVIDER .05					3.05
TO .50					3.50
PROVIDER .51	02/22/2010	45678			3.51
TO .52				NONE	3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		-45678			3.99
4 TOTAL INTERIM PAYMENTS		15000863		1848	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
TO .50					5.50
PROVIDER .51		NONE		NONE	5.51
TO .52					5.52
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		144473		14244	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		15145336		16092	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5324)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6929480		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		6929480		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	206778		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		7136258		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-T117)	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)		14900626			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0089			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		283470			1.04
1.05	OUTLIER PAYMENTS		104567			1.05
1.06	TOTAL PPS PAYMENTS		15288663			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)		43.326027			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		15288663			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		15288663			6
7	DEDUCTIBLES		29220			7
8	SUBTOTAL		15259443			8
9	COINSURANCE		128441			9
10	SUBTOTAL		15131002			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		20477			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		14334			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		19491			11.02
12	SUBTOTAL		15145336			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-T117)	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	15145336				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	15000863				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	144473				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5324) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES			
1			1
			2
2			3
3			4
4			5
5			6
6			7
7			8
8			9
9			10
COMPUTATION OF LESSER OF COST OR CHARGES			
10			11
11			12
12			13
13			14
14			15
15			16
16			17
CUSTOMARY CHARGES			
17			18
18			19
19			20
20			21
21			22
22			23
23			24
PROSPECTIVE PAYMENT AMOUNT			
24		8582594	25
25			26
26			27
27			28
28			29
29			30
30		8582594	31
31			32
32		8582594	33
33			34

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5324) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	8582594	35
36 COINSURANCE	1653114	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS	206778	38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	206778	38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	206778	38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	7136258	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 ADJ. PENDING CORRECT SNF PS & R		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	7136258	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	7136258	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	6929480	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM	206778	58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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 (PPS)	
		HOSPITAL (14-0117) (OTHER)	SUB I (14-T117) (OTHER)	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	5099914	220672				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	5099914	220672				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	5099914	220672				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	5099914	220672				22
23	COST OF COVERED SERVICES	5099914	220672				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	5099914	220672				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	5099914	220672				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 (14-0117) (OTHER)	SUB I (14-T117) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	5099914				34
36	COINSURANCE					35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					36
38	REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.01
39	UTILIZATION REVIEW					38.02
40	SUBTOTAL					39
41	INPATIENT ROUTINE SERVICE COST					40
42	MEDICARE INPATIENT ROUTINE CHARGES					41
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					42
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					43
45	RATIO OF LINE 43 TO LINE 44					44
46	TOTAL CUSTOMARY CHARGES					45
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					46
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					47
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					48
50	ADJ. PENDING CORRECT SNF PS & R					49
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					50
52	SUBTOTAL					51
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					52
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					53
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					54
56	SEQUESTRATION ADJUSTMENT					55
57	INTERIM PAYMENTS					56
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57
58	BALANCE DUE PROVIDER/PROGRAM					57.01
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)					58
						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	48.41 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)	18.00 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]	3.50 3.03
3.04	FTE ADJUSTMENT CAP 3.50	69.91 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	69.03 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	69.03 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	19.67 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	47.82 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	67.49 3.09
3.10	SEE INSTRUCTIONS	67.49 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 3.11
3.12	SEE INSTRUCTIONS	47.82 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	50.31 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	46.66 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	48.26 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	48.26 3.16
3.17	SEE INSTRUCTIONS	86992.83 3.17
3.18	SEE INSTRUCTIONS	4198274 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		19.52	3.19
3.20	SEE INSTRUCTIONS		21.01	3.20
3.21	SEE INSTRUCTIONS		20.07	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		20.07	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		86992.83	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		1745946	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		5944220	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		53874	4
5	TOTAL INPATIENT DAYS		73832	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.729684	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4337402	0	4337402	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2359	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		73832	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		163088	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 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	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		15665365	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

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	126559095	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	14717	15
16	TOTAL PART A REASONABLE COST	126544378	16
PART B REASONABLE COST			
17	REASONABLE COST	24348713	17
18	PRIMARY PAYER PAYMENTS	3430	18
19	TOTAL PART B REASONABLE COST	24345283	19
20	TOTAL REASONABLE COST	150889661	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.838655	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.161345	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	4500490	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3774358	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	726132	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
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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	4856	4
5	TOTAL INPATIENT DAYS	73832	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.065771	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	73832	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	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

APPORIONMENT 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

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	47812638			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	30225230			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	1936297			7
8	PREPAID EXPENSES	10511553			8
9	OTHER CURRENT ASSETS	4488691			9
10	DUE FROM OTHER FUNDS	350036354			10
11	TOTAL CURRENT ASSETS	445010763			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS				14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	17471117			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	17471117			21
OTHER ASSETS					
22	INVESTMENTS	151525249			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	18799			25
26	TOTAL OTHER ASSETS	151544048			26
27	TOTAL ASSETS	614025928			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	31284040			28
29	SALARIES, WAGES & FEES PAYABLE	68888835			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	24324058			35
36	TOTAL CURRENT LIABILITIES	124496933			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	323213197			41
42	TOTAL LONG TERM LIABILITIES	323213197			42
43	TOTAL LIABILITIES	447710130			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	166315798			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	166315798			51
52	TOTAL LIABILITIES AND FUND BALANCES	614025928			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	154502845			1
2 NET INCOME (LOSS)	11812953			2
3 TOTAL	166315798			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN MIN PENSION LIABILITY				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	166315798			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS				13
14 OTHER				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	166315798			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	639396171		639396171	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	639396171		639396171	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				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				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	639396171		639396171	18
19 ANCILLARY SERVICES				19
18.50 OUTPATIENT SERVICES		335307114	335307114	18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 OTHER ENTITIES				25
TOTAL PATIENT REVENUES	639396171	335307114	974703285	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		271923844	26
27 ADD (SPECIFY)			27
28 NTERCOMPANY EXPENSES HOME OFFICE			28
29 BAD DEBTS - PROVISION FOR UNCOLLECT			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		271923844	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	974703285	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	702553828	2
3	NET PATIENT REVENUES	272149457	3
4	LESS - TOTAL OPERATING EXPENSES	271923844	4
5	NET INCOME FROM SERVICE TO PATIENTS	225613	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7179989	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	228582	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	12756	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	517185	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISC DIETARY INCOME	1203263	24
24.01	CONTRACTED SERVICE REVENUE		24.01
24.02	PROV HOME BILLING		24.02
24.03	FITNESS CENTER	63374	24.03
24.04	PHASE 3 CARDIAC REHAB	97881	24.04
24.05	NET ASSETS RELEASED	375828	24.05
24.06	CHILD CARE CENTER	860825	24.06
24.07	MISC	1047657	24.07
25	TOTAL OTHER INCOME	11587340	25
26	TOTAL	11812953	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	11812953	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2335

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	941972	HRS OF SERVICE	42279.75	20.33	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	83954	HRS OF SERVICE	5891.24	2.83	4
5 SOCIAL WORKERS	40161	HRS OF SERVICE	2080.00	1.00	5
6 DIETICIANS	25265	HRS OF SERVICE	1248.00	.60	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	184545	ACCUMULATED COST			8
9 SUBTOTAL	1275897				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	359680	REQUISITIONS			14
15 DRUGS	473109	REQUISITIONS			15
16 OTHER	212584	ACCUMULATED COST			16
17 SUBTOTAL	2321270				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	52794	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	48353	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	282784	SALARY			22
23 ADMINISTRATIVE AND GENERAL	575393	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	141809	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	74497	REQUISITIONS			26
27 PHARMACY	226852	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	56132	ACCUMULATED COST			28
29 SUBTOTAL	3779884				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
33 TOTAL COSTS	3779884				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS		CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY				
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS	6	SUPPLIES	SERVICES				
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	194603	48353	941972	149380	282784	699961	434177		2751230	1028654	3779884	1
2 MAINTENANCE												
3 HEMODIALYSIS	171398	37443	565190	89629	240366	559968	112886		1776880	664355	2441235	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD												6
8 CCPD												7
9 HOME												
10 HEMODIALYSIS												8
11 INTERMITTENT PERITONEAL												9
12 CAPD												10
13 CCPD												11
14 OTHER BILLABLE SERVICES												
15 INPATIENT DIALYSIS	23205	10910	376782	59751	42418	139993	321291		974350	364299	1338649	12
16 METHOD II HOME PATIENT												13
17 EPO (INCL IN RENAL DEPT)												14
18.01 ARANESP (INCL IN RENAL DEPT)												14.01
19 OTHER												15
20 TOTAL	194603	48353	941972	149380	282784	699961	434177		2751230	1028654	3779884	16
21 MEDICAL EDUC PGM COSTS												17
22 TOTAL RENAL COSTS											3779884	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT RNS (HOURS)	PATIENT- CARE SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)									
	1	2									
1	TOTAL RENAL DEPT COSTS	194603	48353	941972	149380	282784	699961	434177	2751230	1028654	1
	MAINTENANCE										
2	HEMODIALYSIS	3309	30371.00	35596.00	35596.00	1084513	378486	86016			2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS										4
5	INTERMITTENT PERITONEAL										5
6	CAPD										6
7	CCPD										7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRTMNTS 8131	448	8849.00	23730.00	23730.00	191385	94622	244815			
13	METHOD II HOME PATIENT										13
14	EPO										14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	3757	39220.00	59326.00	59326.00	1275898	473108	330831		2751230	16
17	UNIT COST MULTIPLIER	51.797445		15.877895		.221635		1.312383			
			1.232866		2.517952		1.479495			.373889	17

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 09:50

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2335
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	9115	2441235	267.83	8131	2177726	164.82	1340151	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	9115	2441235		8131	2177726		1340151	11

PROVIDER NO. 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2335

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	2177726 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	1340151 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	2067 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	267617 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	3070 5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1520 5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	266614 6
7	PROGRAM PAYMENT	1070467 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	3070 8
9	REIMBURSABLE BAD DEBTS	3070 9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0117)	HOSPITAL (14-0117)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	5594958				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	68061				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	158.95				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02	68.67	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	12.97				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	725666				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0163				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.1198				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.1361				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	0.0279				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	156099				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
	6544784				
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.10 NON PATIENT PHONES					6.10
6.20 DATA PROCESSING					6.20
6.30 PURCHASING AND STORES					6.30
6.40 ADMITTING					6.40
6.50 CASHIERS AR AND COLLECTIONS					6.50
6.60 ADMINISTRATION & GENERAL					6.60
6.70 RNP PATIENT ACCOUNTS					6.70
6.80 RNP OCCUPANCY					6.80
6.90 RNP ADMINISTRATION					6.90
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 ELECTRICITY					8.01
8.02 RNP OPERATION OF PLANT					8.02
9 LAUNDRY & LINEN SERVICE					9
9.01 RNP LAUNDRY					9.01
10 HOUSEKEEPING					10
10.01 RNP HOUSEKEEPING					10.01
11 DIETARY					11
11.01 RNP DIETARY					11.01
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
18.01 RNP SOCIAL SERVICE					18.01
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
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 RNRC PHYSICAL THERAPY					50.01
50.02 DAY RHABILITATION FACILITY					50.02
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
54.01 ELECTROPHYSIOLOGY					54.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 WELLNESS PROGRAM					56.01
56.02 EYE CENTER					56.02
56.03 CARDIAC CATHETERIZATION					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 FAMILY PRACTICE CENTER					61.01

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
61.02 SOCIAL SERVICE-PSYCH					61.02
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
99 NONPAID WORKERS					99
100 OTHER					100
100.05 NON EMPLOYEE CHILD CARE					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	68.80		7.62				76.42 25
26 INTENSIVE CARE UNIT	64.36		7.27				71.63 26
33 NURSERY			47.82				47.82 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	63.95	35.95					99.90 37
38 RECOVERY ROOM	34.77	22.92					57.69 38
39 DELIVERY ROOM & LABOR ROOM	0.05						0.05 39
40 ANESTHESIOLOGY	33.57	13.01					46.58 40
41 RADIOLOGY-DIAGNOSTIC	23.34	23.18					46.52 41
42 RADIOLOGY-THERAPEUTIC	3.09	36.76					39.85 42
43 RADIOISOTOPE	15.98	19.01					34.99 43
44 LABORATORY	40.91	1.98					42.89 44
46 WHOLE BLOOD & PACKED RED BLOOD	33.02	8.48					41.50 46
49 RESPIRATORY THERAPY	36.24	2.04					38.28 49
50 PHYSICAL THERAPY	18.84	0.25					19.09 50
51 OCCUPATIONAL THERAPY	10.88	0.04					10.92 51
52 SPEECH PATHOLOGY	18.20	1.19					19.39 52
53 ELECTROCARDIOLOGY	44.38	18.78					63.16 53
54 ELECTROENCEPHALOGRAPHY	7.68	7.70					15.38 54
54.01 ELECTROPHYSIOLOGY	45.93	5.24					51.17 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	9.42						9.42 55
56 DRUGS CHARGED TO PATIENTS	52.24	11.84					64.08 56
56.03 CARDIAC CATHETERIZATION	60.50	8.31					68.81 56.03
57 RENAL DIALYSIS	13.13	0.01					13.14 57
60 CLINIC	16.62	15.03					31.65 60
61 EMERGENCY	24.76	13.62					38.38 61
62 OBSERVATION BEDS (NON-DISTINCT	21.61						21.61 62
101 TOTAL CHARGES	28.66	10.48					39.14 101

***** 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	83.82		2.18				86.00 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.10						0.10 37
38 RECOVERY ROOM	0.05						0.05 38
40 ANESTHESIOLOGY	0.06						0.06 40
41 RADIOLOGY-DIAGNOSTIC	0.61						0.61 41
42 RADIOLOGY-THERAPEUTIC	0.58						0.58 42
43 RADIOISOTOPE	0.11						0.11 43
44 LABORATORY	2.95						2.95 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.39						0.39 46
49 RESPIRATORY THERAPY	3.01						3.01 49
50 PHYSICAL THERAPY	31.22						31.22 50
51 OCCUPATIONAL THERAPY	58.63						58.63 51
52 SPEECH PATHOLOGY	28.97						28.97 52
53 ELECTROCARDIOLOGY	0.50						0.50 53
54 ELECTROENCEPHALOGRAPHY	0.34						0.34 54
55 MEDICAL SUPPLIES CHARGED TO PAT	7.98						7.98 55
56 DRUGS CHARGED TO PATIENTS	5.17	0.01					5.18 56
56.03 CARDIAC CATHETERIZATION	0.13						0.13 56.03
57 RENAL DIALYSIS	2.30						2.30 57
60 CLINIC	1.78						1.78 60
101 TOTAL CHARGES	2.64						2.64 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL
	TITLE XVIII		TITLE XIX		TITLE V			
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT		
	1	2	3	4	5	6	7	
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY	100.00						100.00	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
50.01 RNRC PHYSICAL THERAPY	39.32						39.32	50.01
51 OCCUPATIONAL THERAPY	12.32						12.32	51
52 SPEECH PATHOLOGY	4.46						4.46	52
56 DRUGS CHARGED TO PATIENTS	1.05						1.05	56
101 TOTAL CHARGES	0.42						0.42	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	8784384	3.27	-8784384	-6.94			3
4	NEW CAP REL COSTS-MVBLE EQUIP	7853895	2.92	-7853895	-6.20			4
5	EMPLOYEE BENEFITS	25034760	9.32	-25034760	-19.78			5
6.10	NON PATIENT PHONES	287864	.11	-287864	-.23			6.10
6.20	DATA PROCESSING	4621283	1.72	-4621283	-3.65			6.20
6.30	PURCHASING AND STORES	1668185	.62	-1668185	-1.32			6.30
6.40	ADMITTING							6.40
6.50	CASHIERS AR AND COLLECTIONS	7142294	2.66	-7142294	-5.64			6.50
6.60	ADMINISTRATION & GENERAL	25080812	9.34	-25080812	-19.81			6.60
6.70	RNP PATIENT ACCOUNTS							6.70
6.80	RNP OCCUPANCY							6.80
6.90	RNP ADMINISTRATION	5073298	1.89	-5073298	-4.01			6.90
7	MAINTENANCE & REPAIRS	1118981	.42	-1118981	-.88			7
8	OPERATION OF PLANT	2365579	.88	-2365579	-1.87			8
8.01	ELECTRICITY	6653062	2.48	-6653062	-5.26			8.01
8.02	RNP OPERATION OF PLANT	703854	.26	-703854	-.56			8.02
9	LAUNDRY & LINEN SERVICE	2026647	.75	-2026647	-1.60			9
9.01	RNP LAUNDRY	246945	.09	-246945	-.20			9.01
10	HOUSEKEEPING	2575771	.96	-2575771	-2.03			10
10.01	RNP HOUSEKEEPING	457482	.17	-457482	-.36			10.01
11	DIETARY	1790649	.67	-1790649	-1.41			11
11.01	RNP DIETARY	1507817	.56	-1507817	-1.19			11.01
12	CAFETERIA	950234	.35	-950234	-.75			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1875029	.70	-1875029	-1.48			14
15	CENTRAL SERVICES & SUPPLY	1197032	.45	-1197032	-.95			15
16	PHARMACY	3221287	1.20	-3221287	-2.54			16
17	MEDICAL RECORDS & LIBRARY	5820163	2.17	-5820163	-4.60			17
18	SOCIAL SERVICE							18
18.01	RNP SOCIAL SERVICE	183475	.07	-183475	-.14			18.01
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	3504673	1.30	-3504673	-2.77			22
23	I&R SERVICES-OTHER PRGM COSTS A	4850427	1.81	-4850427	-3.83			23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	19970406	7.43	28487402	22.50	48457808	18.04	25
26	INTENSIVE CARE UNIT	7037638	2.62	5815600	4.59	12853238	4.79	26
31	SUBPROVIDER I	5229183	1.95	4885881	3.86	10115064	3.77	31
33	NURSERY	1253306	.47	1030097	.81	2283403	.85	33
34	SKILLED NURSING FACILITY	7536008	2.81	10629315	8.40	18165323	6.76	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	16389701	6.10	9712853	7.67	26102554	9.72	37
38	RECOVERY ROOM	901884	.34	713532	.56	1615416	.60	38

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
39 DELIVERY ROOM & LABOR ROOM	3123299	1.16	3105154	2.45	6228453	2.32	39
40 ANESTHESIOLOGY	1677090	.62	816414	.64	2493504	.93	40
41 RADIOLOGY-DIAGNOSTIC	7931262	2.95	9989950	7.89	17921212	6.67	41
42 RADIOLOGY-THERAPEUTIC	2640365	.98	3270547	2.58	5910912	2.20	42
43 RADIOISOTOPE	2107422	.78	2122562	1.68	4229984	1.57	43
44 LABORATORY	9657287	3.60	6481400	5.12	16138687	6.01	44
46 WHOLE BLOOD & PACKED RED BLOOD	3121982	1.16	902859	.71	4024841	1.50	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	1902917	.71	1951845	1.54	3854762	1.44	49
50 PHYSICAL THERAPY	3649997	1.36	2140065	1.69	5790062	2.16	50
50.01 RNRC PHYSICAL THERAPY	1313817	.49	1063557	.84	2377374	.89	50.01
50.02 DAY RHABILITATION FACILITY	924896	.34	389798	.31	1314694	.49	50.02
51 OCCUPATIONAL THERAPY	1935252	.72	1252910	.99	3188162	1.19	51
52 SPEECH PATHOLOGY	1338920	.50	626310	.49	1965230	.73	52
53 ELECTROCARDIOLOGY	1625309	.61	2859826	2.26	4485135	1.67	53
54 ELECTROENCEPHALOGRAPHY	1186141	.44	1176862	.93	2363003	.88	54
54.01 ELECTROPHYSIOLOGY	3914362	1.46	922496	.73	4836858	1.80	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	1006667	.37	756625	.60	1763292	.66	55
55.30 IMPL. DEV. CHARGED TO PATIENT	4938864	1.84	660576	.52	5599440	2.08	55.30
56 DRUGS CHARGED TO PATIENTS	10770464	4.01	7504241	5.93	18274705	6.80	56
56.01 WELLNESS PROGRAM	193487	.07	337076	.27	530563	.20	56.01
56.02 EYE CENTER							56.02
56.03 CARDIAC CATHETERIZATION	5687358	2.12	2439590	1.93	8126948	3.03	56.03
57 RENAL DIALYSIS	2321270	.86	1458614	1.15	3779884	1.41	57
60 CLINIC	2652389	.99	4156959	3.28	6809348	2.54	60
61 EMERGENCY	6032392	2.25	7124170	5.63	13156562	4.90	61
61.01 FAMILY PRACTICE CENTER	2011029	.75	1427156	1.13	3438185	1.28	61.01
61.02 SOCIAL SERVICE-PSYCH							61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
99 NONPAID WORKERS	26460	.01	383640	.30	410100	.15	99
100 OTHER							100
100.05 NON EMPLOYEE CHILD CARE							100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	268604706	100.00	0	.00	268604706	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1786761	66541122	.026852	42554966	1142686	37
38 RECOVERY ROOM	58618	13083931	.004480	4549157	20380	38
39 DELIVERY ROOM & LABOR ROOM	579935	10049847	.057706	4771	275	39
40 ANESTHESIOLOGY	231544	13240646	.017487	4444720	77725	40
41 RADIOLOGY-DIAGNOSTIC	2263507	114507646	.019767	26726278	528298	41
42 RADIOLOGY-THERAPEUTIC	1292358	14523990	.088981	449501	39997	42
43 RADIOISOTOPE	191190	21316616	.008969	3405441	30543	43
44 LABORATORY	692340	116744170	.005930	47762134	283229	44
46 WHOLE BLOOD & PACKED RED BLOOD	56128	8654569	.006485	2857691	18532	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	174524	29924967	.005832	10844431	63245	49
50 PHYSICAL THERAPY	215544	17684755	.012188	3331605	40606	50
50.01 RNRC PHYSICAL THERAPY	24324	3824893	.006359			50.01
50.02 DAY RHABILITATION FACILITY	43000	2861455	.015027			50.02
51 OCCUPATIONAL THERAPY	155954	9085192	.017166	988685	16972	51
52 SPEECH PATHOLOGY	57082	5278618	.010814	960528	10387	52
53 ELECTROCARDIOLOGY	212750	22421173	.009489	9951199	94427	53
54 ELECTROENCEPHALOGRAPHY	296994	4837708	.061391	371622	22814	54
54.01 ELECTROPHYSIOLOGY	76797	21930629	.003502	10072546	35274	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	27243	14803505	.001840	1394451	2566	55
55.30 IMPL. DEV. CHARGED TO PATIENT	41974	20604784	.002037			55.30
56 DRUGS CHARGED TO PATIENTS	370646	114753006	.003230	59947169	193629	56
56.01 WELLNESS PROGRAM	34986	155562	.224901			56.01
56.02 EYE CENTER						56.02
56.03 CARDIAC CATHETERIZATION	554040	45310228	.012228	27413012	335206	56.03
57 RENAL DIALYSIS	177030	15665365	.011301	2057450	23251	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1070499	15354657	.069718	2552316	177942	60
61 EMERGENCY	843496	56588640	.014906	14008667	208813	61
61.01 FAMILY PRACTICE CENTER	49407	2084445	.023703			61.01
61.02 SOCIAL SERVICE-PSYCH						61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	107270	2878006	.037272	621980	23182	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	11685941	784710125		277270320	3389979	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	3519857		3519857	51221	68.72	35239	2421624 25
26	INTENSIVE CARE UNIT	574614		574614	8358	68.75	5379	369806 26
101	TOTAL	4094471		4094471			40618	2791430 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2791430	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							3389979	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6181409	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							7722	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							40618	
PER DISCHARGE CAPITAL COSTS							800.49	
PER DIEM CAPITAL COSTS							152.18	

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)	87391582
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	364737542
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.240

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))	14820730
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	43323499
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.342

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)	6181409
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.017

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	24290782
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	101333328
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.240