

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA ST. MARY'S HOSPITAL (14-0155) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-40891	483305		2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-40891	483305		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: 500 WEST COURT STREET P.O.BOX: 1
 1.01 CITY: KANKAKEE STATE: IL ZIP CODE: 60901 COUNTY: KANKAKEE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	PROVENA ST. MARY'S HOSPITAL	14-0155	07/01/1969	N	P	O	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS	PROVENA ST. MARY'S RENAL	14-2318	07/01/1973				16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2010	TO: 12/31/2010				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I							20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES	NO			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.							21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.			3	NO			21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			NO				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	V	XVIII
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	1	XIX
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	2	3
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		NO	NO	NO
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?		NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO		38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 148003 40

40.01 NAME: PROVENA HEALTH FI/CONTRACTOR'S NAME: NGS FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: 9223 WEST ST. FRANCIS ROAD P.O.BOX: 40.02
 40.03 CITY: FRANKFORT, IL 60423 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? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC			
	1	2	3	4	5			
47 HOSPITAL	N	N	N	N	N	47		
48 SUBPROVIDER I	N	N	N	N	N	48		
49 SKILLED NURSING FACILITY	N	N	N	N	N	49		
50 HOME HEALTH AGENCY	N	N	N	N	N	50		
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					NO	52		
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					NO	52.01		
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53		
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01		
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 52428 PAID LOSSES: 255895 AND/OR SELF INSURANCE: 628038						54		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					NO	54.01		
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					NO	55		
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?					YES			57
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.					NO			58
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)					NO			59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----				
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	156	56940			12527		4585	1
2 HMO							664	2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	156	56940			12527		4585	5
6 INTENSIVE CARE UNIT	16	5840			1940		155	6
7 CORONARY CARE UNIT								7
8 BURN INTENSIVE CARE UNIT								8
9 SURGICAL INTENSIVE CARE UNIT	10	3650			1254		42	9
10 OTHER SPECIAL CARE (SPECIFY)								10
11 NURSERY							405	11
12 TOTAL HOSPITAL	182	66430			15721		5187	12
13 RPCH VISITS								13
14 SUBPROVIDER I								14
15 SKILLED NURSING FACILITY								15
16 NURSING FACILITY								16
17 OTHER LONG TERM CARE								17
18 HOME HEALTH AGENCY								18
20 ASC (DISTINCT PART)								20
21 HOSPICE (DISTINCT PART)								21
23 O/P REHAB PROVIDER								23
24 RHC I								24
25 TOTAL	182							25
26 OBSERVATION BED DAYS							172	26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS							41	29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS. BEDS NOT ADMITTED	TOTAL PATIENTS	ALL BEDS ADMITTED	OBS. BEDS ADMITTED	OBS. BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON- PHYS ANES	NET	EMPLOYEES ON PAYROLL
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		22926							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		22926							5
6 INTENSIVE CARE UNIT		3365							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT		2083							9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		950							11
12 TOTAL HOSPITAL		29324						674.48	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								674.48	25
26 OBSERVATION BED DAYS		1218							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS									28
29 LABOR & DELIVERY DAYS		122							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS
	TITLE	TITLE	TITLE		
	V 12	XVIII 13	XIX 14	15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3391	1566	7770	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		3391	1566	7770	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE					17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28
29 LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART II
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
SALARIES							
1 TOTAL SALARIES	38818201	-1623230	37194971	1402914.00	26.51		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	641648	66263	707911	37855.00	18.70	PAYROLL	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2402951		2402951	84371.00	28.48		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	2328		2328	124.00	18.77		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	341629		341629	1469.00	232.56	GL	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	7124198		7124198	126365.00	56.38	HOME OFFICE CR	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	10757834		10757834			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	151207		151207			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	260914	-260244	670	17.00	39.41		21
22 ADMINISTRATIVE & GENERAL	4236341	-989620	3246721	118681.00	27.36		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	1780494		1780494	17504.00	101.72		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	743409		743409	39073.96	19.03		24
25 LAUNDRY & LINEN SERVICE	36727		36727	3641.39	10.09		25
26 HOUSEKEEPING	683354		683354	58875.68	11.61		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	721668	-523167	198501	29341.00	6.77		27
27.01 DIETARY UNDER CONTRACT	327826		327826	10124.00	32.38		27.01
28 CAFETERIA		523167	523167	29341.00	17.83		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	988075		988075	24945.54	39.61		30
31 CENTRAL SERVICES AND SUPPLY	524860	-906	523954	35247.00	14.87		31
32 PHARMACY	1207882		1207882	34460.00	35.05		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1294069		1294069	50417.52	25.67		33
34 SOCIAL SERVICE	601555		601555	15704.00	38.31		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)	
	1	2	3	4	5	
1 NET SALARIES	40926521	-1623230	39303291	1430542.00	27.47	1
2 EXCLUDED AREA SALARIES	641648	66263	707911	37855.00	18.70	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	40284873	-1689493	38595380	1392687.00	27.71	3
4 SUBTOTAL OTHER WAGES & REL COSTS	9871106		9871106	212329.00	46.49	4
5 SUBTOTAL WAGE-RELATED COSTS	10757834		10757834		27.87	5
6 TOTAL (SUM OF LINES 3 THRU 5)	60913813	-1689493	59224320	1605016.00	36.90	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	13407174	-1250770	12156404	467373.09	26.01	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2318

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						1	
2	3.00			3.00	6.00	7.00	2	
3	5.50			5.50			3	
4							4	
5	312						5	
6	24						6	
7	3						7	
8							8	
9							9	
10							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						1398276	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						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

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	16836863 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	36809 20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	16873672 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.205217 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	74114120 28
29	TOTAL GROSS MEDICAID COST	15209477 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	32015115 30
31	UNCOMPENSATED CARE COST	6570046 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	15209477 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 OLD CAP REL COSTS-BLDG & FIXT		2011885	2011885	-2011885				1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7185305	7185305	-2031667	5153638	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2541588	2541588	2109521	4651109	4
5	0500 EMPLOYEE BENEFITS	260914	10712448	10973362	480890	11454252	823007	12277259	5
6	0600 ADMINISTRATIVE & GENERAL	4236341	18730429	22966770	-707007	22259763	-4932073	17327690	6
8	0800 OPERATION OF PLANT	743409	3277740	4021149	-649518	3371631		3371631	8
8.01	0801 BIO MED		1176556	1176556	-690	1175866		1175866	8.01
9	0900 LAUNDRY & LINEN SERVICE	36727	-32434	4293	370635	374928	-18038	356890	9
10	1000 HOUSEKEEPING	683354	270378	953732	-8621	945111		945111	10
11	1100 DIETARY	721668	952464	1674132	-1275392	398740		398740	11
12	1200 CAFETERIA				1237368	1237368	-355881	881487	12
14	1400 NURSING ADMINISTRATION	988075	103000	1091075	-67269	1023806		1023806	14
15	1500 CENTRAL SERVICES & SUPPLY	248569	399657	648226	-323704	324522		324522	15
15.01	1501 STERILE PROCESSING	276291	301588	577879	-207250	370629		370629	15.01
16	1600 PHARMACY	1207882	6591954	7799836	-6294285	1505551		1505551	16
17	1700 MEDICAL RECORDS & LIBRARY	1294069	670743	1964812	-6033	1958779	-316	1958463	17
18	1800 SOCIAL SERVICE	601555	18350	619905		619905		619905	18
24	2400 PARAMED ED PRGM-(SPECIFY)	103602	19639	123241	60221	183462		183462	24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	8369088	764148	9133236	-1229596	7903640	-18481	7885159	25
26	2600 INTENSIVE CARE UNIT	1885379	662478	2547857	-79197	2468660	-207217	2261443	26
29	2900 SURGICAL INTENSIVE CARE UNIT	1203274	311841	1515115	-33902	1481213	-90023	1391190	29
33	3300 NURSERY								33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1429508	5962634	7392142	-5395087	1997055		1997055	37
37.01	3330 SPECIAL PROCEDURES	367917	166526	534443	-84428	450015		450015	37.01
38	3800 RECOVERY ROOM	1106937	54342	1161279	-39205	1122074		1122074	38
38.01	3801 OP ONCOLOGY	1213135	899513	2112648	-223449	1889199	-2967	1886232	38.01
39.02	3901 SUBSTANCE ABUSE	212441	46879	259320	-351	258969	-1132	257837	39.02
39.04	3902 DIABETES EDUCATION	1656	4230	5886	-232	5654		5654	39.04
39.05	3903 PODIATRY								39.05
39.06	3904 INFUSION CLINIC	198906	15599	214505	-14226	200279		200279	39.06
40	4000 ANESTHESIOLOGY	31051	4635792	4666843	-181756	4485087		4485087	40
41	4100 RADIOLOGY-DIAGNOSTIC	2514401	1891723	4406124	-1039653	3366471	-235182	3131289	41
43	4300 RADIOISOTOPE	182474	296572	479046	-287474	191572		191572	43
43.01	3120 CARDIAC CATH LAB	494628	2718193	3212821	-2589131	623690	-6430	617260	43.01
44	4400 LABORATORY		4965591	4965591	-690325	4275266	22386	4297652	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	1004912	218627	1223539	-95894	1127645	-11350	1116295	49
50	5000 PHYSICAL THERAPY	585121	293169	878290	-57718	820572		820572	50
50.01	3950 WOUND CARE	151636	16538	168174	-13119	155055	-479	154576	50.01
51	5100 OCCUPATIONAL THERAPY	124514	8800	133314	19712	153026		153026	51
52	5200 SPEECH PATHOLOGY	95782	1057	96839	20020	116859		116859	52
53	5300 ELECTROCARDIOLOGY	313164	49537	362701	-53831	308870		308870	53
54	5400 ELECTROENCEPHALOGRAPHY	46822	4222	51044	-3748	47296		47296	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				6081671	6081671		6081671	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4376473	4376473		4376473	55.30
56	5600 DRUGS CHARGED TO PATIENTS				7444272	7444272		7444272	56
57	5700 RENAL DIALYSIS	1811506	3152928	4964434	-1085026	3879408	-40889	3838519	57
59	3951 OTHER								59
59.97	3997 CARDIAC REHABILITATION	139044	15966	155010	-64248	90762		90762	59.97
	OUTPATIENT SERVICE COST CENTERS								
60.01	4950 OCCUPATIONAL HEALTH	908912	457173	1366085	-116770	1249315		1249315	60.01
61	6100 EMERGENCY	2485491	1188069	3673560	-428573	3244987	-754521	2490466	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		3456991	3456991	-3456991				88
95	SUBTOTALS	38280155	77463535	115743690	1002571	116746261	-5751732	110994529	95
	NONREIMBURSABLE COST CENTERS								
100	7950 OTHER NRCC	286686	1877784	2164470	-997063	1167407		1167407	100
100.01	7951 SISTERS RESIDENCE	251360	104924	356284	-5508	350776		350776	100.01
101	TOTAL	38818201	79446243	118264444		118264444	-5751732	112512712	101

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1 SUPPLY RECLASS	A	MEDICAL SUPPLIES CHARGED TO P	55		6081671
2	A				
3	A				
4	A				
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13	A				
14	A				
15	A				
16	A				
17	A				
18	A				
19	A				
20	A				
21	A				
22	A				
23	A				
24	A				
25	A				
26	A				
27	A				
28	A				
29	A				
30	A				
31	A				
32	A				
33	A				
34	A				
35	A				
36 SUBTOTAL					6081671

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 SUPPLY RECLASS	A	EMPLOYEE BENEFITS	5		26	1
2	A	ADMINISTRATIVE & GENERAL	6		1184	2
3	A	OPERATION OF PLANT	8		2523	3
4	A	BIO MED	8.01		14	4
5	A	LAUNDRY & LINEN SERVICE	9		227	5
6	A	HOUSEKEEPING	10		3456	6
7	A	DIETARY	11		5002	7
8	A	NURSING ADMINISTRATION	14		669	8
9	A	CENTRAL SERVICES & SUPPLY	15		321006	9
10	A	STERILE PROCESSING	15.01		68693	10
11	A	PHARMACY	16		2700	11
12	A	PARAMED ED PRGM-(SPECIFY)	24		8524	12
13	A	ADULTS & PEDIATRICS	25		202807	13
14	A	INTENSIVE CARE UNIT	26		45125	14
15	A	SURGICAL INTENSIVE CARE UNIT	29		25884	15
16	A	OPERATING ROOM	37		5032832	16
17	A	SPECIAL PROCEDURES	37.01		62869	17
18	A	RECOVERY ROOM	38		18106	18
19	A	OP ONCOLOGY	38.01		23359	19
20	A	SUBSTANCE ABUSE	39.02		97	20
21	A	DIABETES EDUCATION	39.04		232	21
22	A	INFUSION CLINIC	39.06		8071	22
23	A	ANESTHESIOLOGY	40		129622	23
24	A	RADIOLOGY-DIAGNOSTIC	41		103398	24
25	A	RADIOISOTOPE	43		1967	25
26	A	CARDIAC CATH LAB	43.01		2332501	26
27	A	LABORATORY	44		570716	27
28	A	RESPIRATORY THERAPY	49		122894	28
29	A	PHYSICAL THERAPY	50		10712	29
30	A	WOUND CARE	50.01		11138	30
31	A	OCCUPATIONAL THERAPY	51		348	31
32	A	ELECTROCARDIOLOGY	53		11151	32
33	A	ELECTROENCEPHALOGRAPHY	54		920	33
34	A	RENAL DIALYSIS	57		1030410	34
35	A	CARDIAC REHABILITATION	59.97		396	35
36 SUBTOTAL					10159579	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	A				1
2	A				2
3	A				3
4	A				4
5 DRUG RECLASS	B	CENTRAL SERVICES & SUPPLY	15		1714 5
6	B	DRUGS CHARGED TO PATIENTS	56		6791167 6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	B				12
13	B				13
14	B				14
15	B				15
16	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22	B				22
23	B				23
24	B				24
25	B				25
26	B				26
27	B				27
28	B				28
29	B				29
30	B				30
31	B				31
32	B				32
33 DEPRECIATION RECLASS	C	NEW CAP REL COSTS-BLDG & FIXT	3		2624269 33
34	C	NEW CAP REL COSTS-MVBLE EQUIP	4		2541588 34
35	C				35
36 SUBTOTAL					18040409 36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 2

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	A	OCCUPATIONAL HEALTH	60.01		9699	1
2	A	EMERGENCY	61		283181	2
3	A	OTHER NRCC	100		3481	3
4	A	SISTERS RESIDENCE	100.01		2204	4
5 DRUG RECLASS	B					5
6	B					6
7	B	DIETARY	11		8750	7
8	B	PHARMACY	16		6285639	8
9	B	PARAMED ED PRGM-(SPECIFY)	24		4	9
10	B	ADULTS & PEDIATRICS	25		8278	10
11	B	INTENSIVE CARE UNIT	26		2198	11
12	B	SURGICAL INTENSIVE CARE UNIT	29		741	12
13	B	OPERATING ROOM	37		1130	13
14	B	SPECIAL PROCEDURES	37.01		1486	14
15	B	RECOVERY ROOM	38		26	15
16	B	SUBSTANCE ABUSE	39.02		254	16
17	B	INFUSION CLINIC	39.06		112	17
18	B	ANESTHESIOLOGY	40		38084	18
19	B	RADIOLOGY-DIAGNOSTIC	41		121816	19
20	B	RADIOISOTOPE	43		214847	20
21	B	CARDIAC CATH LAB	43.01		37421	21
22	B	LABORATORY	44		8	22
23	B	RESPIRATORY THERAPY	49		828	23
24	B	PHYSICAL THERAPY	50		538	24
25	B	WOUND CARE	50.01		793	25
26	B	OCCUPATIONAL THERAPY	51		40	26
27	B	ELECTROCARDIOLOGY	53		2884	27
28	B	CARDIAC REHABILITATION	59.97		12	28
29	B	OCCUPATIONAL HEALTH	60.01		62472	29
30	B	EMERGENCY	61		63	30
31	B	OTHER NRCC	100		4389	31
32	B	SISTERS RESIDENCE	100.01		68	32
33 DEPRECIATION RECLASS	C					9 33
34	C					9 34
35	C	OLD CAP REL COSTS-BLDG & FIXT	1		2011885	9 35
36 SUBTOTAL					19262910	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	C				1
2	C				2
3	C				3
4	C				4
5	C				5
6	C				6
7	C				7
8	C				8
9	C				9
10	C				10
11	C				11
12	C				12
13	C				13
14	C				14
15	C				15
16	C				16
17	C				17
18	C				18
19	C				19
20	C				20
21	C				21
22	C				22
23	C				23
24	C				24
25	C				25
26	C				26
27	C				27
28	C				28
29	C				29
30	C				30
31	C				31
32	C				32
33	C				33
34	C				34
35	C				35
36 SUBTOTAL					18040409

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 3

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	C	EMPLOYEE BENEFITS	5		896	1
2	C	ADMINISTRATIVE & GENERAL	6		70025	2
3	C	OPERATION OF PLANT	8		646995	3
4	C	BIO MED	8.01		676	4
5	C	LAUNDRY & LINEN SERVICE	9		18	5
6	C	HOUSEKEEPING	10		5165	6
7	C	DIETARY	11		24272	7
8	C	NURSING ADMINISTRATION	14		66600	8
9	C	CENTRAL SERVICES & SUPPLY	15		3506	9
10	C	STERILE PROCESSING	15.01		138557	10
11	C	PHARMACY	16		5946	11
12	C	MEDICAL RECORDS & LIBRARY	17		6033	12
13	C	ADULTS & PEDIATRICS	25		172714	13
14	C	INTENSIVE CARE UNIT	26		25176	14
15	C	SURGICAL INTENSIVE CARE UNIT	29		7277	15
16	C	OPERATING ROOM	37		306355	16
17	C	SPECIAL PROCEDURES	37.01		12624	17
18	C	RECOVERY ROOM	38		2248	18
19	C	OP ONCOLOGY	38.01		1212	19
20	C	INFUSION CLINIC	39.06		5165	20
21	C	ANESTHESIOLOGY	40		14050	21
22	C	RADIOLOGY-DIAGNOSTIC	41		596707	22
23	C	RADIOISOTOPE	43		70660	23
24	C	CARDIAC CATH LAB	43.01		210737	24
25	C	LABORATORY	44		119601	25
26	C	RESPIRATORY THERAPY	49		24716	26
27	C	PHYSICAL THERAPY	50		4610	27
28	C	WOUND CARE	50.01		97	28
29	C	SPEECH PATHOLOGY	52		80	29
30	C	ELECTROCARDIOLOGY	53		34587	30
31	C	ELECTROENCEPHALOGRAPHY	54		2828	31
32	C	RENAL DIALYSIS	57		52611	32
33	C	CARDIAC REHABILITATION	59.97		5709	33
34	C	OCCUPATIONAL HEALTH	60.01		42639	34
35	C	EMERGENCY	61		44642	35
36		SUBTOTAL			21988644	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	C				1
2	C				2
3	D	OCCUPATIONAL THERAPY	51	19291	809
4	D	SPEECH PATHOLOGY	52	19291	809
5	D				5
6	E	RESPIRATORY THERAPY	49	50965	6994
7	E				7
8	F	NEW CAP REL COSTS-BLDG & FIXT	3		3456991
9	F				9
10	G	CAFETERIA	12	523167	714201
11	G				11
12	H	EMPLOYEE BENEFITS	5		481812
13	H				13
14	I	NEW CAP REL COSTS-BLDG & FIXT	3		153986
15	I				15
16	K	PARAMED ED PRGM-(SPECIFY)	24	68749	
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	L	ADMINISTRATIVE & GENERAL	6		989620
28	L				28
29	L	EMPLOYEE BENEFITS	5		260244
30	L				30
31	M	LAUNDRY & LINEN SERVICE	9		370880
32	M	OTHER NRCC	100		2486
33	M				33
34	M				34
35	M				35
36		SUBTOTAL		681463	24479241

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	C	OTHER NRCC	100		427488	1
2	C	SISTERS RESIDENCE	100.01		750	2
3 REHAB RECLASS	D					3
4	D					4
5	D	PHYSICAL THERAPY	50	38582	1618	5
6 CARDIAC REHAB RECLASS	E					6
7	E	CARDIAC REHABILITATION	59.97	50965	6994	7
8 CAPITAL INTEREST RECLASS	F					11 8
9	F	INTEREST EXPENSE	88		3456991	9
10 CAFETERIA RECLASS	G					10
11	G	DIETARY	11	523167	714201	11
12 WORKERS COMP RECLASS	H					12
13	H	ADMINISTRATIVE & GENERAL	6		481812	13
14 CAPITAL INSURANCE	I					11 14
15	I	ADMINISTRATIVE & GENERAL	6		153986	15
16 EMT TRAINERS	K					16
17	K	INTENSIVE CARE UNIT	26	6698		17
18	K	OPERATING ROOM	37	6397		18
19	K	RECOVERY ROOM	38	4910		19
20	K	RADIOLOGY-DIAGNOSTIC	41	1899		20
21	K	CARDIAC CATH LAB	43.01	2928		21
22	K	RESPIRATORY THERAPY	49	3463		22
23	K	ELECTROCARDIOLOGY	53	3057		23
24	K	RENAL DIALYSIS	57	2005		24
25	K	EMERGENCY	61	31735		25
26	K	ADULTS & PEDIATRICS	25	5657		26
27 CORP SVC - CBO, HR, MM	L					27
28	L	ADMINISTRATIVE & GENERAL	6	989620		28
29	L					29
30	L	EMPLOYEE BENEFITS	5	260244		30
31 LINEN SERVICES	M					31
32	M					32
33	M	CENTRAL SERVICES & SUPPLY	15	906		33
34	M	ADULTS & PEDIATRICS	25	187035		34
35	M	OPERATING ROOM	37	48373		35
36 SUBTOTAL				2167641	27232484	36

RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 5

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	M				1
2	M				2
3	M				3
4	M				4
5	M				5
6	M				6
7	M				7
8	M				8
9	M				9
10	M				10
11	M				11
12	M				12
13	M				13
14	M				14
15 RECLASS IMPLANTS	A	IMPL. DEV. CHARGED TO PATIENT	55.30		4376473
16 IV THERAPY	N	DRUGS CHARGED TO PATIENTS	56	598462	54643
17 BOURBONNAIS SPACE	O	NEW CAP REL COSTS-BLDG & FIXT	3		950059
18	O				18
19	O				19
20	O				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				1279925	29860416

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10	
			LINE #	SALARY	OTHER		
1	1	6	7	8	9	10	
1	M	SPECIAL PROCEDURES	37.01	7449		1	
2	M	RECOVERY ROOM	38	13915		2	
3	M	OP ONCOLOGY	38.01	2094		3	
4	M	INFUSION CLINIC	39.06	878		4	
5	M	RADIOLOGY-DIAGNOSTIC	41	26749		5	
6	M	CARDIAC CATH LAB	43.01	5544		6	
7	M	RESPIRATORY THERAPY	49	1952		7	
8	M	PHYSICAL THERAPY	50	1658		8	
9	M	WOUND CARE	50.01	1091		9	
10	M	ELECTROCARDIOLOGY	53	2152		10	
11	M	CARDIAC REHABILITATION	59.97	172		11	
12	M	OCCUPATIONAL HEALTH	60.01	1960		12	
13	M	EMERGENCY	61	68952		13	
14	M	SISTERS RESIDENCE	100.01	2486		14	
15	RECLASS IMPLANTS	A				15	
16	IV THERAPY	N	ADULTS & PEDIATRICS	25	598462	54643	16
17	BOURBONNAIS SPACE	O				10	17
18		O	OTHER NRCC	100		564191	18
19		O	OP ONCOLOGY	38.01		196784	19
20		O	RADIOLOGY-DIAGNOSTIC	41		189084	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			2903155		28237186	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	5113245					5113245		1
2 LAND IMPROVEMENTS	1327765	295313		295313		1623078		2
3 BUILDINGS AND FIXTURES	91231991	654003		654003	2827	91883167		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	35015361	6723641		6723641	2128270	39610732		6
7 SUBTOTAL	132688362	7672957		7672957	2131097	138230222		7
8 RECONCILING ITEMS								8
9 TOTAL	132688362	7672957		7672957	2131097	138230222		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	2011885		2011885	1.000000				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	2011885		2011885	1.000000				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	2624269	950059	3430255	-931498		-919447	5153638 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4651109						4651109 4
5 TOTAL	7275378	950059	3430255	-931498		-919447	9804747 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	2011885						2011885 1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	2011885						2011885 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	B		OLD CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-180722	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						6
7 REFUNDS AND REBATES OF EXPENSES	B	-11866	ADMINISTRATIVE & GENERAL	6		7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)						9
10 TELEVISION AND RADIO SERVICE						10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-860828				12
13 SALE OF SCRAP, WASTE, ETC.						13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1	-1580600				14
15 LAUNDRY AND LINEN SERVICE	B	-18038	LAUNDRY & LINEN SERVICE	9		15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-355881	CAFETERIA	12		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS						18
19 SALE OF DRUGS TO OTHER THAN PATIENTS						19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-316	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)						21
22 VENDING MACHINES						22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES	B	-220	ADMINISTRATIVE & GENERAL	6		23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49		25
	A-8-4					
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
	A-8-4					
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71		27
	A-8-3					
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					35
	WKST A-8-4					
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					
37 RADIOLOGY OTHER OPER INCOME	B	-24554	RADIOLOGY-DIAGNOSTIC	41		36
38						37
39 OTHER OPER INC 11.0300.4590	B	-316234	ADMINISTRATIVE & GENERAL	6		38
40 OB NURSERY PHOTOS & OTHER OPER IN	B	-5630	ADULTS & PEDIATRICS	25		39
41						40
42 VOLUNTEER HOURS CONTRIBUTION	B	-374937	ADMINISTRATIVE & GENERAL	6		41
43 REAL ESTATE TAXES 11.0950.8260	A	-24111	ADMINISTRATIVE & GENERAL	6		42
44 MEDICAL AFFAIRS ADJUSTMENT	A	-200556	ADMINISTRATIVE & GENERAL	6		43
45 MARKETING EXPENSES	A	-831066	ADMINISTRATIVE & GENERAL	6		44
46 MARKETING DEPRECIATION	A	-13563	NEW CAP REL COSTS-MVBLE EQUIP	4	9	45
46.10 AHA DUES	A	-31153	ADMINISTRATIVE & GENERAL	6		46
46.30 ADMIN NON-ALLOWABLE EXP	A	-1918	ADMINISTRATIVE & GENERAL	6		46.10
46.40 ADMIN MISC. EXP	A	-92	ADMINISTRATIVE & GENERAL	6		46.30
47						46.40
48						47
49 OFFSET RENTAL INCOME	B	-919447	NEW CAP REL COSTS-BLDG & FIXT	3	14	48
50 TOTAL		-5751732				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	CBO	1658075	835068	823007	1
2	6	ADMINISTRATIVE & GENERAL	ADMIN	8255484	11389048	-3133564	2
3	26	INTENSIVE CARE UNIT	EICU	342014	533313	-191299	3
4	29	SURGICAL INTENSIVE CARE UNIT	EICU	160947	250970	-90023	4
4.01	41	RADIOLOGY-DIAGNOSTIC	CPACS	184376	395004	-210628	4.01
4.02	4	NEW CAP REL COSTS-MVBLE EQUIP	DEPR	2123084		2123084	9 4.02
4.03	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	2502578	3434076	-931498	12 4.03
4.04	44	LABORATORY	ALVERNO LAB	4247559	4217238	30321	4.04
5		TOTALS		19474117	21054717	-1580600	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G PROVENA HEALTH	100.00	PROVENA HEALTH	100.00	MANAGEMENT	1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	16656		16656	171400	125	10300	515
2	24	PARAMED ED PRGM-(SPECIFY							
3	25	ADULTS & PEDIATRICS	16806		11538	171400	48	3955	198
4	26	INTENSIVE CARE UNIT	16000		16000	171400	1	82	4
5	38.01	OP ONCOLOGY	6675		6675	171400	45	3708	185
6	39.02	SUBSTANCE ABUSE	4840		4840	171400	45	3708	185
7	43.01	CARDIAC CATH LAB	15000		15000	171400	104	8570	429
8	44	LABORATORY	39825		39825	171400	387	31890	1595
9	49	RESPIRATORY THERAPY	13575	10200	3375	171400	27	2225	111
10	50.01	WOUND CARE	1468		1468	171400	12	989	49
11	57	RENAL DIALYSIS	59100	32100	27000	171400	221	18211	911
12	61	EMERGENCY	754521	754521		171400			
101		TOTAL	944466	796821	142377		1015	83638	4182

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6 ADMINISTRATIVE & GENERAL					10300	6356	6356
2	24 PARAMED ED PRGM-(SPECIFY							
3	25 ADULTS & PEDIATRICS					3955	7583	12851
4	26 INTENSIVE CARE UNIT					82	15918	15918
5	38.01 OP ONCOLOGY					3708	2967	2967
6	39.02 SUBSTANCE ABUSE					3708	1132	1132
7	43.01 CARDIAC CATH LAB					8570	6430	6430
8	44 LABORATORY					31890	7935	7935
9	49 RESPIRATORY THERAPY	AGGREGATE				2225	1150	11350
10	50.01 WOUND CARE					989	479	479
11	57 RENAL DIALYSIS	AGGREGATE				18211	8789	40889
12	61 EMERGENCY	AGGREGATE						754521
101	TOTAL					83638	58739	860828

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION	BIO MED	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT		
	ALLOCATION	FIXTURES	EQUIPMENT		5A	GENERAL	8	8.01	
	0	3	4	5		6			
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	5153638	5153638							3
4 NEW CAP REL COSTS-MVBLE EQUIP	4651109		4651109						4
5 EMPLOYEE BENEFITS	12277259	60026	1814	12339099					5
6 ADMINISTRATIVE & GENERAL	17327690	293814	138778	1355714	19115996	19115996			6
8 OPERATION OF PLANT	3371631	1180526	647179	237906	5437242	1112868	6550110		8
8.01 BIO MED	1175866	5965	1369		1183200	242171	10795	1436166	8.01
9 LAUNDRY & LINEN SERVICE	356890	14565	36	11753	383244	78440	26360		9
10 HOUSEKEEPING	945111	15070	10456	218687	1189324	243425	27273		10
11 DIETARY	398740	100847	42856	63524	605967	124026	182511		11
12 CAFETERIA	881487	55108			167424	1104019	225965		12
14 NURSING ADMINISTRATION	1023806	7692	134830	316204	1482532	303437	13922		14
15 CENTRAL SERVICES & SUPPLY	324522	99926	7098	79547	511093	104608	180845		15
15.01 STERILE PROCESSING	370629	90771	280323	88419	830142	169909	164276		15.01
16 PHARMACY	1505551	25637	12038	386546	1929772	394976	46398		16
17 MEDICAL RECORDS & LIBRARY	1958463	86458	12214	414128	2471263	505806	156471		17
18 SOCIAL SERVICE	619905	3783		192510	816198	167055	6847		18
24 PARAMED ED PRGM-(SPECIFY)	183462	2522		55156	241140	49355	4564		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	7885159	670378	342663	2676462	11574662	2369069	1213240	167317	25
26 INTENSIVE CARE UNIT	2261443	91818	50968	601215	3005444	615139	166170	47007	26
29 SURGICAL INTENSIVE CARE UNIT	1391190	73141	14732	385071	1864134	381542	132370	32872	29
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1997055	147291	620209	455424	3219979	659049	266566	151539	37
37.01 SPECIAL PROCEDURES	450015	116749	25557	117741	710062	145332	211290		37.01
38 RECOVERY ROOM	1122074	21274	4551	352671	1500570	307129	38501	10848	38
38.01 OP ONCOLOGY	1886232	367434	2454	388227	2644347	541232	664978	2958	38.01
39.02 SUBSTANCE ABUSE	257837	5221		67985	331043	67756	9448		39.02
39.04 DIABETES EDUCATION	5654	12825		530	19009	3891	23210		39.04
39.05 PODIATRY									39.05
39.06 INFUSION CLINIC	200279	29837	10456	63654	304226	62267	53998	6574	39.06
40 ANESTHESIOLOGY	4485087	3909	28444	9937	4527377	926641	7075	81193	40
41 RADIOLOGY-DIAGNOSTIC	3131289	172399	1047657	804659	5156004	1055305	312006	121625	41
43 RADIOISOTOPE	191572	22699	129026	58395	401692	82216	41080		43
43.01 CARDIAC CATH LAB	617260	50884	426484	157683	1252311	256317	92089	32214	43.01
44 LABORATORY	4297652	149246	230003		4676901	957245	270104	89411	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1116295	35675	45605	339203	1536778	314540	64565	49636	49
50 PHYSICAL THERAPY	820572	93848	9333	174903	1098656	224867	169845	15450	50
50.01 WOUND CARE	154576	41501	196	48527	244800	50104	75109	5259	50.01
51 OCCUPATIONAL THERAPY	153026	5120		46020	204166	41788	9266		51
52 SPEECH PATHOLOGY	116859	3027	162	35847	155895	31908	5477	403008	52
53 ELECTROCARDIOLOGY	308870	38260	81578	82801	511509	104693	69243	26626	53
54 ELECTROENCEPHALOGRAPHY	47296	10076	5725	14984	78081	15981	18235		54
55 MEDICAL SUPPLIES CHARGED TO PAT	6081671				6081671	1244766			55
55.30 IMPL. DEV. CHARGED TO PATIENT	4376473				4376473	895755			55.30
56 DRUGS CHARGED TO PATIENTS	7444272				7444272	1523656			56
57 RENAL DIALYSIS	3838519	168036	92008	579077	4677640	957396	304109	115380	57
59 OTHER									59
59.97 CARDIAC REHABILITATION	90762	89636		42259	222657	45572	162222	8218	59.97
OUTPATIENT SERVICE COST CENTERS									
60.01 OCCUPATIONAL HEALTH	1249315	100885	5739	290870	1646809	337061	182580	986	60.01
61 EMERGENCY	2490466	128855	90377	785251	3494949	715329	233200	55225	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	110994529	4692734	4552918	12166914	110263249	18655587	5715972	1423346	95
NONREIMBURSABLE COST CENTERS									
100 OTHER NRCC	1167407	247041	96673	91745	1602866	328067	447092	12820	100
100.01 SISTERS RESIDENCE	350776	213863	1518	80440	646597	132342	387046		100.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	112512712	5153638	4651109	12339099	112512712	19115996	6550110	1436166	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	STER PROC 15.01	PHARMACY 16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
8.01 BIO MED								8.01
9 LAUNDRY & LINEN SERVICE	488044							9
10 HOUSEKEEPING		1460022						10
11 DIETARY		19930	932434					11
12 CAFETERIA		52523		1482241				12
14 NURSING ADMINISTRATION		30798		32899	1863588			14
15 CENTRAL SERVICES & SUPPLY		20436		21830		838812		15
15.01 STERILE PROCESSING		23084		24659		53666	1265736	15.01
16 PHARMACY		42546		45449		20519		16
17 MEDICAL RECORDS & LIBRARY		62247		66494	126781	36506		2479660
18 SOCIAL SERVICE		19389		20712		677		18
24 PARAMED ED PRGM-(SPECIFY)		7295		7793	14859	13911		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	179434	394243	754078	421146	802979	98439	30137	25
26 INTENSIVE CARE UNIT	28977	74795	110123	79898	152337	9318		26
29 SURGICAL INTENSIVE CARE UNIT	17137	49786	68170	53182	101401	7508		29
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	48097	59325		63372	120829	137480	1142482	37
37.01 SPECIAL PROCEDURES	22588	14884		15899		14959	4290	37.01
38 RECOVERY ROOM	28451	39907		42630	81281	6058		38
38.01 OP ONCOLOGY	2509	31906		34082	64984	9024		38.01
39.02 SUBSTANCE ABUSE		11219		11985		3905		39.02
39.04 DIABETES EDUCATION		123		132		993		39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC	1051	6450		6890	13137	801		39.06
40 ANESTHESIOLOGY		2063		2204		3043		40
41 RADIOLOGY-DIAGNOSTIC	31289	117642		125668		124099	2520	41
43 RADIOISOTOPE	3697	5545		5923		59		43
43.01 CARDIAC CATH LAB	6641	14927		15945		61491	9156	43.01
44 LABORATORY						27827		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	1586	51417		54925		23053	4625	49
50 PHYSICAL THERAPY	7665	20065		21434		3296		50
50.01 WOUND CARE	1308	6098		6514	12420	4185	45031	50.01
51 OCCUPATIONAL THERAPY		6784		7247		910		51
52 SPEECH PATHOLOGY		3997		4269		9		52
53 ELECTROCARDIOLOGY	2784	13063		13954		4887		53
54 ELECTROENCEPHALOGRAPHY	754	2475		2644		88		54
55 MEDICAL SUPPLIES CHARGED TO PAT						11342		55
55.30 IMPL. DEV. CHARGED TO PATIENT						10946		55.30
56 DRUGS CHARGED TO PATIENTS								2479660
57 RENAL DIALYSIS		80236		85710	163419	70689		57
59 OTHER								59
59.97 CARDIAC REHABILITATION		3200		3419				59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH	2348	30798		32899		19809	2091	60.01
61 EMERGENCY	82580	102694	63	109700	209161	31746	25404	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	468896	1421890	932434	1441507	1863588	811243	1265736	2479660
NONREIMBURSABLE COST CENTERS								
100 OTHER NRCC	16170	38132		40734		26779		100
100.01 SISTERS RESIDENCE	2978					790		100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	488044	1460022	932434	1482241	1863588	838812	1265736	2479660

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED EDUCATION 24	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 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
8.01 BIO MED							8.01
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
15.01 STERILE PROCESSING							15.01
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	3425568						17
18 SOCIAL SERVICE		1030878					18
24 PARAMED ED PRGM-(SPECIFY)			338917				24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	2652075	737180	32024	21426023		21426023	25
26 INTENSIVE CARE UNIT	372017	103397	32024	4796646		4796646	26
29 SURGICAL INTENSIVE CARE UNIT	230198	64018		3002318		3002318	29
33 NURSERY							33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM			32024	5900742		5900742	37
37.01 SPECIAL PROCEDURES				1139304		1139304	37.01
38 RECOVERY ROOM			21349	2076724		2076724	38
38.01 OP ONCOLOGY				3996020		3996020	38.01
39.02 SUBSTANCE ABUSE				435356		435356	39.02
39.04 DIABETES EDUCATION				47358		47358	39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC				455394		455394	39.06
40 ANESTHESIOLOGY				5549596		5549596	40
41 RADIOLOGY-DIAGNOSTIC			10675	7056833		7056833	41
43 RADIOISOTOPE				540212		540212	43
43.01 CARDIAC CATH LAB			10675	1751766		1751766	43.01
44 LABORATORY				6021488		6021488	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY			21349	2122474		2122474	49
50 PHYSICAL THERAPY				1561278		1561278	50
50.01 WOUND CARE				450828		450828	50.01
51 OCCUPATIONAL THERAPY				270161		270161	51
52 SPEECH PATHOLOGY				604563		604563	52
53 ELECTROCARDIOLOGY			10675	757434		757434	53
54 ELECTROENCEPHALOGRAPHY				118258		118258	54
55 MEDICAL SUPPLIES CHARGED TO PAT				7337779		7337779	55
55.30 IMPL. DEV. CHARGED TO PATIENT				5283174		5283174	55.30
56 DRUGS CHARGED TO PATIENTS				11447588		11447588	56
57 RENAL DIALYSIS		64430	10675	6529684	-1398276	5131408	57
59 OTHER							59
59.97 CARDIAC REHABILITATION				445288		445288	59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH				2255381		2255381	60.01
61 EMERGENCY	171278	61853	157447	5450629		5450629	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	3425568	1030878	338917	108830299	-1398276	107432023	95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC				2512660		2512660	100
100.01 SISTERS RESIDENCE				1169753		1169753	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	3425568	1030878	338917	112512712	-1398276	111114436	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	BIO MED 8.01
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	47	60026	1814	61887	61887			5
6 ADMINISTRATIVE & GENERAL	79692	293814	138778	512284	6799	519083		6
8 OPERATION OF PLANT	1428	1180526	647179	1829133	1193	30220	1860546	8
8.01 BIO MED		5965	1369	7334		6576	3066	16976 8.01
9 LAUNDRY & LINEN SERVICE		14565	36	14601	59	2130	7487	9
10 HOUSEKEEPING	722	15070	10456	26248	1097	6610	7747	10
11 DIETARY	305	100847	42856	144008	319	3368	51842	11
12 CAFETERIA		55108		55108	840	6136	28329	12
14 NURSING ADMINISTRATION	405	7692	134830	142927	1586	8240	3954	14
15 CENTRAL SERVICES & SUPPLY	202	99926	7098	107226	399	2841	51369	15
15.01 STERILE PROCESSING		90771	280323	371094	443	4614	46662	15.01
16 PHARMACY	310654	25637	12038	348329	1939	10726	13179	16
17 MEDICAL RECORDS & LIBRARY	35	86458	12214	98707	2077	13735	44445	17
18 SOCIAL SERVICE	246	3783		4029	965	4536	1945	18
24 PARAMED ED PRGM-(SPECIFY)		2522		2522	277	1340	1297	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	14797	670378	342663	1027838	13426	64317	344618	1978 25
26 INTENSIVE CARE UNIT		91818	50968	142786	3015	16704	47200	556 26
29 SURGICAL INTENSIVE CARE UNIT		73141	14732	87873	1931	10361	37599	389 29
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	42475	147291	620209	809975	2284	17897	75718	1791 37
37.01 SPECIAL PROCEDURES	266	116749	25557	142572	591	3947	60017	37.01
38 RECOVERY ROOM	47	21274	4551	25872	1769	8340	10936	128 38
38.01 OP ONCOLOGY		367434	2454	369888	1947	14697	188886	35 38.01
39.02 SUBSTANCE ABUSE	17469	5221		22690	341	1840	2684	39.02
39.04 DIABETES EDUCATION		12825		12825	3	106	6593	39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC	63	29837	10456	40356	319	1691	15338	78 39.06
40 ANESTHESIOLOGY	88	3909	28444	32441	50	25163	2010	960 40
41 RADIOLOGY-DIAGNOSTIC	156287	172399	1047657	1376343	4036	28657	88625	1438 41
43 RADIOISOTOPE		22699	129026	151725	293	2233	11669	43
43.01 CARDIAC CATH LAB	2395	50884	426484	479763	791	6960	26158	381 43.01
44 LABORATORY	47	149246	230003	379296		25994	76722	1057 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	31803	35675	45605	113083	1701	8541	18339	587 49
50 PHYSICAL THERAPY	58217	93848	9333	161398	877	6106	48244	183 50
50.01 WOUND CARE	477	41501	196	42174	243	1361	21334	62 50.01
51 OCCUPATIONAL THERAPY		5120		5120	231	1135	2632	51
52 SPEECH PATHOLOGY	53	3027	162	3242	180	866	1556	4760 52
53 ELECTROCARDIOLOGY	72	38260	81578	119910	415	2843	19668	315 53
54 ELECTROENCEPHALOGRAPHY	44	10076	5725	15845	75	434	5180	54
55 MEDICAL SUPPLIES CHARGED TO PAT						33802		55
55.30 IMPL. DEV. CHARGED TO PATIENT						24324		55.30
56 DRUGS CHARGED TO PATIENTS						41375		56
57 RENAL DIALYSIS	302	168036	92008	260346	2904	25998	86382	1364 57
59 OTHER								59
59.97 CARDIAC REHABILITATION		89636		89636	212	1238	46079	97 59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH	77683	100885	5739	184307	1459	9153	51861	12 60.01
61 EMERGENCY	43487	128855	90377	262719	3938	19425	66240	653 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	839808	4692734	4552918	10085460	61024	506580	1623610	16824 95
NONREIMBURSABLE COST CENTERS								
100 OTHER NRCC	60952	247041	96673	404666	460	8909	126996	152 100
100.01 SISTERS RESIDENCE		213863	1518	215381	403	3594	109940	101 100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	900760	5153638	4651109	10705507	61887	519083	1860546	16976 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	STER PROC 15.01	PHARMACY 16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
8 OPERATION OF PLANT								8
8.01 BIO MED								8.01
9 LAUNDRY & LINEN SERVICE	24277							9
10 HOUSEKEEPING		41702						10
11 DIETARY		569	200106					11
12 CAFETERIA		1500		91913				12
14 NURSING ADMINISTRATION		880		2040	159627			14
15 CENTRAL SERVICES & SUPPLY		584		1354		163773		15
15.01 STERILE PROCESSING		659		1529		10478	435479	15.01
16 PHARMACY		1215		2818		4006		16
17 MEDICAL RECORDS & LIBRARY		1778		4123	10860	7127		17
18 SOCIAL SERVICE		554		1284		132		18
24 PARAMED ED PRGM-(SPECIFY)		208		483	1273	2716		24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8927	11263	161829	26117	68778	19220	10369	25
26 INTENSIVE CARE UNIT	1441	2136	23633	4954	13049	1819		26
29 SURGICAL INTENSIVE CARE UNIT	852	1422	14630	3298	8686	1466		29
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2393	1694		3930	10350	26843	393073	37
37.01 SPECIAL PROCEDURES	1124	425		986		2921	1476	37.01
38 RECOVERY ROOM	1415	1140		2643	6962	1183		38
38.01 OP ONCOLOGY	125	911		2113	5566	1762		38.01
39.02 SUBSTANCE ABUSE		320		743		762		39.02
39.04 DIABETES EDUCATION		4		8		194		39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC	52	184		427	1125	156		39.06
40 ANESTHESIOLOGY		59		137		594		40
41 RADIOLOGY-DIAGNOSTIC	1556	3360		7793		24229	867	41
43 RADIOISOTOPE	184	158		367		12		43
43.01 CARDIAC CATH LAB	330	426		989		12006	3150	43.01
44 LABORATORY						5433		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	79	1469		3406		4501	1591	49
50 PHYSICAL THERAPY	381	573		1329		644		50
50.01 WOUND CARE	65	174		404	1064	817	15493	50.01
51 OCCUPATIONAL THERAPY		194		449		178		51
52 SPEECH PATHOLOGY		114		265		2		52
53 ELECTROCARDIOLOGY	138	373		865		954		53
54 ELECTROENCEPHALOGRAPHY	38	71		164		17		54
55 MEDICAL SUPPLIES CHARGED TO PAT						2214		55
55.30 IMPL. DEV. CHARGED TO PATIENT						2137		55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS		2292		5315	13998	13802		57
59 OTHER								59
59.97 CARDIAC REHABILITATION		91		212				59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH	117	880		2040		3868	720	60.01
61 EMERGENCY	4108	2933	14	6802	17916	6198	8740	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	23325	40613	200106	89387	159627	158391	435479	382212 95
NONREIMBURSABLE COST CENTERS								
100 OTHER NRCC	804	1089		2526		5228		100
100.01 SISTERS RESIDENCE	148					154		100.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	24277	41702	200106	91913	159627	163773	435479	382212 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED EDUCATION 24	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 ADMINISTRATIVE & GENERAL							6
8 OPERATION OF PLANT							8
8.01 BIO MED							8.01
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING							10
11 DIETARY							11
12 CAFETERIA							12
14 NURSING ADMINISTRATION							14
15 CENTRAL SERVICES & SUPPLY							15
15.01 STERILE PROCESSING							15.01
16 PHARMACY							16
17 MEDICAL RECORDS & LIBRARY	182852						17
18 SOCIAL SERVICE		13445					18
24 PARAMED ED PRGM-(SPECIFY)			10116				24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	141563	9614		1909857		1909857	25
26 INTENSIVE CARE UNIT	19858	1349		278500		278500	26
29 SURGICAL INTENSIVE CARE UNIT	12288	835		181630		181630	29
33 NURSERY							33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				1345948		1345948	37
37.01 SPECIAL PROCEDURES				214059		214059	37.01
38 RECOVERY ROOM				60388		60388	38
38.01 OP ONCOLOGY				585930		585930	38.01
39.02 SUBSTANCE ABUSE				29380		29380	39.02
39.04 DIABETES EDUCATION				19733		19733	39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC				59726		59726	39.06
40 ANESTHESIOLOGY				61414		61414	40
41 RADIOLOGY-DIAGNOSTIC				1536904		1536904	41
43 RADIOISOTOPE				166641		166641	43
43.01 CARDIAC CATH LAB				530954		530954	43.01
44 LABORATORY				488502		488502	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY				153297		153297	49
50 PHYSICAL THERAPY				219735		219735	50
50.01 WOUND CARE				83191		83191	50.01
51 OCCUPATIONAL THERAPY				9939		9939	51
52 SPEECH PATHOLOGY				10985		10985	52
53 ELECTROCARDIOLOGY				145481		145481	53
54 ELECTROENCEPHALOGRAPHY				21824		21824	54
55 MEDICAL SUPPLIES CHARGED TO PAT				36016		36016	55
55.30 IMPL. DEV. CHARGED TO PATIENT				26461		26461	55.30
56 DRUGS CHARGED TO PATIENTS				423587		423587	56
57 RENAL DIALYSIS		840		413241		413241	57
59 OTHER							59
59.97 CARDIAC REHABILITATION				137565		137565	59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH				254417		254417	60.01
61 EMERGENCY	9143	807		409636		409636	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	182852	13445		9814941		9814941	95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC				550830		550830	100
100.01 SISTERS RESIDENCE				329620		329620	100.01
101 CROSS FOOT ADJUSTMENTS			10116	10116		10116	101
102 NEGATIVE COST CENTER							102
103 TOTAL	182852	13445	10116	10705507		10705507	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	OF PLANT SQUARE FEET	
	3	4	5	6A	6	8	
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	408676						3
4 NEW CAP REL COSTS-MVBLE EQUIP		2297437					4
5 EMPLOYEE BENEFITS	4760	896	38557287				5
6 ADMINISTRATIVE & GENERAL	23299	68550	4236341	-19115996	93396716		6
8 OPERATION OF PLANT	93614	319677	743409		5437242	287003	8
8.01 BIO MED	473	676			1183200	473	8.01
9 LAUNDRY & LINEN SERVICE	1155	18	36727		383244	1155	9
10 HOUSEKEEPING	1195	5165	683354		1189324	1195	10
11 DIETARY	7997	21169	198501		605967	7997	11
12 CAFETERIA	4370		523167		1104019	4370	12
14 NURSING ADMINISTRATION	610	66600	988075		1482532	610	14
15 CENTRAL SERVICES & SUPPLY	7924	3506	248569		511093	7924	15
15.01 STERILE PROCESSING	7198	138467	276291		830142	7198	15.01
16 PHARMACY	2033	5946	1207882		1929772	2033	16
17 MEDICAL RECORDS & LIBRARY	6856	6033	1294069		2471263	6856	17
18 SOCIAL SERVICE	300		601555		816198	300	18
24 PARAMED ED PRGM-(SPECIFY)	200		172351		241140	200	24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	53160	169260	8363431		11574662	53160	25
26 INTENSIVE CARE UNIT	7281	25176	1878681		3005444	7281	26
29 SURGICAL INTENSIVE CARE UNIT	5800	7277	1203273		1864134	5800	29
33 NURSERY							33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	11680	306355	1423111		3219979	11680	37
37.01 SPECIAL PROCEDURES	9258	12624	367917		710062	9258	37.01
38 RECOVERY ROOM	1687	2248	1102027		1500570	1687	38
38.01 OP ONCOLOGY	29137	1212	1213135		2644347	29137	38.01
39.02 SUBSTANCE ABUSE	414		212441		331043	414	39.02
39.04 DIABETES EDUCATION	1017		1656		19009	1017	39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC	2366	5165	198907		304226	2366	39.06
40 ANESTHESIOLOGY	310	14050	31051		4527377	310	40
41 RADIOLOGY-DIAGNOSTIC	13671	517494	2514401		5156004	13671	41
43 RADIOISOTOPE	1800	63733	182474		401692	1800	43
43.01 CARDIAC CATH LAB	4035	210664	492729		1252311	4035	43.01
44 LABORATORY	11835	113611			4676901	11835	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	2829	22527	1059943		1536778	2829	49
50 PHYSICAL THERAPY	7442	4610	546539		1098656	7442	50
50.01 WOUND CARE	3291	97	151636		244800	3291	50.01
51 OCCUPATIONAL THERAPY	406		143805		204166	406	51
52 SPEECH PATHOLOGY	240	80	112016		155895	240	52
53 ELECTROCARDIOLOGY	3034	40296	258736		511509	3034	53
54 ELECTROENCEPHALOGRAPHY	799	2828	46821		78081	799	54
55 MEDICAL SUPPLIES CHARGED TO P					6081671		55
55.30 IMPL. DEV. CHARGED TO PATIENT					4376473		55.30
56 DRUGS CHARGED TO PATIENTS					7444272		56
57 RENAL DIALYSIS	13325	45448	1809501		4677640	13325	57
59 OTHER							59
59.97 CARDIAC REHABILITATION	7108		132051		222657	7108	59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH	8000	2835	908912		1646809	8000	60.01
61 EMERGENCY	10218	44642	2453756		3494949	10218	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
95 SUBTOTALS	372127	2248935	38019241	-19115996	91147253	250454	95
NONREIMBURSABLE COST CENTERS							
100 OTHER NRCC	19590	47752	286686		1602866	19590	100
100.01 SISTERS RESIDENCE	16959	750	251360		646597	16959	100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
		3	4	5	6A	6	8	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	5153638	4651109	12339099		19115996	6550110	103
104	UNIT COST MULT-WS B PT I		2.024477				22.822444	104
104	UNIT COST MULT-WS B PT I	12.610572		.320020		.204675		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			61887		519083	1860546	107
108	UNIT COST MULT-WS B PT III						6.482671	108
108	UNIT COST MULT-WS B PT III			.001605		.005558		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	BIO MED	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	WORKORDERS	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	HOURS OF SERVICE	HOURS OF SERVICE	COSTED REQUIS.	
	8.01	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
8								8
8.01	4369							8.01
9		768875						9
10			1182548					10
11			16142	103393				11
12			42541		1123865			12
14			24945		24945	741093		14
15			16552		16552		536413	15
15.01			18697		18697		34319	15.01
16			34460		34460		13122	16
17			50417		50417	50417	23345	17
18			15704		15704		433	18
24			5909		5909	5909	8896	24
INPATIENT ROUTINE SERV COST CENTERS								
25	509	282688	319321	83616	319321	319321	62951	25
26	143	45651	60580	12211	60580	60580	5959	26
29	100	26998	40324	7559	40324	40324	4801	29
33								33
ANCILLARY SERVICE COST CENTERS								
37	461	75773	48050		48050	48050	87918	37
37.01		35585	12055		12055		9566	37.01
38	33	44822	32323		32323	32323	3874	38
38.01	9	3952	25842		25842	25842	5771	38.01
39.02			9087		9087		2497	39.02
39.04			100		100		635	39.04
39.05								39.05
39.06	20	1656	5224		5224	5224	512	39.06
40	247		1671		1671		1946	40
41	370	49293	95284		95284		79360	41
43		5824	4491		4491		38	43
43.01	98	10462	12090		12090		39323	43.01
44	272						17795	44
46.30								46.30
49	151	2498	41645		41645		14742	49
50	47	12075	16252		16252		2108	50
50.01	16	2060	4939		4939	4939	2676	50.01
51			5495		5495		582	51
52	1226		3237		3237		6	52
53	81	4386	10580		10580		3125	53
54		1188	2005		2005		56	54
55							7253	55
55.30							7000	55.30
56								56
57	351		64987		64987	64987	45205	57
59								59
59.97	25		2592		2592			59.97
OUTPATIENT SERVICE COST CENTERS								
60.01	3	3699	24945		24945		12668	60.01
61	168	130099	83177	7	83177	83177	20301	61
62								62
OTHER REIMBURSABLE COST CENTERS								
71								71
SPECIAL PURPOSE COST CENTERS								
95	4330	738709	1151663	103393	1092980	741093	518783	95
NONREIMBURSABLE COST CENTERS								
100	39	25474	30885		30885		17125	100
100.01		4692					505	100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		BIO MED WORKORDERS 8.01	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA HOURS OF SERVICE 12	NURSING ADMINIS- TRATION HOURS OF SERVICE 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1436166	488044	1460022	932434	1482241	1863588	838812	103
104	UNIT COST MULT-WS B PT I	328.717327		1.234641		1.318878		1.563743	
104	UNIT COST MULT-WS B PT I		.634751		9.018347		2.514648		104
105	COST TO BE ALLOC PER B PT II								104
106	UNIT COST MULT-WS B PT II								105
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III	16976	24277	41702	200106	91913	159627	163773	106
108	UNIT COST MULT-WS B PT III	3.885557		.035265		.081783		.305311	107
108	UNIT COST MULT-WS B PT III		.031575		1.935392		.215394		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	STER PROC	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	
	TIME SERV	COSTED REQUIS.	TIME SPENT	TIME SPENT	ASSIGNED TIME	
	15.01	16	17	18	24	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
8 OPERATION OF PLANT						8
8.01 BIO MED						8.01
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
15.01 STERILE PROCESSING	94416					15.01
16 PHARMACY		100				16
17 MEDICAL RECORDS & LIBRARY			10000			17
18 SOCIAL SERVICE				10000		18
24 PARAMED ED PRGM-(SPECIFY)					2286	24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	2248		7742	7151	216	25
26 INTENSIVE CARE UNIT			1086	1003	216	26
29 SURGICAL INTENSIVE CARE UNIT			672	621		29
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	85222				216	37
37.01 SPECIAL PROCEDURES	320					37.01
38 RECOVERY ROOM					144	38
38.01 OP ONCOLOGY						38.01
39.02 SUBSTANCE ABUSE						39.02
39.04 DIABETES EDUCATION						39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC						39.06
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC	188				72	41
43 RADIOISOTOPE						43
43.01 CARDIAC CATH LAB	683				72	43.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY	345				144	49
50 PHYSICAL THERAPY						50
50.01 WOUND CARE	3359					50.01
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY					72	53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS		100				56
57 RENAL DIALYSIS				625	72	57
59 OTHER						59
59.97 CARDIAC REHABILITATION						59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	156					60.01
61 EMERGENCY	1895		500	600	1062	61
62 OBSERVATION BEDS (NON-DISTINC						62
OTHER REIMBURSABLE COST CENTERS						
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS	94416	100	10000	10000	2286	95
NONREIMBURSABLE COST CENTERS						
100 OTHER NRCC						100
100.01 SISTERS RESIDENCE						100.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	STER PROC	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED EDUCATION	
	TIME SERV	COSTED REQUIS.	TIME SPENT	TIME SPENT	ASSIGNED TIME	
	15.01	16	17	18	24	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	1265736	2479660	3425568	1030878	338917	103
104 UNIT COST MULT-WS B PT I	13.405948		342.556800		148.257655	
104 UNIT COST MULT-WS B PT I		24796.600000		103.087800		104
105 COST TO BE ALLOC PER B PT II						104
106 UNIT COST MULT-WS B PT II						105
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	435479	382212	182852	13445	10116	106
108 UNIT COST MULT-WS B PT III	4.612343		18.285200		4.425197	107
108 UNIT COST MULT-WS B PT III		3822.120000		1.344500		108

POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

----- WORKSHEET B -----

DESCRIPTION 1	PART 2	LINE NO. 3	AMOUNT 4	
1 EXCLUDE EPO FROM RENAL FACILITY	1	57	-1398276	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
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

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	21426023		21426023	7583	21433606	25
26 INTENSIVE CARE UNIT	4796646		4796646	15918	4812564	26
29 SURGICAL INTENSIVE CARE UNI	3002318		3002318		3002318	29
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5900742		5900742		5900742	37
37.01 SPECIAL PROCEDURES	1139304		1139304		1139304	37.01
38 RECOVERY ROOM	2076724		2076724		2076724	38
38.01 OP ONCOLOGY	3996020		3996020	2967	3998987	38.01
39.02 SUBSTANCE ABUSE	435356		435356	1132	436488	39.02
39.04 DIABETES EDUCATION	47358		47358		47358	39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	455394		455394		455394	39.06
40 ANESTHESIOLOGY	5549596		5549596		5549596	40
41 RADIOLOGY-DIAGNOSTIC	7056833		7056833		7056833	41
43 RADIOISOTOPE	540212		540212		540212	43
43.01 CARDIAC CATH LAB	1751766		1751766	6430	1758196	43.01
44 LABORATORY	6021488		6021488	7935	6029423	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2122474		2122474	1150	2123624	49
50 PHYSICAL THERAPY	1561278		1561278		1561278	50
50.01 WOUND CARE	450828		450828	479	451307	50.01
51 OCCUPATIONAL THERAPY	270161		270161		270161	51
52 SPEECH PATHOLOGY	604563		604563		604563	52
53 ELECTROCARDIOLOGY	757434		757434		757434	53
54 ELECTROENCEPHALOGRAPHY	118258		118258		118258	54
55 MEDICAL SUPPLIES CHARGED TO	7337779		7337779		7337779	55
55.30 IMPL. DEV. CHARGED TO PATIE	5283174		5283174		5283174	55.30
56 DRUGS CHARGED TO PATIENTS	11447588		11447588		11447588	56
57 RENAL DIALYSIS	5131408		5131408	8789	5140197	57
59 OTHER						59
59.97 CARDIAC REHABILITATION	445288		445288		445288	59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	2255381		2255381		2255381	60.01
61 EMERGENCY	5450629		5450629		5450629	61
62 OBSERVATION BEDS (NON-DISTI	1081267		1081267		1081267	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	108513290		108513290	52383	108565673	101
102 LESS OBSERVATION BEDS	1081267		1081267		1081267	102
103 TOTAL	107432023		107432023	52383	107484406	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	24965705		24965705			25
26 INTENSIVE CARE UNIT	16270183		16270183			26
29 SURGICAL INTENSIVE CARE UNI	10819289		10819289			29
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10751854	21154727	31906581	.184938	.184938	.184938 37
37.01 SPECIAL PROCEDURES	995899	2672341	3668240	.310586	.310586	.310586 37.01
38 RECOVERY ROOM	1396918	6270352	7667270	.270856	.270856	.270856 38
38.01 OP ONCOLOGY		2810121	2810121	1.422010	1.422010	1.423066 38.01
39.02 SUBSTANCE ABUSE	77342	599972	677314	.642768	.642768	.644440 39.02
39.04 DIABETES EDUCATION	1658482	169447	1827929	.025908	.025908	.025908 39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	279214	361856	641070	.710365	.710365	.710365 39.06
40 ANESTHESIOLOGY	2332137	7186174	9518311	.583044	.583044	.583044 40
41 RADIOLOGY-DIAGNOSTIC	27470919	64262817	91733736	.076927	.076927	.076927 41
43 RADIOISOTOPE	3185056	4390234	7575290	.071312	.071312	.071312 43
43.01 CARDIAC CATH LAB	11609461	6673126	18282587	.095816	.095816	.096168 43.01
44 LABORATORY	27856982	34833605	62690587	.096051	.096051	.096177 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	7784666	2529047	10313713	.205791	.205791	.205903 49
50 PHYSICAL THERAPY	1684729	3545573	5230302	.298506	.298506	.298506 50
50.01 WOUND CARE	56496	510108	566604	.795667	.795667	.796512 50.01
51 OCCUPATIONAL THERAPY	661318	520737	1182055	.228552	.228552	.228552 51
52 SPEECH PATHOLOGY	209024	98396	307420	1.966570	1.966570	1.966570 52
53 ELECTROCARDIOLOGY	5503142	4553341	10056483	.075318	.075318	.075318 53
54 ELECTROENCEPHALOGRAPHY	246486	357047	603533	.195943	.195943	.195943 54
55 MEDICAL SUPPLIES CHARGED TO	23100719	16048169	39148888	.187433	.187433	.187433 55
55.30 IMPL. DEV. CHARGED TO PATIE	9043386	6653514	15696900	.336574	.336574	.336574 55.30
56 DRUGS CHARGED TO PATIENTS	49485943	31091590	80577533	.142069	.142069	.142069 56
57 RENAL DIALYSIS	947524	17177698	18125222	.283109	.283109	.283594 57
59 OTHER						59
59.97 CARDIAC REHABILITATION	6149	251106	257255	1.730921	1.730921	1.730921 59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH		1424946	1424946	1.582783	1.582783	1.582783 60.01
61 EMERGENCY	13098400	33105973	46204373	.117968	.117968	.117968 61
62 OBSERVATION BEDS (NON-DISTI	203928	2550060	2753988	.392619	.392619	.392619 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	251701351	271802077	523503428			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	251701351	271802077	523503428			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1909857		1909857
26 INTENSIVE CARE UNIT				278500		278500
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				181630		181630
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				2369987		2369987

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	24144	12527			79.10	990886
26 INTENSIVE CARE UNIT	3365	1940			82.76	160554
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	2083	1254			87.20	109349
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	950					
101 TOTAL	30542	15721				1260789

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1345948	31906581	4723822			.042184	199270	37
37.01 SPECIAL PROCEDURES		214059	3668240	624079			.058355	36418	37.01
38 RECOVERY ROOM		60388	7667270	619221			.007876	4877	38
38.01 OP ONCOLOGY		585930	2810121	-8455			.208507	-1763	38.01
39.02 SUBSTANCE ABUSE		29380	677314	17583			.043377	763	39.02
39.04 DIABETES EDUCATION		19733	1827929	1078363			.010795	11641	39.04
39.05 PODIATRY									39.05
39.06 INFUSION CLINIC		59726	641070	174139			.093166	16224	39.06
40 ANESTHESIOLOGY		61414	9518311	999351			.006452	6448	40
41 RADIOLOGY-DIAGNOSTIC		1536904	91733736	13967724			.016754	234015	41
43 RADIOISOTOPE		166641	7575290	1929749			.021998	42451	43
43.01 CARDIAC CATH LAB		530954	18282587	7093941			.029042	206022	43.01
44 LABORATORY		488502	62690587	15570189			.007792	121323	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		153297	10313713	4705820			.014863	69943	49
50 PHYSICAL THERAPY		219735	5230302	1128981			.042012	47431	50
50.01 WOUND CARE		83191	566604	43162			.146824	6337	50.01
51 OCCUPATIONAL THERAPY		9939	1182055	413120			.008408	3474	51
52 SPEECH PATHOLOGY		10985	307420	149973			.035733	5359	52
53 ELECTROCARDIOLOGY		145481	10056483	3132832			.014466	45320	53
54 ELECTROENCEPHALOGRAPHY		21824	603533	135176			.036160	4888	54
55 MEDICAL SUPPLIES CHARGED TO P		36016	39148888	13245761			.000920	12186	55
55.30 IMPL. DEV. CHARGED TO PATIENT		26461	15696900	4898635			.001686	8259	55.30
56 DRUGS CHARGED TO PATIENTS		423587	80577533	29195329			.005257	153480	56
57 RENAL DIALYSIS		413241	18125222	771825			.022799	17597	57
59 OTHER									59
59.97 CARDIAC REHABILITATION		137565	257255	2845			.534742	1521	59.97
OUTPATIENT SERVICE COST CENTERS									
60.01 OCCUPATIONAL HEALTH		254417	1424946				.178545		60.01
61 EMERGENCY		409636	46204373	6574323			.008866	58288	61
62 OBSERVATION BEDS (NON-DISTINC		96347	2753988	89409			.034985	3128	62
101 TOTAL		7541301	471448251	111276897				1314900	101

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	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			32024		32024	25
26 INTENSIVE CARE UNIT			32024		32024	26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			64048		64048	101

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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	24144	1.33	12527	16661	25
26 INTENSIVE CARE UNIT	3365	9.52	1940	18469	26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT	2083		1254		29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I					31
33 NURSERY	950				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	30542		15721	35130	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				32024			32024 37
37.01 SPECIAL PROCEDURES							37.01
38 RECOVERY ROOM				21349			21349 38
38.01 OP ONCOLOGY							38.01
39.02 SUBSTANCE ABUSE							39.02
39.04 DIABETES EDUCATION							39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC							39.06
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				10675			10675 41
43 RADIOISOTOPE							43
43.01 CARDIAC CATH LAB				10675			10675 43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				21349			21349 49
50 PHYSICAL THERAPY							50
50.01 WOUND CARE							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY				10675			10675 53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS				10675			10675 57
59 OTHER							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH							60.01
61 EMERGENCY				157447			157447 61
62 OBSERVATION BEDS (NON-DISTINC				1615			1615 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				276484			276484 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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	32024	31906581	.001004	.001004	4723822	4743	6152043	37
37.01 SPECIAL PROCEDURES		3668240			624079		926983	37.01
38 RECOVERY ROOM	21349	7667270	.002784	.002784	619221	1724	1439794	38
38.01 OP ONCOLOGY		2810121			-8455		1295359	38.01
39.02 SUBSTANCE ABUSE		677314			17583		13778	39.02
39.04 DIABETES EDUCATION		1827929			1078363		53446	39.04
39.05 PODIATRY								39.05
39.06 INFUSION CLINIC		641070			174139		165386	39.06
40 ANESTHESIOLOGY		9518311			999351		1516191	40
41 RADIOLOGY-DIAGNOSTIC	10675	91733736	.000116	.000116	13967724	1620	16514290	41
43 RADIOISOTOPE		7575290			1929749		1745339	43
43.01 CARDIAC CATH LAB	10675	18282587	.000584	.000584	7093941	4143	3425884	43.01
44 LABORATORY		62690587			15570189		585241	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	21349	10313713	.002070	.002070	4705820	9741	686936	49
50 PHYSICAL THERAPY		5230302			1128981		8191	50
50.01 WOUND CARE		566604			43162		400425	50.01
51 OCCUPATIONAL THERAPY		1182055			413120			51
52 SPEECH PATHOLOGY		307420			149973			52
53 ELECTROCARDIOLOGY	10675	10056483	.001062	.001062	3132832	3327	1427870	53
54 ELECTROENCEPHALOGRAPHY		603533			135176		120474	54
55 MEDICAL SUPPLIES CHARGED TO P		39148888			13245761		5511159	55
55.30 IMPL. DEV. CHARGED TO PATIENT		15696900			4898635		3250452	55.30
56 DRUGS CHARGED TO PATIENTS		80577533			29195329		12367632	56
57 RENAL DIALYSIS	10675	18125222	.000589	.000589	771825	455	13598	57
59 OTHER								59
59.97 CARDIAC REHABILITATION		257255			2845		111729	59.97
OUTPATIENT SERVICE COST CENTERS								
60.01 OCCUPATIONAL HEALTH		1424946					11798	60.01
61 EMERGENCY	157447	46204373	.003408	.003408	6574323	22405	4372784	61
62 OBSERVATION BEDS (NON-DISTINC	1615	2753988	.000586	.000586	89409	52	1224205	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	276484	471448251			111276897	48210	63340987	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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			6177		37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM			4008		38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			1916		41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB			2001		43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			1422		49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY			1516		53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS			8		57
59 OTHER					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY			14902		61
62 OBSERVATION BEDS (NON-DISTINC			717		62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			32667		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.184938	.184938	.184938			37
37.01 SPECIAL PROCEDURES	.310586	.310586	.310586			37.01
38 RECOVERY ROOM	.270856	.270856	.270856			38
38.01 OP ONCOLOGY	1.422010	1.422010	1.422010			38.01
39.02 SUBSTANCE ABUSE	.642768	.642768	.642768			39.02
39.04 DIABETES EDUCATION	.025908	.025908	.025908			39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	.710365	.710365	.710365			39.06
40 ANESTHESIOLOGY	.583044	.583044	.583044			40
41 RADIOLOGY-DIAGNOSTIC	.076927	.076927	.076927			41
43 RADIOISOTOPE	.071312	.071312	.071312			43
43.01 CARDIAC CATH LAB	.095816	.095816	.095816			43.01
44 LABORATORY	.096051	.096051	.096051			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.205791	.205791	.205791			49
50 PHYSICAL THERAPY	.298506	.298506	.298506			50
50.01 WOUND CARE	.795667	.795667	.795667			50.01
51 OCCUPATIONAL THERAPY	.228552	.228552	.228552			51
52 SPEECH PATHOLOGY	1.966570	1.966570	1.966570			52
53 ELECTROCARDIOLOGY	.075318	.075318	.075318			53
54 ELECTROENCEPHALOGRAPHY	.195943	.195943	.195943			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.187433	.187433	.187433			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.336574	.336574	.336574			55.30
56 DRUGS CHARGED TO PATIENTS	.142069	.142069	.142069			56
57 RENAL DIALYSIS	.283109	.283109	.283109			57
59 OTHER						59
59.97 CARDIAC REHABILITATION	1.730921	1.730921	1.730921			59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	1.582783	1.582783	1.582783			60.01
61 EMERGENCY	.117968	.117968	.117968			61
62 OBSERVATION BEDS (NON-DISTINCT	.392619	.392619	.392619			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.142069	1
2 PROGRAM VACCINE CHARGES		2	37262	2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3	5294	3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES						PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	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		6152043							37
37.01 SPECIAL PROCEDURES		926983							37.01
38 RECOVERY ROOM		1439794							38
38.01 OP ONCOLOGY		1295359							38.01
39.02 SUBSTANCE ABUSE		13778							39.02
39.04 DIABETES EDUCATION		53446							39.04
39.05 PODIATRY									39.05
39.06 INFUSION CLINIC		165386							39.06
40 ANESTHESIOLOGY		1516191							40
41 RADIOLOGY-DIAGNOSTIC		16514290							41
43 RADIOISOTOPE		1745339							43
43.01 CARDIAC CATH LAB		3425884							43.01
44 LABORATORY		585241							44
46.30 BLOOD CLOTTING FACTORS ADMIN C									46.30
49 RESPIRATORY THERAPY		686936							49
50 PHYSICAL THERAPY		8191							50
50.01 WOUND CARE		400425							50.01
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY									52
53 ELECTROCARDIOLOGY		1427870							53
54 ELECTROENCEPHALOGRAPHY		120474							54
55 MEDICAL SUPPLIES CHARGED TO PA		5511159							55
55.30 IMPL. DEV. CHARGED TO PATIENT		3250452							55.30
56 DRUGS CHARGED TO PATIENTS		12367632							56
57 RENAL DIALYSIS		13598							57
59 OTHER									59
59.97 CARDIAC REHABILITATION		111729							59.97
OUTPATIENT SERVICE COST CENTERS									
60.01 OCCUPATIONAL HEALTH		11798							60.01
61 EMERGENCY		4372784							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		1224205							62
65.01 AMBULANCE CHARGES (S-2 LINE 56)									65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)									65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)									65.03
101 SUBTOTAL		63340987							101
102 CRNA CHARGES									102
103 PBP CLINIC LAB									103
104 NET CHARGES		63340987							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0155) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.) (COLUMNS 1.02x10)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1137747					37
37.01 SPECIAL PROCEDURES		287908					37.01
38 RECOVERY ROOM		389977					38
38.01 OP ONCOLOGY		1842013					38.01
39.02 SUBSTANCE ABUSE		8856					39.02
39.04 DIABETES EDUCATION		1385					39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC		117484					39.06
40 ANESTHESIOLOGY		884006					40
41 RADIOLOGY-DIAGNOSTIC		1270395					41
43 RADIOISOTOPE		124464					43
43.01 CARDIAC CATH LAB		328255					43.01
44 LABORATORY		56213					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		141365					49
50 PHYSICAL THERAPY		2445					50
50.01 WOUND CARE		318605					50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		107544					53
54 ELECTROENCEPHALOGRAPHY		23606					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1032973					55
55.30 IMPL. DEV. CHARGED TO PATIENT		1094018					55.30
56 DRUGS CHARGED TO PATIENTS		1757057					56
57 RENAL DIALYSIS		3850					57
59 OTHER							59
59.97 CARDIAC REHABILITATION		193394					59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		18674					60.01
61 EMERGENCY		515849					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		480646					62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		12138729					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		12138729					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	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				1909857		1909857
26 INTENSIVE CARE UNIT				278500		278500
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT				181630		181630
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				2369987		2369987

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	24144	4585			79.10	362674
26 INTENSIVE CARE UNIT	3365	155			82.76	12828
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT	2083	42			87.20	3662
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	950	405				
101 TOTAL	30542	5187				379164

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	----	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	CAPITAL RELATED COST	CAPITAL RELATED COST			5	6				
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1345948	31906581				.042184			37
37.01 SPECIAL PROCEDURES		214059	3668240				.058355			37.01
38 RECOVERY ROOM		60388	7667270				.007876			38
38.01 OP ONCOLOGY		585930	2810121				.208507			38.01
39.02 SUBSTANCE ABUSE		29380	677314				.043377			39.02
39.04 DIABETES EDUCATION		19733	1827929				.010795			39.04
39.05 PODIATRY										39.05
39.06 INFUSION CLINIC		59726	641070				.093166			39.06
40 ANESTHESIOLOGY		61414	9518311				.006452			40
41 RADIOLOGY-DIAGNOSTIC		1536904	91733736				.016754			41
43 RADIOISOTOPE		166641	7575290				.021998			43
43.01 CARDIAC CATH LAB		530954	18282587				.029042			43.01
44 LABORATORY		488502	62690587				.007792			44
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
49 RESPIRATORY THERAPY		153297	10313713				.014863			49
50 PHYSICAL THERAPY		219735	5230302				.042012			50
50.01 WOUND CARE		83191	566604				.146824			50.01
51 OCCUPATIONAL THERAPY		9939	1182055				.008408			51
52 SPEECH PATHOLOGY		10985	307420				.035733			52
53 ELECTROCARDIOLOGY		145481	10056483				.014466			53
54 ELECTROENCEPHALOGRAPHY		21824	603533				.036160			54
55 MEDICAL SUPPLIES CHARGED TO P		36016	39148888				.000920			55
55.30 IMPL. DEV. CHARGED TO PATIENT		26461	15696900				.001686			55.30
56 DRUGS CHARGED TO PATIENTS		423587	80577533				.005257			56
57 RENAL DIALYSIS		413241	18125222				.022799			57
59 OTHER										59
59.97 CARDIAC REHABILITATION		137565	257255				.534742			59.97
OUTPATIENT SERVICE COST CENTERS										
60.01 OCCUPATIONAL HEALTH		254417	1424946				.178545			60.01
61 EMERGENCY		409636	46204373				.008866			61
62 OBSERVATION BEDS (NON-DISTINC		96347	2753988				.034985			62
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		7541301	471448251							101

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	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			32024		32024	25
26 INTENSIVE CARE UNIT			32024		32024	26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			64048		64048	101

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	TOTAL	PER	INPATIENT	INPATIENT	
		PATIENT		DIEM	PROGRAM	
		DAYS	6	DAYS	PASS THRU	
		5		7	COSTS	8
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	24144	1.33	4585	6098	25
26	INTENSIVE CARE UNIT	3365	9.52	155	1476	26
27	CORONARY CARE UNIT					27
28	BURN INTENSIVE CARE UNIT					28
29	SURGICAL INTENSIVE CARE UNIT	2083		42		29
30	OTHER SPECIAL CARE (SPECIFY)					30
31	SUBPROVIDER I					31
33	NURSERY	950		405		33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	30542		5187	7574	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				32024			32024 37
37.01 SPECIAL PROCEDURES							37.01 38
38 RECOVERY ROOM				21349			21349 38
38.01 OP ONCOLOGY							38.01 39.02
39.02 SUBSTANCE ABUSE							39.02 39.04
39.04 DIABETES EDUCATION							39.04 39.05
39.05 PODIATRY							39.05 39.06
39.06 INFUSION CLINIC							39.06 40
40 ANESTHESIOLOGY							40 41
41 RADIOLOGY-DIAGNOSTIC				10675			10675 41
43 RADIOISOTOPE							43 44
43.01 CARDIAC CATH LAB				10675			10675 44
44 LABORATORY							44 46.30
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30 49
49 RESPIRATORY THERAPY				21349			21349 50
50 PHYSICAL THERAPY							50 50.01
50.01 WOUND CARE							50.01 51
51 OCCUPATIONAL THERAPY							51 52
52 SPEECH PATHOLOGY							52 53
53 ELECTROCARDIOLOGY				10675			10675 53
54 ELECTROENCEPHALOGRAPHY							54 55
55 MEDICAL SUPPLIES CHARGED TO P							55 55.30
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30 56
56 DRUGS CHARGED TO PATIENTS							56 57
57 RENAL DIALYSIS				10675			10675 57
59 OTHER							59 59.97
59.97 CARDIAC REHABILITATION							59.97 60.01
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH							60.01 61
61 EMERGENCY				157447			157447 61
62 OBSERVATION BEDS (NON-DISTINC							62 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				274869			274869 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0155) [] 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	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	32024	31906581	.001004	.001004			37
37.01 SPECIAL PROCEDURES		3668240					37.01
38 RECOVERY ROOM	21349	7667270	.002784	.002784			38
38.01 OP ONCOLOGY		2810121					38.01
39.02 SUBSTANCE ABUSE		677314					39.02
39.04 DIABETES EDUCATION		1827929					39.04
39.05 PODIATRY							39.05
39.06 INFUSION CLINIC		641070					39.06
40 ANESTHESIOLOGY		9518311					40
41 RADIOLOGY-DIAGNOSTIC	10675	91733736	.000116	.000116			41
43 RADIOISOTOPE		7575290					43
43.01 CARDIAC CATH LAB	10675	18282587	.000584	.000584			43.01
44 LABORATORY		62690587					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	21349	10313713	.002070	.002070			49
50 PHYSICAL THERAPY		5230302					50
50.01 WOUND CARE		566604					50.01
51 OCCUPATIONAL THERAPY		1182055					51
52 SPEECH PATHOLOGY		307420					52
53 ELECTROCARDIOLOGY	10675	10056483	.001062	.001062			53
54 ELECTROENCEPHALOGRAPHY		603533					54
55 MEDICAL SUPPLIES CHARGED TO P		39148888					55
55.30 IMPL. DEV. CHARGED TO PATIENT		15696900					55.30
56 DRUGS CHARGED TO PATIENTS		80577533					56
57 RENAL DIALYSIS	10675	18125222	.000589	.000589			57
59 OTHER							59
59.97 CARDIAC REHABILITATION		257255					59.97
OUTPATIENT SERVICE COST CENTERS							
60.01 OCCUPATIONAL HEALTH		1424946					60.01
61 EMERGENCY	157447	46204373	.003408	.003408			61
62 OBSERVATION BEDS (NON-DISTINC		2753988					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	274869	471448251					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0155)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM					38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0155)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	24144						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24144						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24144						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)	12527						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) (14-0155)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21433606						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	21433606						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24965705						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24965705						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.858522						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1034.03						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	21433606						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) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	887.74					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11120719					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11120719					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4812564	3365	1430.18	1940	2774549	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3002318	2083	1441.34	1254	1807440	46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	16666378					48
49 TOTAL PROGRAM INPATIENT COSTS	32369086					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1295919					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1363110					51
52 TOTAL PROGRAM EXCLUDABLE COST	2659029					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	29710057					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) (14-0155)	SUB I	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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0155)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1218	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	887.74	84
85 OBSERVATION BED COST	1081267	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
	COST 1		4		
86 OLD CAPITAL-RELATED COST	21433606		1081267		86
87 NEW CAPITAL-RELATED COST	1909857	21433606	1081267	96347	87
88 NON PHYSICIAN ANESTHETIST		21433606	1081267		88
89 NURSING SCHOOL		21433606	1081267		89
89.01 ALLIED HEALTH	32024	21433606	1081267	1615	89.01
89.02 ALL OTHER		21433606	1081267		89.02

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) (14-0155)	SUB I	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)	24144					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	24144					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24144					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)	4585					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	950					15
16 TITLE V OR XIX NURSERY DAYS	405					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) (14-0155)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21426023						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	21426023						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24965705						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24965705						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.858218						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1034.03						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	21426023						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	887.43					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4068867					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4068867					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)		950		405	42	
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4796646	3365	1425.45	155	220945	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT	3002318	2083	1441.34	42	60536	46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	4350348					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	386738					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	386738					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) (14-0155)	SUB I	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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

NF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

<input type="checkbox"/> TITLE V-INPT	<input type="checkbox"/> TITLE XVIII-PART A	<input checked="" type="checkbox"/> TITLE XIX-INPT			
	HOSPITAL (OTHER) (14-0155)	SUB I	SUB II	SUB III	SUB IV
	1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1218	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	887.74	84
85 OBSERVATION BED COST	1081267	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0155) [] 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		12547164		25
26 INTENSIVE CARE UNIT		9838337		26
29 SURGICAL INTENSIVE CARE UNIT		6616866		29
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.184938	4723822	873614	37
37.01 SPECIAL PROCEDURES	.310586	624079	193830	37.01
38 RECOVERY ROOM	.270856	619221	167720	38
38.01 OP ONCOLOGY	1.423066	-8455	-12032	38.01
39.02 SUBSTANCE ABUSE	.644440	17583	11331	39.02
39.04 DIABETES EDUCATION	.025908	1078363	27938	39.04
39.05 PODIATRY				39.05
39.06 INFUSION CLINIC	.710365	174139	123702	39.06
40 ANESTHESIOLOGY	.583044	999351	582666	40
41 RADIOLOGY-DIAGNOSTIC	.076927	13967724	1074495	41
43 RADIOISOTOPE	.071312	1929749	137614	43
43.01 CARDIAC CATH LAB	.096168	7093941	682210	43.01
44 LABORATORY	.096177	15570189	1497494	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.205903	4705820	968942	49
50 PHYSICAL THERAPY	.298506	1128981	337008	50
50.01 WOUND CARE	.796512	43162	34379	50.01
51 OCCUPATIONAL THERAPY	.228552	413120	94419	51
52 SPEECH PATHOLOGY	1.966570	149973	294932	52
53 ELECTROCARDIOLOGY	.075318	3132832	235959	53
54 ELECTROENCEPHALOGRAPHY	.195943	135176	26487	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.187433	13245761	2482693	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.336574	4898635	1648753	55.30
56 DRUGS CHARGED TO PATIENTS	.142069	29195329	4147751	56
57 RENAL DIALYSIS	.283594	771825	218885	57
59 OTHER				59
59.97 CARDIAC REHABILITATION	1.730921	2845	4924	59.97
OUTPATIENT SERVICE COST CENTERS				
60.01 OCCUPATIONAL HEALTH	1.582783			60.01
61 EMERGENCY	.117968	6574323	775560	61
62 OBSERVATION BEDS (NON-DISTINCT	.392619	89409	35104	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		111276897	16666378	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		111276897		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0155) [] 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
29 SURGICAL INTENSIVE CARE UNIT			29
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.184938		37
37.01 SPECIAL PROCEDURES	.310586		37.01
38 RECOVERY ROOM	.270856		38
38.01 OP ONCOLOGY	1.422010		38.01
39.02 SUBSTANCE ABUSE	.642768		39.02
39.04 DIABETES EDUCATION	.025908		39.04
39.05 PODIATRY			39.05
39.06 INFUSION CLINIC	.710365		39.06
40 ANESTHESIOLOGY	.583044		40
41 RADIOLOGY-DIAGNOSTIC	.076927		41
43 RADIOISOTOPE	.071312		43
43.01 CARDIAC CATH LAB	.095816		43.01
44 LABORATORY	.096051		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.205791		49
50 PHYSICAL THERAPY	.298506		50
50.01 WOUND CARE	.795667		50.01
51 OCCUPATIONAL THERAPY	.228552		51
52 SPEECH PATHOLOGY	1.966570		52
53 ELECTROCARDIOLOGY	.075318		53
54 ELECTROENCEPHALOGRAPHY	.195943		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.187433		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.336574		55.30
56 DRUGS CHARGED TO PATIENTS	.142069		56
57 RENAL DIALYSIS	.283109		57
59 OTHER			59
59.97 CARDIAC REHABILITATION	1.730921		59.97
OUTPATIENT SERVICE COST CENTERS			
60.01 OCCUPATIONAL HEALTH	1.582783		60.01
61 EMERGENCY	.117968		61
62 OBSERVATION BEDS (NON-DISTINCT	.392619		62
OTHER REIMBURSABLE COST CENTERS			
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

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	17635132					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5878377					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	630012					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	178.66					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00			0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO				0.00		3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0625					4
4.01	0.2001					4.01
4.02	0.2626					4.02
4.03	0.1088					4.03
4.04	2558270					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	26701791					6
7						7
7.01						7.01
8	26701791					8
9	2083150					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	35130					14
15	48210					15
16	28868281					16
17	15857					17
18	28852424					18
19	2406224					19
20	131960					20
21	909213					21
21.01	636449					21.01
21.02	648595					21.02
22	26950689					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0155)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	26950689					26
27						27
28	26991580					28
28.01						28.01
29	-40891					29
30	174000					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0155) 1	HOSPITAL (14-0155) 1.01	HOSPITAL (14-0155) 1.02	
1 MEDICAL AND OTHER SERVICES	5294			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12106062			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9347714			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	32667			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	5294			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	37262			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	37262			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	37262			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	31968			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5294			17
17.01 TOTAL PPS PAYMENTS	9380381			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0155) 1	HOSPITAL (14-0155) 1.01	HOSPITAL (14-0155) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2101232		18.01
19 SUBTOTAL	7284443		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	7284443		23
24 PRIMARY PAYER PAYMENTS	5500		24
25 SUBTOTAL	7278943		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	493063		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	345144		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	373882		27.02
28 SUBTOTAL	7624087		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)	89		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	7623998		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	7140693		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	483305		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 RECONILATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW TIME VALUE OF MONEY (SEE INSTRUCTIONS)			52
53 FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0155)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26859476		7240891	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	12/30/2010	139719	12/30/2010	23542	3.01
TO .02					3.02
PROVIDER .03					3.03
PROVIDER .04					3.04
TO .05					3.05
PROGRAM .50	08/13/2010	7615	08/13/2010	123740	3.50
TO .51					3.51
PROVIDER .52					3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL	.99	132104		-100198	3.99
4 TOTAL INTERIM PAYMENTS		26991580		7140693	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				483305	6.01
PROVIDER TO .02		-40891			6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		26950689		7623998	7
NAME OF INTERMEDIARY:	_____				
SIGNATURE OF AUTHORIZED PERSON:	_____				
	INTERMEDIARY NUMBER: _____				
	DATE (MO/DAY/YR): _____				

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0155) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
1	INPATIENT HOSPITAL/SNF/NF SERVICES	4350348					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	4350348					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	4350348					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	4350348					22
23	COST OF COVERED SERVICES	4350348					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	4350348					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	4350348					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				
		HOSPITAL (14-0155) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34	EXCESS OF REASONABLE COST	4350348					34
35	SUBTOTAL						35
36	COINSURANCE						36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)						59

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	7142000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	19854000			4
5	OTHER RECEIVABLES	-32000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	3152000			7
8	PREPAID EXPENSES	3418000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	436000			10
11	TOTAL CURRENT ASSETS	33970000			11
FIXED ASSETS					
12	LAND	5113245			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1623078			13
13.01	ACCUMULATED DEPRECIATION	-1552203			13.01
14	BUILDINGS	91884155			14
14.01	ACCUMULATED DEPRECIATION	-54719015			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	39213487			16
16.01	ACCUMULATED DEPRECIATION	-27037473			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	54525274			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	2553257			25
26	TOTAL OTHER ASSETS	2553257			26
27	TOTAL ASSETS	91048531			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	8600000			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME	4063000			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	57000			34
35	OTHER CURRENT LIABILITIES	8566000			35
36	TOTAL CURRENT LIABILITIES	21286000			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	1742000			41
42	TOTAL LONG TERM LIABILITIES	1742000			42
43	TOTAL LIABILITIES	23028000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	68020531			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	68020531			51
52	TOTAL LIABILITIES AND FUND BALANCES	91048531			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	64127497			1
2 NET INCOME (LOSS)	-1173455			2
3 TOTAL	62954042			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CONTRIBUTIONS	5066489			5
6 INVESTMENT INCOME				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	5066489			10
11 SUBTOTAL	68020531			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ASSETS RELEASED FOR OPERATIONS				13
14				14
15 TRANSFER PROVENA IMAGING RECEIVABLE				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	68020531			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	22740198		22740198	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	22740198		22740198	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	16276076		16276076	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT	10832149		10832149	15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	27108225		27108225	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	49848423		49848423	18
19 ANCILLARY SERVICES	201844250		201844250	19
20 OUTPATIENT SERVICES		280857057	280857057	20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	251692673	280857057	532549730	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		118264444	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	16332989		28
29 ROUNDING	2632		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		16335621	33
34 DEDUCT (SPECIFY)			34
35 INVESTMENT INCOME			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		134600065	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	532549730	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	401156119	2
3	NET PATIENT REVENUES	131393611	3
4	LESS - TOTAL OPERATING EXPENSES	134600065	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3206454	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	919447	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	ASSETS RELEASED FROM RESTRICTIONS	93611	24
24.01	UNRESTRICTED CONTRIBUTIONS	8474	24.01
24.02	OTHER OPERATING REVENUE	1122817	24.02
24.03	MISC	-118041	24.03
24.04	NON OPERATING REVENUE	490378	24.04
24.05	IMPAIRMENTS	-483687	24.05
25	TOTAL OTHER INCOME	2032999	25
26	TOTAL	-1173455	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1173455	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2318

WORKSHEET I-1

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1128192	HRS OF SERVICE	31683.00	15.23	1
2 LICENSED PRACTICAL NURSES	170857	HRS OF SERVICE	14529.00	6.99	2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	162533	HRS OF SERVICE	11944.00	5.74	4
5 SOCIAL WORKERS	57870	HRS OF SERVICE	2736.00	1.32	5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	292055	ACCUMULATED COST			8
9 SUBTOTAL	1811507				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	66258	REQUISITIONS			14
15 DRUGS	1372181	REQUISITIONS			15
16 OTHER	588573	ACCUMULATED COST			16
17 SUBTOTAL	3838519				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	168036	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	92008	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	579077	SALARY			22
23 ADMINISTRATIVE AND GENERAL	957396	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	499725	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS	10675				25
26 CENTRAL SERVICES & SUPPLIES	70689	REQUISITIONS			26
27 PHARMACY	-1398276	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	313559	ACCUMULATED COST			28
29 SUBTOTAL	5131408				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER		CHARGES			32
32.97 CARDIAC REHABILITATION		CHARGES			32.97
33 TOTAL COSTS	5131408				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2318

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT		EMPLOYEE	DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL	
	BUILDING	EQUIPMENT	CARE	SALARY			MEDICAL	ANCILLARY	SERVICES				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	667761	92008	1128192	391260	579077	-26095	136947		2969150	2151583	5120733	1	
2 MAINTENANCE													
3 HEMODIALYSIS	419933	57858	709455	246043	361924	-16957	86117		1864373	1351011	3215384	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS												4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD	1303	180	2208	764		-53	268		4670	3384	8054	6	
8 CCPD	601	82	997	348		-24	123		2127	1541	3668	7	
9 HOME													
10 HEMODIALYSIS												8	
11 INTERMITTENT PERITONEAL												9	
12 CAPD	34631	4775	58543	20307	36192	-1400	7107		160155	116056	276211	10	
13 CCPD	189693	26136	320489	111140	162865	-7661	38901		841563	609835	1451398	11	
14 OTHER BILLABLE SERVICES													
15 INPATIENT DIALYSIS	21600	2977	36500	12658	18096		4431		96262	69756	166018	12	
16 METHOD II HOME PATIENT												13	
17 EPO (INCL IN RENAL DEPT)						1398276						14	
18.01 ARANESP (INCL IN RENAL DEPT)												14.01	
19 OTHER												15	
20 TOTAL	667761	92008	1128192	391260	579077	-26095	136947		2969150	2151583	5120733	16	
21 MEDICAL EDUC PGM COSTS											10675	17	
22 TOTAL RENAL COSTS											5131408	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2318

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		-DIRECT PATIENT-		EMPLOYEE	DRGS	MEDICAL	ROUTINE	SUB-	OVERHEAD						
	BUILDING	EQUIPMENT	CARE	SALARY								BENEFITS	SUPPLIES	ANCILLARY	TOTAL	(ACCUM.
	(SQUARE	(% OF	RNS	OTHERS								(SALARY)	(REQUIS)	(REQUIS)	(CHARGES)	COST)
FEET)	TIME)	(HOURS)	(HOURS)	(SALARY)	(REQUIS)	(REQUIS)	(CHARGES)	(ACCUM.								
	1	2	3	4	5	6	7	8	9	10						
1 TOTAL RENAL DEPT COSTS	667761	92008	1128192	391260	579077	-26095	136947		2969150	2151583	1					
2 MAINTENANCE																
3 HEMODIALYSIS	8379	15450.00	19923.00	18368.00	20	1128403	580874	503073			2					
4 INTERMITTENT PERITONEAL											3					
5 TRAINING																
6 HEMODIALYSIS											4					
7 INTERMITTENT PERITONEAL											5					
8 CAPD	26	48.00	62.00	57.00		3506	1805	1563			6					
9 CCPD	12	22.00	28.00	26.00		1607	827	716			7					
10 HOME																
11 HEMODIALYSIS											8					
12 INTERMITTENT PERITONEAL											9					
13 CAPD	691	1275.00	1644.00	1516.00	2	93121	47936	41516			10					
14 CCPD	3785	6979.00	9000.00	8297.00	9	509717	262390	227246			11					
15 OTHER BILLABLE SERVICES																
16 INPT DIAL TRMNTS 14406	431	795.00	1025.00	945.00	1		29890	25886			13					
17 METHOD II HOME PATIENT											14					
18 EPO											14					
19 ARANESP											14.01					
20 OTHER											15					
21 TOTAL STATISTICAL BASIS	13324	24569.00	31682.00	29209.00	32	1736354	923722	800000		2969150	16					
22 UNIT COST MULTIPLIER	50.117157		35.609873	18096.156250			.148256				17					
		3.744882		13.395186		-.015029				.724646	17					

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2318
 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	14406	3215384	223.20	12117	2704514	166.85	2021721	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	73	8054	110.33	36	3972	219.96	7919	5
6 TRAINING - CCPD	17	3668	215.76	11	2373	196.66	2163	6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	2086	276211	132.41	1121	148432	69.28	77663	9
10 HOME PROGRAM - CCPD	8767	1451398	165.55	5850	968468	71.26	416871	10
11 TOTALS	14496	4954715		12164	3827759		2526337	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2318

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3827759 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2526337 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	418 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	505197 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	505615 6
7	PROGRAM PAYMENT	2020735 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0155) (14-0155)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	1928626			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	49221			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]				4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0625			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2001			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2626			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0546			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	105303			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2083150			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
8.01 BIO MED					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
15.01 STERILE PROCESSING					15.01
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
29 SURGICAL INTENSIVE CARE UNIT					29
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SPECIAL PROCEDURES					37.01
38 RECOVERY ROOM					38
38.01 OP ONCOLOGY					38.01
39.02 SUBSTANCE ABUSE					39.02
39.04 DIABETES EDUCATION					39.04
39.05 PODIATRY					39.05
39.06 INFUSION CLINIC					39.06
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 CARDIAC CATH LAB					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 WOUND CARE					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 OTHER					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60.01 OCCUPATIONAL HEALTH					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
100 OTHER NRCC					100
100.01 SISTERS RESIDENCE					100.01
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	51.88		18.99				70.87 25
26 INTENSIVE CARE UNIT	57.65		4.61				62.26 26
29 SURGICAL INTENSIVE CARE UNIT	60.20		2.02				62.22 29
33 NURSERY			42.63				42.63 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	14.81	19.28					34.09 37
37.01 SPECIAL PROCEDURES	17.01	25.27					42.28 37.01
38 RECOVERY ROOM	8.08	18.78					26.86 38
38.01 OP ONCOLOGY	-0.30	46.10					45.80 38.01
39.02 SUBSTANCE ABUSE	2.60	2.03					4.63 39.02
39.04 DIABETES EDUCATION	58.99	2.92					61.91 39.04
39.06 INFUSION CLINIC	27.16	25.80					52.96 39.06
40 ANESTHESIOLOGY	10.50	15.93					26.43 40
41 RADIOLOGY-DIAGNOSTIC	15.23	18.00					33.23 41
43 RADIOISOTOPE	25.47	23.04					48.51 43
43.01 CARDIAC CATH LAB	38.80	18.74					57.54 43.01
44 LABORATORY	24.84	0.93					25.77 44
49 RESPIRATORY THERAPY	45.63	6.66					52.29 49
50 PHYSICAL THERAPY	21.59	0.16					21.75 50
50.01 WOUND CARE	7.62	70.67					78.29 50.01
51 OCCUPATIONAL THERAPY	34.95						34.95 51
52 SPEECH PATHOLOGY	48.78						48.78 52
53 ELECTROCARDIOLOGY	31.15	14.20					45.35 53
54 ELECTROENCEPHALOGRAPHY	22.40	19.96					42.36 54
55 MEDICAL SUPPLIES CHARGED TO PAT	33.83	14.08					47.91 55
55.30 IMPL. DEV. CHARGED TO PATIENT	31.21	20.71					51.92 55.30
56 DRUGS CHARGED TO PATIENTS	36.23	15.35					51.58 56
57 RENAL DIALYSIS	4.26	0.08					4.34 57
59.97 CARDIAC REHABILITATION	1.11	43.43					44.54 59.97
60.01 OCCUPATIONAL HEALTH		0.83					0.83 60.01
61 EMERGENCY	14.23	9.46					23.69 61
62 OBSERVATION BEDS (NON-DISTINCT	3.25	44.45					47.70 62
101 TOTAL CHARGES	21.26	12.10					33.36 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	5153638	4.58	-5153638	-9.81		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4651109	4.13	-4651109	-8.85		4
5	EMPLOYEE BENEFITS	12277259	10.91	-12277259	-23.37		5
6	ADMINISTRATIVE & GENERAL	17327690	15.40	-17327690	-32.99		6
8	OPERATION OF PLANT	3371631	3.00	-3371631	-6.42		8
8.01	BIO MED	1175866	1.05	-1175866	-2.24		8.01
9	LAUNDRY & LINEN SERVICE	356890	.32	-356890	-.68		9
10	HOUSEKEEPING	945111	.84	-945111	-1.80		10
11	DIETARY	398740	.35	-398740	-.76		11
12	CAFETERIA	881487	.78	-881487	-1.68		12
14	NURSING ADMINISTRATION	1023806	.91	-1023806	-1.95		14
15	CENTRAL SERVICES & SUPPLY	324522	.29	-324522	-.62		15
15.01	STERILE PROCESSING	370629	.33	-370629	-.71		15.01
16	PHARMACY	1505551	1.34	-1505551	-2.87		16
17	MEDICAL RECORDS & LIBRARY	1958463	1.74	-1958463	-3.73		17
18	SOCIAL SERVICE	619905	.55	-619905	-1.18		18
24	PARAMED ED PRGM-(SPECIFY)	183462	.16	-183462	-.35		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7885159	7.01	13540864	25.78	21426023	19.04
26	INTENSIVE CARE UNIT	2261443	2.01	2535203	4.83	4796646	4.26
29	SURGICAL INTENSIVE CARE UNIT	1391190	1.24	1611128	3.07	3002318	2.67
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1997055	1.77	3903687	7.43	5900742	5.24
37.01	SPECIAL PROCEDURES	450015	.40	689289	1.31	1139304	1.01
38	RECOVERY ROOM	1122074	1.00	954650	1.82	2076724	1.85
38.01	OP ONCOLOGY	1886232	1.68	2109788	4.02	3996020	3.55
39.02	SUBSTANCE ABUSE	257837	.23	177519	.34	435356	.39
39.04	DIABETES EDUCATION	5654	.01	41704	.08	47358	.04
39.05	PODIATRY						39.05
39.06	INFUSION CLINIC	200279	.18	255115	.49	455394	.40
40	ANESTHESIOLOGY	4485087	3.99	1064509	2.03	5549596	4.93
41	RADIOLOGY-DIAGNOSTIC	3131289	2.78	3925544	7.47	7056833	6.27
43	RADIOISOTOPE	191572	.17	348640	.66	540212	.48
43.01	CARDIAC CATH LAB	617260	.55	1134506	2.16	1751766	1.56
44	LABORATORY	4297652	3.82	1723836	3.28	6021488	5.35
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1116295	.99	1006179	1.92	2122474	1.89
50	PHYSICAL THERAPY	820572	.73	740706	1.41	1561278	1.39
50.01	WOUND CARE	154576	.14	296252	.56	450828	.40
51	OCCUPATIONAL THERAPY	153026	.14	117135	.22	270161	.24
52	SPEECH PATHOLOGY	116859	.10	487704	.93	604563	.54
53	ELECTROCARDIOLOGY	308870	.27	448564	.85	757434	.67
54	ELECTROENCEPHALOGRAPHY	47296	.04	70962	.14	118258	.11

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	6081671	5.41	1256108	2.39	7337779	6.52	55
55.30 IMPL. DEV. CHARGED TO PATIENT	4376473	3.89	906701	1.73	5283174	4.70	55.30
56 DRUGS CHARGED TO PATIENTS	7444272	6.62	4003316	7.62	11447588	10.17	56
57 RENAL DIALYSIS	3838519	3.41	2691165	5.12	6529684	5.80	57
59 OTHER							59
59.97 CARDIAC REHABILITATION	90762	.08	354526	.67	445288	.40	59.97
60.01 OCCUPATIONAL HEALTH	1249315	1.11	1006066	1.92	2255381	2.00	60.01
61 EMERGENCY	2490466	2.21	2960163	5.64	5450629	4.84	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
100 OTHER NRCC	1167407	1.04	1345253	2.56	2512660	2.23	100
100.01 SISTERS RESIDENCE	350776	.31	818977	1.56	1169753	1.04	100.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	112512712	100.00	0	.00	112512712	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1345948	31906581	.042184	4723822	199270	37
37.01 SPECIAL PROCEDURES	214059	3668240	.058355	624079	36418	37.01
38 RECOVERY ROOM	60388	7667270	.007876	619221	4877	38
38.01 OP ONCOLOGY	585930	2810121	.208507	-8455	-1763	38.01
39.02 SUBSTANCE ABUSE	29380	677314	.043377	17583	763	39.02
39.04 DIABETES EDUCATION	19733	1827929	.010795	1078363	11641	39.04
39.05 PODIATRY						39.05
39.06 INFUSION CLINIC	59726	641070	.093166	174139	16224	39.06
40 ANESTHESIOLOGY	61414	9518311	.006452	999351	6448	40
41 RADIOLOGY-DIAGNOSTIC	1536904	91733736	.016754	13967724	234015	41
43 RADIOISOTOPE	166641	7575290	.021998	1929749	42451	43
43.01 CARDIAC CATH LAB	530954	18282587	.029042	7093941	206022	43.01
44 LABORATORY	488502	62690587	.007792	15570189	121323	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	153297	10313713	.014863	4705820	69943	49
50 PHYSICAL THERAPY	219735	5230302	.042012	1128981	47431	50
50.01 WOUND CARE	83191	566604	.146824	43162	6337	50.01
51 OCCUPATIONAL THERAPY	9939	1182055	.008408	413120	3474	51
52 SPEECH PATHOLOGY	10985	307420	.035733	149973	5359	52
53 ELECTROCARDIOLOGY	145481	10056483	.014466	3132832	45320	53
54 ELECTROENCEPHALOGRAPHY	21824	603533	.036160	135176	4888	54
55 MEDICAL SUPPLIES CHARGED TO PAT	36016	39148888	.000920	13245761	12186	55
55.30 IMPL. DEV. CHARGED TO PATIENT	26461	15696900	.001686	4898635	8259	55.30
56 DRUGS CHARGED TO PATIENTS	423587	80577533	.005257	29195329	153480	56
57 RENAL DIALYSIS	413241	18125222	.022799	771825	17597	57
59 OTHER						59
59.97 CARDIAC REHABILITATION	137565	257255	.534742	2845	1521	59.97
OUTPATIENT SERVICE COST CENTERS						
60.01 OCCUPATIONAL HEALTH	254417	1424946	.178545			60.01
61 EMERGENCY	409636	46204373	.008866	6574323	58288	61
62 OBSERVATION BEDS (NON-DISTINCT	96347	2753988	.034985	89409	3128	62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	7541301	471448251		111276897	1314900	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1909857		1909857	24144	79.10	12527	990886 25
26 INTENSIVE CARE UNIT	278500		278500	3365	82.76	1940	160554 26
29 SURGICAL INTENSIVE CARE UNIT	181630		181630	2083	87.20	1254	109349 29
101 TOTAL	2369987		2369987			15721	1260789 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1260789	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1314900	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						2575689	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						3391	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						15721	
PER DISCHARGE CAPITAL COSTS						759.57	
PER DIEM CAPITAL COSTS						163.84	

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)	29710057
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	140279264
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.212

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)	2575689
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPFS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	11781166
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPFS. (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)	62918773
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.187