

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 MERCY CENTER (14-0174) (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	-569945	78079		2
3	SWING BED - SNF	185814	-2		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	-384131	78077		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: 1325 NORTH HIGHLAND AVENUE P.O.BOX: 1
 1.01 CITY: AURORA STATE: IL ZIP CODE: 60506 COUNTY: KANE 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	14-0174	07/01/1996	N	P	O	2
3	SUBPROVIDER I	14-S174	07/01/1985	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2010 TO: 12/31/2010 17
 18 TYPE OF CONTROL 1 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 4 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. 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. NO 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?		V 1	XVIII 2	XIX 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO	YES	NO
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?		NO	NO	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?		YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?		NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?		NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?		NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?		NO		38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, YES 148003 40
 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.
 40.01 NAME: NATIONAL GOVERNMENT SERVICE FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 00131 40.01
 40.02 STREET: P.O. BOX 7149 P.O.BOX: 40.02
 40.03 CITY: CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46207-7149 40.03
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? 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 NCMQ 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				49		
50 HOME HEALTH AGENCY	N	N				50		
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO		52		
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO		52.01		
53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53		
53.01 MDH PERIOD: BEGINNING: ENDING:						53.01		
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1110696 PAID LOSSES: 482500 AND/OR SELF INSURANCE:						54		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO		54.01		
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO		55		
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE 0 / / Y/N NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4 4	56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO		57		
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				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)	YES						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO						60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS			
	1	2	3	4	5			
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	04/30/2011					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	188	68620			11594		4140	1
2 HMO								2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	188	68620			11594		4140	5
6 INTENSIVE CARE UNIT	16	5840			1596		105	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							1481	11
12 TOTAL HOSPITAL	204	74460			13190		5726	12
13 RPCH VISITS								13
14 SUBPROVIDER I	95	34675			5492		4546	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	299							25
26 OBSERVATION BED DAYS							651	26
27 AMBULANCE TRIPS								27
28 EMPLOYEE DISCOUNT DAYS								28
29 LABOR & DELIVERY DAYS							166	29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON-	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		23998							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		23998							5
6 INTENSIVE CARE UNIT		4010							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		1752							11
12 TOTAL HOSPITAL		29760						793.51	12
13 RPCH VISITS									13
14 SUBPROVIDER I		16699						77.20	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								870.71	25
26 OBSERVATION BED DAYS		3823							26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		303							28
29 LABOR & DELIVERY DAYS		211							29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2589	1842	6720	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		2589	1842	6720	12
13	RPCH VISITS					13
14	SUBPROVIDER I		622	710	2568	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28
29	LABOR & DELIVERY DAYS					29

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	2	3	4	5	6		
1	TOTAL SALARIES	53367119	-1848471	51518648	1811083.00	28.45		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	7346644	-141187	7205457	185172.00	38.91		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2997421		2997421	80023.00	37.46	DIRECT PT & TOP	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	71000		71000	520.00	136.54	PMMC DIRECT, AL	9.03
10	CONTRACT LABOR: PHYSICIAN PART A	737774		737774	2565.00	287.63	A82-SUB+CALL	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	6724408		6724408	132633.00	50.70	SAL & BENEFITS	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	11633810		11633810			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1321069		1321069			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	667849	-603087	64762	2625.00	24.67		21
22	ADMINISTRATIVE & GENERAL	7058619	-1012296	6046323	211748.00	28.55		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	2355171		2355171	21044.00	111.92		22.01
23	MAINTENANCE & REPAIRS	557389		557389	21666.00	25.73		23
24	OPERATION OF PLANT	957163		957163	39385.00	24.30		24
25	LAUNDRY & LINEN SERVICE	41421		41421	3113.00	13.31		25
26	HOUSEKEEPING	1397712		1397712	102724.00	13.61		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1139171	-532248	606923	46397.00	13.08		27
27.01	DIETARY UNDER CONTRACT	571805		571805	17507.66	32.66		27.01
28	CAFETERIA		532248	532248	40688.00	13.08		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1831653		1831653	41868.00	43.75		30
31	CENTRAL SERVICES AND SUPPLY	880924	-233088	647836	37467.00	17.29		31
32	PHARMACY	1796773		1796773	43169.00	41.62		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1022006		1022006	45355.00	22.53		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		2	3	4	5		
1	NET SALARIES	56294095	-1848471	54445624	1849634.66	29.44	1
2	EXCLUDED AREA SALARIES	7346644	-141187	7205457	185172.00	38.91	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	48947451	-1707284	47240167	1664462.66	28.38	3
4	SUBTOTAL OTHER WAGES & REL COSTS	10530603		10530603	215741.00	48.81	4
5	SUBTOTAL WAGE-RELATED COSTS	11633810		11633810		24.63%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	71111864	-1707284	69404580	1880203.66	36.91	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	20277656	-1848471	18429185	674756.66	27.31	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	31977593	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS	19463	20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	31997056	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.179361	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	123441472	28
29	TOTAL GROSS MEDICAID COST	22140586	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	52917081	30
31	UNCOMPENSATED CARE COST	9491261	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	22140586	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								1
2 0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3 0300 NEW CAP REL COSTS-BLDG & FIXT		3882690	3882690	4324634	8207324	-795409	7411915	3
4 0400 NEW CAP REL COSTS-MVBLE EQUIP		4194756	4194756		4194756		4194756	4
5 0500 EMPLOYEE BENEFITS	667849	13848307	14516156		14516156	-19780	14496376	5
6 0600 ADMINISTRATIVE & GENERAL	7058619	39035295	46093914		46093914	-27085479	19008435	6
7 0700 MAINTENANCE & REPAIRS	557389	2399643	2957032		2957032		2957032	7
8 0800 OPERATION OF PLANT	957163	2473967	3431130		3431130	-10620	3420510	8
9 0900 LAUNDRY & LINEN SERVICE	41421	387855	429276		429276		429276	9
10 1000 HOUSEKEEPING	1397712	338237	1735949		1735949		1735949	10
11 1100 DIETARY	1139171	1518525	2657696	-1241740	1415956		1415956	11
12 1200 CAFETERIA				1241740	1241740	-740577	501163	12
14 1400 NURSING ADMINISTRATION	1831653	119703	1951356		1951356	-18000	1933356	14
15 1500 CENTRAL SERVICES & SUPPLY	880924	1111435	1992359	-326605	1665754	-122738	1543016	15
16 1600 PHARMACY	1796773	3787954	5584727	-3500718	2084009	-1100	2082909	16
17 1700 MEDICAL RECORDS & LIBRARY	1022006	760255	1782261		1782261	-7051	1775210	17
INPATIENT ROUTINE SERV COST CENTERS								
25 2500 ADULTS & PEDIATRICS	8624820	788166	9412986	-1016099	8396887	-9095	8387792	25
26 2600 INTENSIVE CARE UNIT	2415017	722560	3137577		3137577	-172212	2965365	26
31 3100 SUBPROVIDER I	6540481	314091	6854572	-165188	6689384	-140381	6549003	31
33 3300 NURSERY	476988	370667	847655		847655	-353667	493988	33
ANCILLARY SERVICE COST CENTERS								
37 3700 OPERATING ROOM	1862537	6801071	8663608	-5596941	3066667		3066667	37
38 3800 RECOVERY ROOM	1271593	117486	1389079	-1820	1387259		1387259	38
39 3900 DELIVERY ROOM & LABOR ROOM	2214155	135453	2349608		2349608	-9402	2340206	39
40 4000 ANESTHESIOLOGY	78184	1091503	1169687		1169687	-908767	260920	40
41 4100 RADIOLOGY-DIAGNOSTIC	2153080	1357352	3510432		3510432	-27193	3483239	41
41.01 3230 CAT SCAN	519232	134808	654040		654040	-1384	652656	41.01
41.02 3630 ULTRASOUND	524610	202150	726760		726760	-468	726292	41.02
44 4400 LABORATORY	31701	4191285	4222986		4222986	-11439	4211547	44
47 4700 BLOOD STORING, PROCESSING & TRA		1071148	1071148		1071148		1071148	47
49 4900 RESPIRATORY THERAPY	985011	95621	1080632		1080632		1080632	49
50 5000 PHYSICAL THERAPY	695030	171085	866115		866115		866115	50
51 5100 OCCUPATIONAL THERAPY	172346	35279	207625		207625		207625	51
52 5200 SPEECH PATHOLOGY	277192	37957	315149		315149		315149	52
53 5300 ELECTROCARDIOLOGY	1344078	4485843	5829921	-4241221	1588700	-3871	1584829	53
54.01 3320 ECT	40445	2038	42483	9289	51772		51772	54.01
55 5500 MEDICAL SUPPLIES CHARGED TO PAT				3428850	3428850		3428850	55
55.30 5530 IMPL. DEV. CHARGED TO PATIENT				6839208	6839208		6839208	55.30
56 5600 DRUGS CHARGED TO PATIENTS				3500718	3500718		3500718	56
57 5700 RENAL DIALYSIS		511803	511803		511803		511803	57
58.01 3550 PSYCHOLOGY	622763	8351	631114	143034	774148	-3445	770703	58.01
59 3950 OCCUPATIONAL HEALTH	427107	817318	1244425		1244425	-495729	748696	59
59.97 3997 CARDIAC REHABILITATION	270328	5462	275790		275790		275790	59.97
OUTPATIENT SERVICE COST CENTERS								
60 6000 CLINIC	562803	311525	874328		874328	-95663	778665	60
60.01 6001 OUTPATIENT PROCEDURES	12045	113363	125408	1016099	1141507		1141507	60.01
61 6100 EMERGENCY	3088730	1966025	5054755	-101471	4953284	-501984	4451300	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		4324634	4324634	-4324634				88
95 SUBTOTALS	52560956	104042666	156603622	-12865	156590757	-31535454	125055303	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN	15842	132696	148538		148538	-245	148293	96
98.01 9801 PHYSICIAN PRACTICE MANAGEMENT		1552	1552		1552		1552	98.01
99.01 9901 MASSAGE THERAPY	25585	344	25929		25929		25929	99.01
99.02 9902 IDOL SPACE/HOME HEALTH								99.02
99.03 9903 ADOL SCHOOL	56011	1089	57100	12865	69965	-92973	-23008	99.03
99.04 9904 FOUNDATION	218086	267978	486064		486064	-86798	399266	99.04
99.05 9905 LEASED BLDG		213404	213404		213404		213404	99.05
99.07 9907 PARISH NURSING	296891	691	297582		297582	-74180	223402	99.07
100 7950 OP PHARMACY	193748	880315	1074063		1074063		1074063	100
101 TOTAL	53367119	105540735	158907854		158907854	-31789650	127118204	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY		OTHER
	1	2	3	4	5	
1 RECLASS SUPPLY COST	A	MEDICAL SUPPLIES CHARGED TO P	55		3428850	1
2	A	IMPL. DEV. CHARGED TO PATIENT	55.30		6839208	2
3	A					3
4	A					4
5	A					5
6						6
7 RECLASS PHARMACY	B	DRUGS CHARGED TO PATIENTS	56		3500718	7
8 RECLASS INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		4324634	8
9 RECLASS PSYCH ADMIN EXP	D	SUBPROVIDER I	31	312930	24683	9
10	D	ECT	54.01	8610	679	10
11	D	PSYCHOLOGY	58.01	132577	10457	11
12	D	ADOL SCHOOL	99.03	11924	941	12
13 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	5		43947	13
14 CAFETERIA EXPENSE RECLASS	F	CAFETERIA	12	532248	709492	14
15						15
16 RECLASS O/P PROCEDURE EXPENSES	G	OUTPATIENT PROCEDURES	60.01	938312	77787	16
17						17
18 RECLASS SUBACCOUNT 704880 TO OTHER	H	EMPLOYEE BENEFITS	5		559140	18
19	H	ADMINISTRATIVE & GENERAL	6		1012296	19
20	H	CENTRAL SERVICES & SUPPLY	15		233088	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				1936601	20765920	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS SUPPLY COST	A	ELECTROCARDIOLOGY	53		4241221	1
2	A	CENTRAL SERVICES & SUPPLY	15		326605	2
3	A	EMERGENCY	61		101471	3
4	A	OPERATING ROOM	37		5596941	4
5	A	RECOVERY ROOM	38		1820	5
6						6
7 RECLASS PHARMACY	B	PHARMACY	16		3500718	7
8 RECLASS INTEREST	C	INTEREST EXPENSE	88		4324634	11 8
9 RECLASS PSYCH ADMIN EXP	D	SUBPROVIDER I	31	466041	36760	9
10	D					10
11	D					11
12	D					12
13 RECLASS DEFERED COMP TO BENEFITS	E	EMPLOYEE BENEFITS	5	43947		13
14 CAFETERIA EXPENSE RECLASS	F	DIETARY	11	532248	709492	14
15						15
16 RECLASS O/P PROCEDURE EXPENSES	G	ADULTS & PEDIATRICS	25	938312	77787	16
17						17
18 RECLASS SUBACCOUNT 704880 TO OTHE	H	EMPLOYEE BENEFITS	5	559140		18
19	H	ADMINISTRATIVE & GENERAL	6	1012296		19
20	H	CENTRAL SERVICES & SUPPLY	15	233088		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				3785072	18917449	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	4545766					4545766		1
2 LAND IMPROVEMENTS	4230278	451453		451453	324273	4357458		2
3 BUILDINGS AND FIXTURES	101009553	1570218		1570218	36472	102543299		3
4 BUILDING IMPROVEMENTS	1021878	1620		1620	126859	896639		4
5 FIXED EQUIPMENT	7634427	6656		6656		7641083		5
6 MOVABLE EQUIPMENT	47508934	5735911		5735911	934378	52310467		6
7 SUBTOTAL	165950836	7765858		7765858	1421982	172294712		7
8 RECONCILING ITEMS		3113033		3113033		3113033		8
9 TOTAL	165950836	4652825		4652825	1421982	169181679		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	116871212		116871212	.690803				3
4 NEW CAP REL COSTS-MVBLE EQUIP	52310467		52310467	.309197				4
5 TOTAL	169181679		169181679	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	6393181		2174377			-1155643	7411915 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4194756						4194756 4
5 TOTAL	10587937		2174377			-1155643	11606671 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3882690						3882690 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4194756						4194756 4
5 TOTAL	8077446						8077446 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-491092	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-7059	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	B	-155675	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2498157			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-3115795			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-6651	MEDICAL RECORDS & LIBRARY	17	17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MISC MEDICAL STAFF INCOME	B	-25200	ADMINISTRATIVE & GENERAL	6	37
38 MISC EMPLOYEE BENEFIT REV. OFFSET	B	-1407	EMPLOYEE BENEFITS	5	38
39 MISC A&G INCOME OFFSET	B	-80524	ADMINISTRATIVE & GENERAL	6	39
40 INTEREST INCOME	B	-491092	NEW CAP REL COSTS-BLDG & FIXT	3	11 40
41 MISC OPERATION OF PLANT INCOME	B	-10620	OPERATION OF PLANT	8	41
42 CAFETERIA AND VENDING SALES	B	-709015	CAFETERIA	12	42
42.01 MEALS ON WHEELS INCOME OFFSET	B	-30727	CAFETERIA	12	42.01
42.02 MISC INCOME CAFETERIA	B	-835	CAFETERIA	12	42.02
43					43
44 MISC INCOME SUBPROVIDER	B	-60000	SUBPROVIDER I	31	44
45 MISC RADIOLOGY INCOME	B	-520	RADIOLOGY-DIAGNOSTIC	41	45
46 MISC INCOME DELIVERY	B	-1202	DELIVERY ROOM & LABOR ROOM	39	46
47 MISC INCOME - EKG	B	-3871	ELECTROCARDIOLOGY	53	47
48 OFFSET OTHER MINISTRY EXPENSE	A	-987	ADMINISTRATIVE & GENERAL	6	48
48.02 ADOL SCHOOL MISC REVENUE	B	-92973	ADOL SCHOOL	99.03	48.02
48.03 MISC INCOME PSYCHOLOGY	B	-1995	PSYCHOLOGY	58.01	48.03
48.04 MISC INCOME CLINIC	B	-2000	CLINIC	60	48.04
48.05 MISC INCOME NURSING ADMIN	B	-18000	NURSING ADMINISTRATION	14	48.05
48.06 MISC INCOME MATERIALS MGMT	B	-36	CENTRAL SERVICES & SUPPLY	15	48.06
49					49
49.03 FAITH COM NURSING MISC INCOME	B	-74180	PARISH NURSING	99.07	49.03
49.04 REMOVE PHYSICIAN RECRUITMENT COST	A	-11577	ADMINISTRATIVE & GENERAL	6	49.04
49.07 NON-ALLOW DONATIONS, SPONSORSHIPS	A	-54020	ADMINISTRATIVE & GENERAL	6	49.07
49.08 NON-ALLOW DONATIONS, SPONSORSHIP,	A	-86798	FOUNDATION	99.04	49.08
49.09 REMOVE 50% OF MARKETING COST	A	-81003	ADMINISTRATIVE & GENERAL	6	49.09
49.10 REMOVE PHYSICIAN LOAN AMORTIZATIO	A	-1154218	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.10
49.13 MISC PHARMACY REVENUE	B	-1100	PHARMACY	16	49.13
49.14 MISC INCOME MED RECORDS	B	-400	MEDICAL RECORDS & LIBRARY	17	49.14
49.16 MISC ER INCOME	B	-20318	EMERGENCY	61	49.16
49.17 NON-ALLOWABLE DONATIONS, SPONSORS	A	-245	GIFT, FLOWER, COFFEE SHOP & CAN	96	49.17

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 14:48

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.18 NON ALLOWABLE LOBBYING DUES	A	-7489	ADMINISTRATIVE & GENERAL	6	49.18
49.19 OFFSET UNUSED BUILDING DEPR	A	-1425	NEW CAP REL COSTS-BLDG & FIXT	3	14 49.19
49.20 OFFSET BAD DEBT EXPENSE	A	-15418689	ADMINISTRATIVE & GENERAL	6	49.20
49.21 PROVIDER TAX	A	-7072755	ADMINISTRATIVE & GENERAL	6	49.21
50 TOTAL		-31789650			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	2510491		2510491	9 1
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2321771	2340144	-18373	2
3	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	8420887	12569505	-4148618	3
4	16	PHARMACY	EMM	396	396		4
4.01	26	INTENSIVE CARE UNIT	EICU	347960	516480	-168520	4.01
4.02	41	RADIOLOGY-DIAGNOSTIC	PACS	740268	740268		4.02
4.03	53	ELECTROCARDIOLOGY	CPACS	133500	133500		4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	3138163	4306236	-1168073	11 4.04
4.05	15	CENTRAL SERVICES & SUPPLY	MATERIALS MANAGEMENT	275206	397908	-122702	4.05
5		TOTALS		17888642	21004437	-3115795	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B	PROVENA MERCY CENTER		PROVENA HEALTH		HEALTHCARE CHAIN		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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	31 SUBPROVIDER I	15471	15471					
2	33 NURSERY	353667	353667					
3	60.01 OUTPATIENT PROCEDURES							
4	61 EMERGENCY	441547	441547					
5	41 RADIOLOGY-DIAGNOSTIC	26673	26673					
6	40 ANESTHESIOLOGY	908767	908767					
7	59 OCCUPATIONAL HEALTH	495729	495729					
9	6 ADMINISTRATIVE & GENERAL	60049		60049	177200	448	38166	1908
10	25 ADULTS & PEDIATRICS	22875		22875	154100	186	13780	689
11	26 INTENSIVE CARE UNIT	8804		8804	177200	60	5112	256
12	31 SUBPROVIDER I	116474	33250	83224	154100	696	51564	2578
13	33 NURSERY							
14	44 LABORATORY	119600		119600	215700	1043	108161	5408
15	60 CLINIC	95026	90603	4423	177200	16	1363	68
16	61 EMERGENCY	107421	11667	95754	177200	790	67302	3365
17	39 DELIVERY ROOM & LABOR RO	8200						
18	41.01 CAT SCAN	1384	1384					
19	41.02 ULTRASOUND	468	468					
20	58.01 PSYCHOLOGY	3080		3080	154100	22	1630	82
101	TOTAL	2785235	2387426	397809		3261	287078	14354

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	31 SUBPROVIDER I		PSYCH PHYSICIANS					15471
2	33 NURSERY		NURSERY					353667
3	60.01 OUTPATIENT PROCEDURES		AMBULATORY CARE					
4	61 EMERGENCY		EMERGENCY					441547
5	41 RADIOLOGY-DIAGNOSTIC		MAMMOGRAPHY					26673
6	40 ANESTHESIOLOGY		ANESTHESIOLOGY					908767
7	59 OCCUPATIONAL HEALTH		OCCUPATIONAL HEALTH					495729
9	6 ADMINISTRATIVE & GENERAL		UTILIZATION REVIEW			38166	21883	21883
10	25 ADULTS & PEDIATRICS		ADOLESCENT PSYCH			13780	9095	9095
11	26 INTENSIVE CARE UNIT		ICU			5112	3692	3692
12	31 SUBPROVIDER I		ADULT PSYCH			51564	31660	64910
13	33 NURSERY		NURSERY					
14	44 LABORATORY		PATHOLOGY			108161	11439	11439
15	60 CLINIC		AGGREGATE			1363	3060	93663
16	61 EMERGENCY		AGGREGATE			67302	28452	40119
17	39 DELIVERY ROOM & LABOR RO		LDRP					8200
18	41.01 CAT SCAN		CT SCAN					1384
19	41.02 ULTRASOUND		ULTRASOUND					468
20	58.01 PSYCHOLOGY		ADHD			1630	1450	1450
101	TOTAL					287078	110731	2498157

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS	
	0	3	4	5	5A	6	7	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	7411915	7411915						3
4 NEW CAP REL COSTS-MVBLE EQUIP	4194756		4194756					4
5 EMPLOYEE BENEFITS	14496376	79267	44861	14620504				5
6 ADMINISTRATIVE & GENERAL	19008435	947796	536403	1958294	22450928	22450928		6
7 MAINTENANCE & REPAIRS	2957032	878421	497140	154638	4487231	962435	5449666	7
8 OPERATION OF PLANT	3420510	466147	263815	265549	4416021	947161	461341	5824523
9 LAUNDRY & LINEN SERVICE	429276	78298	44312	11492	563378	120835	77491	90480
10 HOUSEKEEPING	1735949	78635	44504	387771	2246859	481913	77825	90871
11 DIETARY	1415956	284376	160942	168380	2029654	435326	281445	328624
12 CAFETERIA	501163			147663	648826	139162		
14 NURSING ADMINISTRATION	1933356	14518	8216	508161	2464251	528540	14368	16776
15 CENTRAL SERVICES & SUPPLY	1543016	210145	118931	244397	2116489	453951	207978	242842
16 PHARMACY	2082909	112544	36949	498484	2757631	591465	111384	130055
17 MEDICAL RECORDS & LIBRARY	1775210	73013	41322	283538	2173083	466089	72261	84374
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8387792	756673	428238	2392799	11965502	2566374	748869	874406
26 INTENSIVE CARE UNIT	2965365	245066	138695	670005	4019131	862035	242540	283197
31 SUBPROVIDER I	6549003	542360	306947	1814545	9212855	1976001	536769	626748
33 NURSERY	493988	21974	12436	132332	660730	141715	21748	25394
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3066667	519563	294046	516729	4397005	943083	514207	600404
38 RECOVERY ROOM	1387259	319841	181013	352782	2240895	480634	316544	369606
39 DELIVERY ROOM & LABOR ROOM	2340206	244229	138221	614280	3336936	715716	241712	282230
40 ANESTHESIOLOGY	260920	11508	6513	21691	300632	64480	11390	13299
41 RADIOLOGY-DIAGNOSTIC	3483239	229638	129963	597335	4440175	952342	227271	265369
41.01 CAT SCAN	652656	17204	9736	144052	823648	176658	17026	19881
41.02 ULTRASOUND	726292	7354	4162	145544	883352	189464	7278	8498
44 LABORATORY	4211547	143825	81397	8795	4445564	953498	142342	166203
47 BLOOD STORING, PROCESSING & TRA	1071148	4859	2750		1078757	231375	4809	5615
49 RESPIRATORY THERAPY	1080632	37476	21209	273275	1412592	302977	37089	43306
50 PHYSICAL THERAPY	866115	19288	10916	192824	1089143	233603	19089	22289
51 OCCUPATIONAL THERAPY	207625	10319	5840	47814	271598	58253	10213	11925
52 SPEECH PATHOLOGY	315149	5020	2841	76902	399912	85774	4968	5801
53 ELECTROCARDIOLOGY	1584829	134533	76139	372892	2168393	465083	133146	155466
54.01 ECT	51772	3185	1803	11221	67981	14581	3153	3681
55 MEDICAL SUPPLIES CHARGED TO PAT	3428850				3428850	735430		
55.30 IMPL. DEV. CHARGED TO PATIENT	6839208				6839208	1466894		
56 DRUGS CHARGED TO PATIENTS	3500718				3500718	750844		
57 RENAL DIALYSIS	511803	6033	3414		521250	111799	5971	6972
58.01 PSYCHOLOGY	770703	115377	65297	172775	1124152	241111	114188	133329
59 OCCUPATIONAL HEALTH	748696			118494	867190	185998		
59.97 CARDIAC REHABILITATION	275790	48514	27456	74998	426758	91532	48014	56063
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	778665	68815	38946	156140	1042566	223613	68106	79522
60.01 OUTPATIENT PROCEDURES	1141507			3342	1144849	245551		
61 EMERGENCY	4451300	252303	142790	856916	5703309	1223263	249702	291559
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	125055303	6988117	3954908	14396849	124168002	21816558	5030237	5334785
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	148293	40837	23112	4395	216637	46465	40416	47191
98.01 PHYSICIAN PRACTICE MANAGEMENT	1552				1552	333		
99.01 MASSAGE THERAPY	25929			7098	33027	7084		
99.02 IDOL SPACE/HOME HEALTH		368355	208470		576825	123719	364558	425669
99.03 ADOL SCHOOL	-23008			15539	-7469			
99.04 FOUNDATION	399266	12771	7228	60504	479769	102902	12639	14758
99.05 LEASED BLDG	213404				213404	45772		
99.07 PARISH NURSING	223402	1835	1038	82367	308642	66198	1816	2120
100 OP PHARMACY	1074063			53752	1127815	241897		
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	127118204	7411915	4194756	14620504	127118204	22450928	5449666	5824523

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	852184								9
10 HOUSEKEEPING		2897468							10
11 DIETARY	16577	168731	3260357						11
12 CAFETERIA				787988					12
14 NURSING ADMINISTRATION		8614			3032549				14
15 CENTRAL SERVICES & SUPPLY		124686			110208	3256154			15
16 PHARMACY		66776				11498	3668809		16
17 MEDICAL RECORDS & LIBRARY		43321				6288		2845416	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	340225	448962	1683976	373377	840475	77206	63974	198848	25
26 INTENSIVE CARE UNIT	50059	145406	159621	35392	204430	27648	15432	51940	26
31 SUBPROVIDER I	64858	321802	1277858	283332	650788	17947	599	100576	31
33 NURSERY		13038			37633	2259	2524	6493	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	43695	308276	48	11	148489	111721	19315	361241	37
38 RECOVERY ROOM	59669	189773	34997	7760	100066	10561	47194	119131	38
39 DELIVERY ROOM & LABOR ROOM	94246	144910	103857	23028	180016	17094	11256	27694	39
40 ANESTHESIOLOGY		6828			11845	26645	3603	34753	40
41 RADIOLOGY-DIAGNOSTIC	36851	136253				89364	3354	152987	41
41.01 CAT SCAN		10208				28459	7	191461	41.01
41.02 ULTRASOUND	6605	4363				2671		52538	41.02
44 LABORATORY		85336						263084	44
47 BLOOD STORING, PROCESSING & TRA		2883				251465		4866	47
49 RESPIRATORY THERAPY		22236				19363	1	39037	49
50 PHYSICAL THERAPY	1623	11444				2033		24152	50
51 OCCUPATIONAL THERAPY		6123				253		4282	51
52 SPEECH PATHOLOGY		2979				445		4613	52
53 ELECTROCARDIOLOGY	16512	79823			108717	19890	5475	215274	53
54.01 ECT		1890				443		3560	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						804964		209072	55
55.30 IMPL. DEV. CHARGED TO PATIENT						1605580		94547	55.30
56 DRUGS CHARGED TO PATIENTS							3360566	302590	56
57 RENAL DIALYSIS		3580						16301	57
58.01 PSYCHOLOGY		68457			68748	1025	2	15570	58.01
59 OCCUPATIONAL HEALTH					47958	10066	22623	5075	59
59.97 CARDIAC REHABILITATION		28785			22994	1242	66	6178	59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	3499	40831			56915	5057	8930	8463	60
60.01 OUTPATIENT PROCEDURES					102211	88		24036	60.01
61 EMERGENCY	117765	149700			313177	101139	103884	307053	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	852184	2646014	3260357	722900	3004670	3252414	3668805	2845415	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		24230				628			96
98.01 PHYSICIAN PRACTICE MANAGEMENT									98.01
99.01 MASSAGE THERAPY						108			99.01
99.02 IDOL SPACE/HOME HEALTH		218558		65088					99.02
99.03 ADOL SCHOOL						255			99.03
99.04 FOUNDATION		7577				1703	4	1	99.04
99.05 LEASED BLDG						112			99.05
99.07 PARISH NURSING		1089			27879	109			99.07
100 OP PHARMACY						825			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	852184	2897468	3260357	787988	3032549	3256154	3668809	2845416	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	20182194		20182194	25
26 INTENSIVE CARE UNIT	6096831		6096831	26
31 SUBPROVIDER I	15070133		15070133	31
33 NURSERY	911534		911534	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	7447495		7447495	37
38 RECOVERY ROOM	3976830		3976830	38
39 DELIVERY ROOM & LABOR ROOM	5178695		5178695	39
40 ANESTHESIOLOGY	473475		473475	40
41 RADIOLOGY-DIAGNOSTIC	6303966		6303966	41
41.01 CAT SCAN	1267348		1267348	41.01
41.02 ULTRASOUND	1154769		1154769	41.02
44 LABORATORY	6056027		6056027	44
47 BLOOD STORING, PROCESSING & TRA	1579770		1579770	47
49 RESPIRATORY THERAPY	1876601		1876601	49
50 PHYSICAL THERAPY	1403376		1403376	50
51 OCCUPATIONAL THERAPY	362647		362647	51
52 SPEECH PATHOLOGY	504492		504492	52
53 ELECTROCARDIOLOGY	3367779		3367779	53
54.01 ECT	95289		95289	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	5178316		5178316	55
55.30 IMPL. DEV. CHARGED TO PATIENT	10006229		10006229	55.30
56 DRUGS CHARGED TO PATIENTS	7914718		7914718	56
57 RENAL DIALYSIS	665873		665873	57
58.01 PSYCHOLOGY	1766582		1766582	58.01
59 OCCUPATIONAL HEALTH	1138910		1138910	59
59.97 CARDIAC REHABILITATION	681632		681632	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1537502		1537502	60
60.01 OUTPATIENT PROCEDURES	1516735		1516735	60.01
61 EMERGENCY	8560551		8560551	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	122276299		122276299	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	375567		375567	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	1885		1885	98.01
99.01 MASSAGE THERAPY	40219		40219	99.01
99.02 IDOL SPACE/HOME HEALTH	1774417		1774417	99.02
99.03 ADOL SCHOOL	-7209		-7209	99.03
99.04 FOUNDATION	619348		619348	99.04
99.05 LEASED BLDG	259288		259288	99.05
99.07 PARISH NURSING	407853		407853	99.07
100 OP PHARMACY	1370537		1370537	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	127118204		127118204	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	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		79267	44861	124128	124128				5
6		947796	536403	1484199	16623	1500822			6
7		878421	497140	1375561	1313	64338	1441212		7
8		466147	263815	729962	2254	63317	122006	917539	8
9		78298	44312	122610	98	8078	20493	14253	9
10		78635	44504	123139	3292	32215	20581	14315	10
11		284376	160942	445318	1429	29101	74431	51768	11
12					1253	9303			12
14		14518	8216	22734	4314	35332	3800	2643	14
15		210145	118931	329076	2075	30346	55002	38255	15
16		112544	63694	176238	4231	39539	29456	20488	16
17		73013	41322	114335	2407	31158	19110	13291	17
INPATIENT ROUTINE SERV COST CENTERS									
25		756673	428238	1184911	20332	171557	198043	137745	25
26		245066	138695	383761	5687	57626	64142	44612	26
31		542360	306947	849307	15403	132094	141953	98732	31
33		21974	12436	34410	1123	9474	5751	4000	33
ANCILLARY SERVICE COST CENTERS									
37		519563	294046	813609	4386	63044	135987	94582	37
38		319841	181013	500854	2995	32130	83713	58224	38
39		244229	138221	382450	5214	47845	63923	44460	39
40		11508	6513	18021	184	4310	3012	2095	40
41		229638	129963	359601	5071	63663	60104	41804	41
41.01		17204	9736	26940	1223	11809	4503	3132	41.01
41.02		7354	4162	11516	1235	12666	1925	1339	41.02
44		143825	81397	225222	75	63740	37644	26182	44
47		4859	2750	7609		15467	1272	884	47
49		37476	21209	58685	2320	20254	9809	6822	49
50		19288	10916	30204	1637	15616	5048	3511	50
51		10319	5840	16159	406	3894	2701	1879	51
52		5020	2841	7861	653	5734	1314	914	52
53		134533	76139	210672	3165	31090	35212	24491	53
54.01		3185	1803	4988	95	975	834	580	54.01
55						49163			55
55.30						98061			55.30
56						50193			56
57		6033	3414	9447		7474	1579	1098	57
58.01		115377	65297	180674	1467	16118	30198	21003	58.01
59					1006	12434			59
59.97		48514	27456	75970	637	6119	12698	8832	59.97
OUTPATIENT SERVICE COST CENTERS									
60		68815	38946	107761	1325	14948	18011	12527	60
60.01					28	16415			60.01
61		252303	142790	395093	7274	81774	66036	45929	61
62									62
71									71
SPECIAL PURPOSE COST CENTERS									
95		6988117	3954908	10943025	122230	1458414	1330291	840390	95
NONREIMBURSABLE COST CENTERS									
96		40837	23112	63949	37	3106	10688	7434	96
98.01						22			98.01
99.01					60	474			99.01
99.02		368355	208470	576825		8271	96410	67056	99.02
99.03					132				99.03
99.04		12771	7228	19999	514	6879	3343	2325	99.04
99.05						3060			99.05
99.07		1835	1038	2873	699	4425	480	334	99.07
100					456	16171			100
101									101
102									102
103		7411915	4194756	11606671	124128	1500822	1441212	917539	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	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	165532								9
10 HOUSEKEEPING		193542							10
11 DIETARY	3220	11271	616538						11
12 CAFETERIA				10556					12
14 NURSING ADMINISTRATION		575			69398				14
15 CENTRAL SERVICES & SUPPLY		8329			2522	465605			15
16 PHARMACY		4460				1644	276056		16
17 MEDICAL RECORDS & LIBRARY		2894				899		184094	17
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	66087	29990	318442	5002	19235	11040	4814	12869	25
26 INTENSIVE CARE UNIT	9724	9713	30184	474	4678	3953	1161	3361	26
31 SUBPROVIDER I	12598	21495	241645	3796	14893	2566	45	6509	31
33 NURSERY		871			861	323	190	420	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8488	20592		9	3398	15975	1453	23324	37
38 RECOVERY ROOM	11590	12676		6618	2290	1510	3551	7710	38
39 DELIVERY ROOM & LABOR ROOM	18307	9680	19640	308	4120	2444	847	1792	39
40 ANESTHESIOLOGY		456			271	3810	271	2249	40
41 RADIOLOGY-DIAGNOSTIC	7158	9101				12778	252	9901	41
41.01 CAT SCAN		682				4069	1	12391	41.01
41.02 ULTRASOUND	1283	291				382		3400	41.02
44 LABORATORY		5700						17026	44
47 BLOOD STORING, PROCESSING & TRA		193				35957		315	47
49 RESPIRATORY THERAPY		1485				2769		2526	49
50 PHYSICAL THERAPY	315	764				291		1563	50
51 OCCUPATIONAL THERAPY		409				36		277	51
52 SPEECH PATHOLOGY		199				64		299	52
53 ELECTROCARDIOLOGY	3207	5332			2488	2844	412	13932	53
54.01 ECT		126				63		230	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT						115103		13531	55
55.30 IMPL. DEV. CHARGED TO PATIENT						229589		6119	55.30
56 DRUGS CHARGED TO PATIENTS							252863	19583	56
57 RENAL DIALYSIS		239						1055	57
58.01 PSYCHOLOGY		4573			1573	147		1008	58.01
59 OCCUPATIONAL HEALTH					1097	1439	1702	328	59
59.97 CARDIAC REHABILITATION		1923			526	178	5	400	59.97
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	680	2727			1302	723	672	548	60
60.01 OUTPATIENT PROCEDURES					2339	13		1556	60.01
61 EMERGENCY	22875	10000			7167	14462	7817	19872	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	165532	176746	616538	9684	68760	465071	276056	184094	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1618				90			96
98.01 PHYSICIAN PRACTICE MANAGEMENT						15			98.01
99.01 MASSAGE THERAPY									99.01
99.02 IDOL SPACE/HOME HEALTH		14599		872					99.02
99.03 ADOL SCHOOL						36			99.03
99.04 FOUNDATION		506				243			99.04
99.05 LEASED BLDG						16			99.05
99.07 PARISH NURSING		73			638	16			99.07
100 OP PHARMACY						118			100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	165532	193542	616538	10556	69398	465605	276056	184094	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	2180067		2180067	25
26 INTENSIVE CARE UNIT	619076		619076	26
31 SUBPROVIDER I	1541036		1541036	31
33 NURSERY	57423		57423	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1184847		1184847	37
38 RECOVERY ROOM	723965		723965	38
39 DELIVERY ROOM & LABOR ROOM	601030		601030	39
40 ANESTHESIOLOGY	34679		34679	40
41 RADIOLOGY-DIAGNOSTIC	569433		569433	41
41.01 CAT SCAN	64750		64750	41.01
41.02 ULTRASOUND	34037		34037	41.02
44 LABORATORY	375589		375589	44
47 BLOOD STORING, PROCESSING & TRA	61697		61697	47
49 RESPIRATORY THERAPY	104670		104670	49
50 PHYSICAL THERAPY	58949		58949	50
51 OCCUPATIONAL THERAPY	25761		25761	51
52 SPEECH PATHOLOGY	17038		17038	52
53 ELECTROCARDIOLOGY	332845		332845	53
54.01 ECT	7891		7891	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	177797		177797	55
55.30 IMPL. DEV. CHARGED TO PATIENT	333769		333769	55.30
56 DRUGS CHARGED TO PATIENTS	322639		322639	56
57 RENAL DIALYSIS	20892		20892	57
58.01 PSYCHOLOGY	256761		256761	58.01
59 OCCUPATIONAL HEALTH	18006		18006	59
59.97 CARDIAC REHABILITATION	107288		107288	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	161224		161224	60
60.01 OUTPATIENT PROCEDURES	20351		20351	60.01
61 EMERGENCY	678299		678299	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
95 SUBTOTALS	10691809		10691809	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	86922		86922	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	22		22	98.01
99.01 MASSAGE THERAPY	549		549	99.01
99.02 IDOL SPACE/HOME HEALTH	764033		764033	99.02
99.03 ADOL SCHOOL	168		168	99.03
99.04 FOUNDATION	33809		33809	99.04
99.05 LEASED BLDG	3076		3076	99.05
99.07 PARISH NURSING	9538		9538	99.07
100 OP PHARMACY	16745		16745	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	11606671		11606671	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	
		3	4	5	6A	6	7	
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	504933						3
4	NEW CAP REL COSTS-MVBLE EQUIP		504933					4
5	EMPLOYEE BENEFITS	5400	5400	52699269				5
6	ADMINISTRATIVE & GENERAL	64568	64568	7058619	-22450928	104674745		6
7	MAINTENANCE & REPAIRS	59842	59842	557389		4487231	375123	7
8	OPERATION OF PLANT	31756	31756	957163		4416021	31756	8
9	LAUNDRY & LINEN SERVICE	5334	5334	41421		563378	5334	9
10	HOUSEKEEPING	5357	5357	1397712		2246859	5357	10
11	DIETARY	19373	19373	606922		2029654	19373	11
12	CAFETERIA			532248		648826		12
14	NURSING ADMINISTRATION	989	989	1831653		2464251	989	14
15	CENTRAL SERVICES & SUPPLY	14316	14316	880924		2116489	14316	15
16	PHARMACY	7667	7667	1796773		2757631	7667	16
17	MEDICAL RECORDS & LIBRARY	4974	4974	1022006		2173083	4974	17
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	51548	51548	8624820		11965502	51548	25
26	INTENSIVE CARE UNIT	16695	16695	2415017		4019131	16695	26
31	SUBPROVIDER I	36948	36948	6540481		9212855	36948	31
33	NURSERY	1497	1497	476988		660730	1497	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	35395	35395	1862537		4397005	35395	37
38	RECOVERY ROOM	21789	21789	1271593		2240895	21789	38
39	DELIVERY ROOM & LABOR ROOM	16638	16638	2214155		3336936	16638	39
40	ANESTHESIOLOGY	784	784	78184		300632	784	40
41	RADIOLOGY-DIAGNOSTIC	15644	15644	2153080		4440175	15644	41
41.01	CAT SCAN	1172	1172	519232		823648	1172	41.01
41.02	ULTRASOUND	501	501	524610		883352	501	41.02
44	LABORATORY	9798	9798	31701		4445564	9798	44
47	BLOOD STORING, PROCESSING & T	331	331			1078757	331	47
49	RESPIRATORY THERAPY	2553	2553	985011		1412592	2553	49
50	PHYSICAL THERAPY	1314	1314	695030		1089143	1314	50
51	OCCUPATIONAL THERAPY	703	703	172346		271598	703	51
52	SPEECH PATHOLOGY	342	342	277192		399912	342	52
53	ELECTROCARDIOLOGY	9165	9165	1344078		2168393	9165	53
54.01	ECT	217	217	40445		67981	217	54.01
55	MEDICAL SUPPLIES CHARGED TO P					3428850		55
55.30	IMPL. DEV. CHARGED TO PATIENT					6839208		55.30
56	DRUGS CHARGED TO PATIENTS					3500718		56
57	RENAL DIALYSIS	411	411			521250	411	57
58.01	PSYCHOLOGY	7860	7860	622763		1124152	7860	58.01
59	OCCUPATIONAL HEALTH			427107		867190		59
59.97	CARDIAC REHABILITATION	3305	3305	270328		426758	3305	59.97
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	4688	4688	562803		1042566	4688	60
60.01	OUTPATIENT PROCEDURES			12045		1144849		60.01
61	EMERGENCY	17188	17188	3088730		5703309	17188	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	476062	476062	51893106	-22450928	101717074	346252	95
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	2782	2782	15842		216637	2782	96
98.01	PHYSICIAN PRACTICE MANAGEMENT					1552		98.01
99.01	MASSAGE THERAPY			25585		33027		99.01
99.02	IDOL SPACE/HOME HEALTH	25094	25094			576825	25094	99.02
99.03	ADOL SCHOOL			56011	7469			99.03
99.04	FOUNDATION	870	870	218086		479769	870	99.04
99.05	LEASED BLDG					213404		99.05
99.07	PARISH NURSING	125	125	296891		308642	125	99.07
100	OP PHARMACY			193748		1127815		100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	MAIN- TENANCE & REPAIRS SQUARE FEET 7	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	7411915	4194756	14620504		22450928	5449666	103
104	UNIT COST MULT-WS B PT I		8.307550				14.527678	104
104	UNIT COST MULT-WS B PT I	14.679007		.277433		.214483		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			124128		1500822	1441212	107
108	UNIT COST MULT-WS B PT III						3.841972	108
108	UNIT COST MULT-WS B PT III			.002355		.014338		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY		
	SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	DIRECT NRSNG HRS	COSTED REQUIS.		
	8	9	10	11	12	14	15		
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT							1	
2	OLD CAP REL COSTS-MVBLE EQUIP							2	
3	NEW CAP REL COSTS-BLDG & FIXT							3	
4	NEW CAP REL COSTS-MVBLE EQUIP							4	
5	EMPLOYEE BENEFITS							5	
6	ADMINISTRATIVE & GENERAL							6	
7	MAINTENANCE & REPAIRS							7	
8	OPERATION OF PLANT	343367						8	
9	LAUNDRY & LINEN SERVICE	5334	1127087					9	
10	HOUSEKEEPING	5357		332676				10	
11	DIETARY	19373	21925	19373	135177			11	
12	CAFETERIA					147348		12	
14	NURSING ADMINISTRATION	989		989			1030960	14	
15	CENTRAL SERVICES & SUPPLY	14316		14316		37467	13870045	15	
16	PHARMACY	7667		7667			48979	16	
17	MEDICAL RECORDS & LIBRARY	4974		4974			26785	17	
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	51548	449976	51548	69819	69819	285732	328870	25
26	INTENSIVE CARE UNIT	16695	66207	16695	6618	6618	69499	117769	26
31	SUBPROVIDER I	36948	85780	36948	52981	52981	221245	76449	31
33	NURSERY	1497		1497			12794	9622	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	35395	57791	35395	2	2	50481	475891	37
38	RECOVERY ROOM	21789	78917	21789	1451	1451	34019	44987	38
39	DELIVERY ROOM & LABOR ROOM	16638	124649	16638	4306	4306	61199	72815	39
40	ANESTHESIOLOGY	784		784			4027	113500	40
41	RADIOLOGY-DIAGNOSTIC	15644	48738	15644				380656	41
41.01	CAT SCAN	1172		1172				121227	41.01
41.02	ULTRASOUND	501	8736	501				11378	41.02
44	LABORATORY	9798		9798					44
47	BLOOD STORING, PROCESSING & T	331		331				1071148	47
49	RESPIRATORY THERAPY	2553		2553				82480	49
50	PHYSICAL THERAPY	1314	2147	1314				8660	50
51	OCCUPATIONAL THERAPY	703		703				1077	51
52	SPEECH PATHOLOGY	342		342				1895	52
53	ELECTROCARDIOLOGY	9165	21838	9165			36960	84722	53
54.01	ECT	217		217				1886	54.01
55	MEDICAL SUPPLIES CHARGED TO P							3428850	55
55.30	IMPL. DEV. CHARGED TO PATIENT							6839208	55.30
56	DRUGS CHARGED TO PATIENTS								56
57	RENAL DIALYSIS	411		411					57
58.01	PSYCHOLOGY	7860		7860			23372	4365	58.01
59	OCCUPATIONAL HEALTH						16304	42879	59
59.97	CARDIAC REHABILITATION	3305		3305			7817	5289	59.97
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	4688	4628	4688			19349	21542	60
60.01	OUTPATIENT PROCEDURES						34748	375	60.01
61	EMERGENCY	17188	155755	17188			106469	430814	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
71	HOME HEALTH AGENCY								71
95	SPECIAL PURPOSE COST CENTERS SUBTOTALS	314496	1127087	303805	135177	135177	1021482	13854118	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	2782		2782				2674	96
98.01	PHYSICIAN PRACTICE MANAGEMENT							460	98.01
99.01	MASSAGE THERAPY								99.01
99.02	IDOL SPACE/HOME HEALTH	25094		25094		12171			99.02
99.03	ADOL SCHOOL							1086	99.03
99.04	FOUNDATION	870		870				7253	99.04
99.05	LEASED BLDG							477	99.05
99.07	PARISH NURSING	125		125			9478	464	99.07
100	OP PHARMACY							3513	100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION DIRECT	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		SQUARE FEET	POUNDS OF LAUNDRY	SQUARE FEET	MEALS SERVED	MEALS SERVED	NRSING HRS		
		8	9	10	11	12	14	15	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	5824523	852184	2897468	3260357	787988	3032549	3256154	103
104	UNIT COST MULT-WS B PT I	16.962967		8.709579		5.347802		.234762	
104	UNIT COST MULT-WS B PT I		.756094		24.119170		2.941481		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	917539	165532	193542	616538	10556	69398	465605	106
108	UNIT COST MULT-WS B PT III	2.672182		.581773		.071640		.033569	107
108	UNIT COST MULT-WS B PT III		.146867		4.560968		.067314		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	
	COSTED REQUIS. 16	GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY	3821814		16
17 MEDICAL RECORDS & LIBRARY		682073464	17
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	66642	47662431	25
26 INTENSIVE CARE UNIT	16076	12449575	26
31 SUBPROVIDER I	624	24107325	31
33 NURSERY	2629	1556387	33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	20121	86633142	37
38 RECOVERY ROOM	49162	28554857	38
39 DELIVERY ROOM & LABOR ROOM	11725	6638148	39
40 ANESTHESIOLOGY	3753	8330141	40
41 RADIOLOGY-DIAGNOSTIC	3494	36670034	41
41.01 CAT SCAN	7	45891889	41.01
41.02 ULTRASOUND		12592902	41.02
44 LABORATORY		63059332	44
47 BLOOD STORING, PROCESSING & T		1166443	47
49 RESPIRATORY THERAPY	1	9357021	49
50 PHYSICAL THERAPY		5789038	50
51 OCCUPATIONAL THERAPY		1026483	51
52 SPEECH PATHOLOGY		1105754	52
53 ELECTROCARDIOLOGY	5703	51599681	53
54.01 ECT		853213	54.01
55 MEDICAL SUPPLIES CHARGED TO P		50113229	55
55.30 IMPL. DEV. CHARGED TO PATIENT		22662363	55.30
56 DRUGS CHARGED TO PATIENTS	3500718	72528667	56
57 RENAL DIALYSIS		3907274	57
58.01 PSYCHOLOGY	2	3732035	58.01
59 OCCUPATIONAL HEALTH	23566	1216554	59
59.97 CARDIAC REHABILITATION	69	1480850	59.97
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	9302	2028572	60
60.01 OUTPATIENT PROCEDURES		5761334	60.01
61 EMERGENCY	108216	73598440	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS			62
71 HOME HEALTH AGENCY			71
95 SPECIAL PURPOSE COST CENTERS SUBTOTALS	3821810	682073114	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
98.01 PHYSICIAN PRACTICE MANAGEMENT			98.01
99.01 MASSAGE THERAPY			99.01
99.02 IDOL SPACE/HOME HEALTH			99.02
99.03 ADOL SCHOOL	4	350	99.03
99.04 FOUNDATION			99.04
99.05 LEASED BLDG			99.05
99.07 PARISH NURSING			99.07
100 OP PHARMACY			100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	
	COSTED REQUIS. 16	GROSS REVENUE 17	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	3668809	2845416	103
104 UNIT COST MULT-WS B PT I	.959965		
104 UNIT COST MULT-WS B PT I		.004172	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	276056	184094	106
108 UNIT COST MULT-WS B PT III	.072232		107
108 UNIT COST MULT-WS B PT III		.000270	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	20182194		20182194	9095	20191289	25
26 INTENSIVE CARE UNIT	6096831		6096831	3692	6100523	26
31 SUBPROVIDER I	15070133		15070133	31660	15101793	31
33 NURSERY	911534		911534		911534	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	7447495		7447495		7447495	37
38 RECOVERY ROOM	3976830		3976830		3976830	38
39 DELIVERY ROOM & LABOR ROOM	5178695		5178695		5178695	39
40 ANESTHESIOLOGY	473475		473475		473475	40
41 RADIOLOGY-DIAGNOSTIC	6303966		6303966		6303966	41
41.01 CAT SCAN	1267348		1267348		1267348	41.01
41.02 ULTRASOUND	1154769		1154769		1154769	41.02
44 LABORATORY	6056027		6056027	11439	6067466	44
47 BLOOD STORING, PROCESSING &	1579770		1579770		1579770	47
49 RESPIRATORY THERAPY	1876601		1876601		1876601	49
50 PHYSICAL THERAPY	1403376		1403376		1403376	50
51 OCCUPATIONAL THERAPY	362647		362647		362647	51
52 SPEECH PATHOLOGY	504492		504492		504492	52
53 ELECTROCARDIOLOGY	3367779		3367779		3367779	53
54.01 ECT	95289		95289		95289	54.01
55 MEDICAL SUPPLIES CHARGED TO	5178316		5178316		5178316	55
55.30 IMPL. DEV. CHARGED TO PATIE	10006229		10006229		10006229	55.30
56 DRUGS CHARGED TO PATIENTS	7914718		7914718		7914718	56
57 RENAL DIALYSIS	665873		665873		665873	57
58.01 PSYCHOLOGY	1766582		1766582	1450	1768032	58.01
59 OCCUPATIONAL HEALTH	1138910		1138910		1138910	59
59.97 CARDIAC REHABILITATION	681632		681632		681632	59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1537502		1537502	3060	1540562	60
60.01 OUTPATIENT PROCEDURES	1516735		1516735		1516735	60.01
61 EMERGENCY	8560551		8560551	28452	8589003	61
62 OBSERVATION BEDS (NON-DISTI	2774580		2774580		2774580	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	125050879		125050879	88848	125139727	101
102 LESS OBSERVATION BEDS	2774580		2774580		2774580	102
103 TOTAL	122276299		122276299	88848	122365147	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	39372618		39372618			25
26 INTENSIVE CARE UNIT	11770289		11770289			26
31 SUBPROVIDER I	24107325		24107325			31
33 NURSERY	1556387		1556387			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	52850660	33782481	86633141	.085966	.085966	.085966 37
38 RECOVERY ROOM	11587535	16967322	28554857	.139270	.139270	.139270 38
39 DELIVERY ROOM & LABOR ROOM	5803826	834322	6638148	.780142	.780142	.780142 39
40 ANESTHESIOLOGY	3781662	4548479	8330141	.056839	.056839	.056839 40
41 RADIOLOGY-DIAGNOSTIC	9111782	27558252	36670034	.171911	.171911	.171911 41
41.01 CAT SCAN	10528613	35363277	45891890	.027616	.027616	.027616 41.01
41.02 ULTRASOUND	2745578	9847324	12592902	.091700	.091700	.091700 41.02
44 LABORATORY	32402327	30657005	63059332	.096037	.096037	.096218 44
47 BLOOD STORING, PROCESSING &	995332	171111	1166443	1.354348	1.354348	1.354348 47
49 RESPIRATORY THERAPY	8217766	1139255	9357021	.200555	.200555	.200555 49
50 PHYSICAL THERAPY	2662888	3126150	5789038	.242420	.242420	.242420 50
51 OCCUPATIONAL THERAPY	534723	491760	1026483	.353291	.353291	.353291 51
52 SPEECH PATHOLOGY	441711	664043	1105754	.456243	.456243	.456243 52
53 ELECTROCARDIOLOGY	22717001	28882681	51599682	.065267	.065267	.065267 53
54.01 ECT	341225	511988	853213	.111683	.111683	.111683 54.01
55 MEDICAL SUPPLIES CHARGED TO	30551684	19561545	50113229	.103332	.103332	.103332 55
55.30 IMPL. DEV. CHARGED TO PATIE	13019943	9642420	22662363	.441535	.441535	.441535 55.30
56 DRUGS CHARGED TO PATIENTS	52845238	19683429	72528667	.109125	.109125	.109125 56
57 RENAL DIALYSIS	3690435	216839	3907274	.170419	.170419	.170419 57
58.01 PSYCHOLOGY	39789	3692246	3732035	.473356	.473356	.473745 58.01
59 OCCUPATIONAL HEALTH	452	1216102	1216554	.936177	.936177	.936177 59
59.97 CARDIAC REHABILITATION	2255	1478595	1480850	.460298	.460298	.460298 59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	28750	1999822	2028572	.757923	.757923	.759432 60
60.01 OUTPATIENT PROCEDURES	14969	5746365	5761334	.263261	.263261	.263261 60.01
61 EMERGENCY	12691700	60906740	73598440	.116314	.116314	.116701 61
62 OBSERVATION BEDS (NON-DISTI	303962	8325495	8629457	.321524	.321524	.321524 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	354718425	327015048	681733473			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	354718425	327015048	681733473			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				2180067		2180067
26 INTENSIVE CARE UNIT				619076		619076
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1541036		1541036
33 NURSERY				57423		57423
101 TOTAL				4397602		4397602

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	27821	11594			78.36	908506
26 INTENSIVE CARE UNIT	4010	1596			154.38	246390
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	16699	5492			92.28	506802
33 NURSERY	1752				32.78	
101 TOTAL	50282	18682				1661698

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1184847	86633141	26096161			.013677	356917 37
38 RECOVERY ROOM		723965	28554857	5108750			.025353	129522 38
39 DELIVERY ROOM & LABOR ROOM		601030	6638148	14369			.090542	1301 39
40 ANESTHESIOLOGY		34679	8330141	1505718			.004163	6268 40
41 RADIOLOGY-DIAGNOSTIC		569433	36670034	4574478			.015529	71037 41
41.01 CAT SCAN		64750	45891890	5033120			.001411	7102 41.01
41.02 ULTRASOUND		34037	12592902	1298236			.002703	3509 41.02
44 LABORATORY		375589	63059332	13476556			.005956	80266 44
47 BLOOD STORING, PROCESSING & T		61697	1166443	506111			.052893	26770 47
49 RESPIRATORY THERAPY		104670	9357021	4969120			.011186	55585 49
50 PHYSICAL THERAPY		58949	5789038	1641225			.010183	16713 50
51 OCCUPATIONAL THERAPY		25761	1026483	352363			.025096	8843 51
52 SPEECH PATHOLOGY		17038	1105754	295648			.015408	4555 52
53 ELECTROCARDIOLOGY		332845	51599682	13502906			.006451	87107 53
54.01 ECT		7891	853213	7448			.009249	69 54.01
55 MEDICAL SUPPLIES CHARGED TO P		177797	50113229	17617772			.003548	62508 55
55.30 IMPL. DEV. CHARGED TO PATIENT		333769	22662363	2588876			.014728	38129 55.30
56 DRUGS CHARGED TO PATIENTS		322639	72528667	23813824			.004448	105924 56
57 RENAL DIALYSIS		20892	3907274	2306548			.005347	12333 57
58.01 PSYCHOLOGY		256761	3732035	1614			.068799	111 58.01
59 OCCUPATIONAL HEALTH		18006	1216554	384			.014801	6 59
59.97 CARDIAC REHABILITATION		107288	1480850	1759			.072450	127 59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		161224	2028572	14289			.079477	1136 60
60.01 OUTPATIENT PROCEDURES		20351	5761334				.003532	60.01
61 EMERGENCY		678299	73598440	6087932			.009216	56106 61
62 OBSERVATION BEDS (NON-DISTINC		299574	8629457	180584			.034715	6269 62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6593781	604926854	130995791				1138213 101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 14:48

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					27821		11594	25
26 INTENSIVE CARE UNIT					4010		1596	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					16699		5492	31
33 NURSERY					1752			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					50282		18682	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		86633141			26096161		6463236 37
38 RECOVERY ROOM		28554857			5108750		3633308 38
39 DELIVERY ROOM & LABOR ROOM		6638148			14369		3474 39
40 ANESTHESIOLOGY		8330141			1505718		797774 40
41 RADIOLOGY-DIAGNOSTIC		36670034			4574478		4843163 41
41.01 CAT SCAN		45891890			5033120		6439934 41.01
41.02 ULTRASOUND		12592902			1298236		1210378 41.02
44 LABORATORY		63059332			13476556		2796074 44
47 BLOOD STORING, PROCESSING & T		1166443			506111		66286 47
49 RESPIRATORY THERAPY		9357021			4969120		515860 49
50 PHYSICAL THERAPY		5789038			1641225		170121 50
51 OCCUPATIONAL THERAPY		1026483			352363		39352 51
52 SPEECH PATHOLOGY		1105754			295648		39221 52
53 ELECTROCARDIOLOGY		51599682			13502906		10496305 53
54.01 ECT		853213			7448		230919 54.01
55 MEDICAL SUPPLIES CHARGED TO P		50113229			17617772		2031750 55
55.30 IMPL. DEV. CHARGED TO PATIENT		22662363			2588876		2637576 55.30
56 DRUGS CHARGED TO PATIENTS		72528667			23813824		5402369 56
57 RENAL DIALYSIS		3907274			2306548		94011 57
58.01 PSYCHOLOGY		3732035			1614		121357 58.01
59 OCCUPATIONAL HEALTH		1216554			384		1579 59
59.97 CARDIAC REHABILITATION		1480850			1759		460403 59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2028572			14289		417457 60
60.01 OUTPATIENT PROCEDURES		5761334					3453 60.01
61 EMERGENCY		73598440			6087932		8177272 61
62 OBSERVATION BEDS (NON-DISTINC		8629457			180584		3936434 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		604926854			130995791		61029066 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
37 ANCILLARY SERVICE COST CENTERS							
38 OPERATING ROOM	.085966	.085966	.085966				37
39 RECOVERY ROOM	.139270	.139270	.139270				38
40 DELIVERY ROOM & LABOR ROOM	.780142	.780142	.780142				39
41 ANESTHESIOLOGY	.056839	.056839	.056839				40
42 RADIOLOGY-DIAGNOSTIC	.171911	.171911	.171911				41
43 CAT SCAN	.027616	.027616	.027616				41.01
44 ULTRASOUND	.091700	.091700	.091700				41.02
45 LABORATORY	.096037	.096037	.096037				44
46 BLOOD STORING, PROCESSING & TRA	1.354348	1.354348	1.354348				47
47 RESPIRATORY THERAPY	.200555	.200555	.200555				49
48 PHYSICAL THERAPY	.242420	.242420	.242420				50
49 OCCUPATIONAL THERAPY	.353291	.353291	.353291				51
50 SPEECH PATHOLOGY	.456243	.456243	.456243				52
51 ELECTROCARDIOLOGY	.065267	.065267	.065267				53
52 ECT	.111683	.111683	.111683				54.01
53 MEDICAL SUPPLIES CHARGED TO PAT	.103332	.103332	.103332				55
54 IMPL. DEV. CHARGED TO PATIENT	.441535	.441535	.441535				55.30
55 DRUGS CHARGED TO PATIENTS	.109125	.109125	.109125				56
56 RENAL DIALYSIS	.170419	.170419	.170419				57
57 PSYCHOLOGY	.473356	.473356	.473356				58.01
58 OCCUPATIONAL HEALTH	.936177	.936177	.936177				59
59 CARDIAC REHABILITATION	.460298	.460298	.460298				59.97
60 OUTPATIENT SERVICE COST CENTERS							
61 CLINIC	.757923	.757923	.757923				60
62 OUTPATIENT PROCEDURES	.263261	.263261	.263261				60.01
63 EMERGENCY	.116314	.116314	.116314				61
64 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.321524	.321524	.321524				62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.109125	1
2 PROGRAM VACCINE CHARGES		71547	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		7808	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES (SEE)	PPS SER- VICES (SEE)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	(INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		6463236						37
38 OPERATING ROOM		3633308						38
39 RECOVERY ROOM		3474						39
40 DELIVERY ROOM & LABOR ROOM		797774						40
41 ANESTHESIOLOGY		4843163						41
41.01 RADIOLOGY-DIAGNOSTIC		6439934						41.01
41.02 CAT SCAN		1210378						41.02
44 ULTRASOUND		2796074						44
47 LABORATORY		66286						47
49 BLOOD STORING, PROCESSING & TR		515860						49
50 RESPIRATORY THERAPY		170121						50
51 PHYSICAL THERAPY		39352						51
52 OCCUPATIONAL THERAPY		39221						52
53 SPEECH PATHOLOGY		10496305						53
54.01 ELECTROCARDIOLOGY		230919						54.01
55 ECT		2031750	100					55
55.30 MEDICAL SUPPLIES CHARGED TO PA		2637576						55.30
56 IMPL. DEV. CHARGED TO PATIENT		5402369	544					56
57 DRUGS CHARGED TO PATIENTS		94011						57
58.01 RENAL DIALYSIS		121357						58.01
59 PSYCHOLOGY		1579						59
59.97 OCCUPATIONAL HEALTH		460403						59.97
CARDIAC REHABILITATION								
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		417457						60
60.01 OUTPATIENT PROCEDURES		3453						60.01
61 EMERGENCY		8177272						61
62 OBSERVATION BEDS (NON-DISTINCT		3936434						62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		61029066	644					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		61029066	644					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0174) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		555619					37
38 RECOVERY ROOM		506011					38
39 DELIVERY ROOM & LABOR ROOM		2710					39
40 ANESTHESIOLOGY		45345					40
41 RADIOLOGY-DIAGNOSTIC		832593					41
41.01 CAT SCAN		177845					41.01
41.02 ULTRASOUND		110992					41.02
44 LABORATORY		268527					44
47 BLOOD STORING, PROCESSING & TRA		89774					47
49 RESPIRATORY THERAPY		103458					49
50 PHYSICAL THERAPY		41241					50
51 OCCUPATIONAL THERAPY		13903					51
52 SPEECH PATHOLOGY		17894					52
53 ELECTROCARDIOLOGY		685062					53
54.01 ECT		25790					54.01
55 MEDICAL SUPPLIES CHARGED TO PAT		209945	10				55
55.30 IMPL. DEV. CHARGED TO PATIENT		1164582					55.30
56 DRUGS CHARGED TO PATIENTS		589534	59				56
57 RENAL DIALYSIS		16021					57
58.01 PSYCHOLOGY		57445					58.01
59 OCCUPATIONAL HEALTH		1478					59
59.97 CARDIAC REHABILITATION		211923					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		316400					60
60.01 OUTPATIENT PROCEDURES		909					60.01
61 EMERGENCY		951131					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		1265658					62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		8261790	69				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8261790	69				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1184847	86633141	28522			.013677	390 37
38 RECOVERY ROOM		723965	28554857	11917			.025353	302 38
39 DELIVERY ROOM & LABOR ROOM		601030	6638148				.090542	39
40 ANESTHESIOLOGY		34679	8330141	7880			.004163	33 40
41 RADIOLOGY-DIAGNOSTIC		569433	36670034	170425			.015529	2647 41
41.01 CAT SCAN		64750	45891890	252640			.001411	356 41.01
41.02 ULTRASOUND		34037	12592902	22460			.002703	61 41.02
44 LABORATORY		375589	63059332	1356484			.005956	8079 44
47 BLOOD STORING, PROCESSING & T		61697	1166443				.052893	47
49 RESPIRATORY THERAPY		104670	9357021	1939			.011186	22 49
50 PHYSICAL THERAPY		58949	5789038	64379			.010183	656 50
51 OCCUPATIONAL THERAPY		25761	1026483	561			.025096	14 51
52 SPEECH PATHOLOGY		17038	1105754	7109			.015408	110 52
53 ELECTROCARDIOLOGY		332845	51599682	74396			.006451	480 53
54.01 ECT		7891	853213	213576			.009249	1975 54.01
55 MEDICAL SUPPLIES CHARGED TO P		177797	50113229	44154			.003548	157 55
55.30 IMPL. DEV. CHARGED TO PATIENT		333769	22662363				.014728	55.30
56 DRUGS CHARGED TO PATIENTS		322639	72528667	2885854			.004448	12836 56
57 RENAL DIALYSIS		20892	3907274	74916			.005347	401 57
58.01 PSYCHOLOGY		256761	3732035	2953			.068799	203 58.01
59 OCCUPATIONAL HEALTH		18006	1216554				.014801	59
59.97 CARDIAC REHABILITATION		107288	1480850				.072450	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		161224	2028572				.079477	60
60.01 OUTPATIENT PROCEDURES		20351	5761334				.003532	60.01
61 EMERGENCY		678299	73598440	139458			.009216	1285 61
62 OBSERVATION BEDS (NON-DISTINC		299574	8629457				.034715	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6593781	604926854	5359623				30007 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		86633141			28522		37
38 RECOVERY ROOM		28554857			11917		38
39 DELIVERY ROOM & LABOR ROOM		6638148					39
40 ANESTHESIOLOGY		8330141			7880		40
41 RADIOLOGY-DIAGNOSTIC		36670034			170425		855 41
41.01 CAT SCAN		45891890			252640		2397 41.01
41.02 ULTRASOUND		12592902			22460		41.02
44 LABORATORY		63059332			1356484		44
47 BLOOD STORING, PROCESSING & T		1166443					47
49 RESPIRATORY THERAPY		9357021			1939		49
50 PHYSICAL THERAPY		5789038			64379		50
51 OCCUPATIONAL THERAPY		1026483			561		51
52 SPEECH PATHOLOGY		1105754			7109		52
53 ELECTROCARDIOLOGY		51599682			74396		869 53
54.01 ECT		853213			213576		54.01
55 MEDICAL SUPPLIES CHARGED TO P		50113229			44154		55
55.30 IMPL. DEV. CHARGED TO PATIENT		22662363					55.30
56 DRUGS CHARGED TO PATIENTS		72528667			2885854		56
57 RENAL DIALYSIS		3907274			74916		57
58.01 PSYCHOLOGY		3732035			2953		58.01
59 OCCUPATIONAL HEALTH		1216554					59
59.97 CARDIAC REHABILITATION		1480850					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2028572					60
60.01 OUTPATIENT PROCEDURES		5761334					60.01
61 EMERGENCY		73598440			139458		66 61
62 OBSERVATION BEDS (NON-DISTINC		8629457					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		604926854			5359623		4187 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB IV	<input type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input checked="" type="checkbox"/>	SUB I (14-S174)	<input type="checkbox"/>	SNF	<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input type="checkbox"/>	SUB II	<input type="checkbox"/>	NF		
			<input type="checkbox"/>	SUB III	<input type="checkbox"/>	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.085966	.085966	.085966			37
39 RECOVERY ROOM	.139270	.139270	.139270			38
40 DELIVERY ROOM & LABOR ROOM	.780142	.780142	.780142			39
41 ANESTHESIOLOGY	.056839	.056839	.056839			40
42 RADIOLOGY-DIAGNOSTIC	.171911	.171911	.171911			41
43 CAT SCAN	.027616	.027616	.027616			41.01
44 ULTRASOUND	.091700	.091700	.091700			41.02
45 LABORATORY	.096037	.096037	.096037			44
46 BLOOD STORING, PROCESSING & TRA	1.354348	1.354348	1.354348			47
47 RESPIRATORY THERAPY	.200555	.200555	.200555			49
48 PHYSICAL THERAPY	.242420	.242420	.242420			50
49 OCCUPATIONAL THERAPY	.353291	.353291	.353291			51
50 SPEECH PATHOLOGY	.456243	.456243	.456243			52
51 ELECTROCARDIOLOGY	.065267	.065267	.065267			53
52 ECT	.111683	.111683	.111683			54.01
53 MEDICAL SUPPLIES CHARGED TO PAT	.103332	.103332	.103332			55
54 IMPL. DEV. CHARGED TO PATIENT	.441535	.441535	.441535			55.30
55 DRUGS CHARGED TO PATIENTS	.109125	.109125	.109125			56
56 RENAL DIALYSIS	.170419	.170419	.170419			57
57 PSYCHOLOGY	.473356	.473356	.473356			58.01
58 OCCUPATIONAL HEALTH	.936177	.936177	.936177			59
59 CARDIAC REHABILITATION	.460298	.460298	.460298			59.97
60 OUTPATIENT SERVICE COST CENTERS						
61 CLINIC	.757923	.757923	.757923			60
62 OUTPATIENT PROCEDURES	.263261	.263261	.263261			60.01
63 EMERGENCY	.116314	.116314	.116314			61
64 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.321524	.321524	.321524			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.109125	1
2 PROGRAM VACCINE CHARGES	75	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	8	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] 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 CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			855					41
41.01 CAT SCAN			2397					41.01
41.02 ULTRASOUND								41.02
44 LABORATORY								44
47 BLOOD STORING, PROCESSING & TR								47
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY			869					53
54.01 ECT								54.01
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS								57
58.01 PSYCHOLOGY								58.01
59 OCCUPATIONAL HEALTH								59
59.97 CARDIAC REHABILITATION								59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 OUTPATIENT PROCEDURES								60.01
61 EMERGENCY			66					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL			4187					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES			4187					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S174) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 1.01	ALL OTHER (COLUMNS 1.01x5.02) 1.02	PPS SERVICES (COLUMNS 1.01x5.03) 1.03	PPS SERVICES (COLUMNS 1.01x5.04) 1.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			147				41
41.01 CAT SCAN			66				41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & TRA							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY			57				53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY			8				61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			278				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			278				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				2180067		2180067	25
26 INTENSIVE CARE UNIT				619076		619076	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				1541036		1541036	31
33 NURSERY				57423		57423	33
101 TOTAL				4397602		4397602	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	27821	4140			78.36	324410	25
26 INTENSIVE CARE UNIT	4010	105			154.38	16210	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	16699	4546			92.28	419505	31
33 NURSERY	1752	1481			32.78	48547	33
101 TOTAL	50282	10272				808672	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] 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	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1184847	86633141				.013677	37
38 RECOVERY ROOM		723965	28554857				.025353	38
39 DELIVERY ROOM & LABOR ROOM		601030	6638148				.090542	39
40 ANESTHESIOLOGY		34679	8330141				.004163	40
41 RADIOLOGY-DIAGNOSTIC		569433	36670034				.015529	41
41.01 CAT SCAN		64750	45891890				.001411	41.01
41.02 ULTRASOUND		34037	12592902				.002703	41.02
44 LABORATORY		375589	63059332				.005956	44
47 BLOOD STORING, PROCESSING & T		61697	1166443				.052893	47
49 RESPIRATORY THERAPY		104670	9357021				.011186	49
50 PHYSICAL THERAPY		58949	5789038				.010183	50
51 OCCUPATIONAL THERAPY		25761	1026483				.025096	51
52 SPEECH PATHOLOGY		17038	1105754				.015408	52
53 ELECTROCARDIOLOGY		332845	51599682				.006451	53
54.01 ECT		7891	853213				.009249	54.01
55 MEDICAL SUPPLIES CHARGED TO P		177797	50113229				.003548	55
55.30 IMPL. DEV. CHARGED TO PATIENT		333769	22662363				.014728	55.30
56 DRUGS CHARGED TO PATIENTS		322639	72528667				.004448	56
57 RENAL DIALYSIS		20892	3907274				.005347	57
58.01 PSYCHOLOGY		256761	3732035				.068799	58.01
59 OCCUPATIONAL HEALTH		18006	1216554				.014801	59
59.97 CARDIAC REHABILITATION		107288	1480850				.072450	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		161224	2028572				.079477	60
60.01 OUTPATIENT PROCEDURES		20351	5761334				.003532	60.01
61 EMERGENCY		678299	73598440				.009216	61
62 OBSERVATION BEDS (NON-DISTINC		299574	8629457				.034715	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6593781	604926854					101

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 14:48

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					27821		4140	25
26 INTENSIVE CARE UNIT					4010		105	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					16699		4546	31
33 NURSERY					1752		1481	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					50282		10272	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0174) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		86633141					37
38 RECOVERY ROOM		28554857					38
39 DELIVERY ROOM & LABOR ROOM		6638148					39
40 ANESTHESIOLOGY		8330141					40
41 RADIOLOGY-DIAGNOSTIC		36670034					41
41.01 CAT SCAN		45891890					41.01
41.02 ULTRASOUND		12592902					41.02
44 LABORATORY		63059332					44
47 BLOOD STORING, PROCESSING & T		1166443					47
49 RESPIRATORY THERAPY		9357021					49
50 PHYSICAL THERAPY		5789038					50
51 OCCUPATIONAL THERAPY		1026483					51
52 SPEECH PATHOLOGY		1105754					52
53 ELECTROCARDIOLOGY		51599682					53
54.01 ECT		853213					54.01
55 MEDICAL SUPPLIES CHARGED TO P		50113229					55
55.30 IMPL. DEV. CHARGED TO PATIENT		22662363					55.30
56 DRUGS CHARGED TO PATIENTS		72528667					56
57 RENAL DIALYSIS		3907274					57
58.01 PSYCHOLOGY		3732035					58.01
59 OCCUPATIONAL HEALTH		1216554					59
59.97 CARDIAC REHABILITATION		1480850					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2028572					60
60.01 OUTPATIENT PROCEDURES		5761334					60.01
61 EMERGENCY		73598440					61
62 OBSERVATION BEDS (NON-DISTINC		8629457					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		604926854					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0174)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1184847	86633141				.013677	37
38 RECOVERY ROOM		723965	28554857				.025353	38
39 DELIVERY ROOM & LABOR ROOM		601030	6638148				.090542	39
40 ANESTHESIOLOGY		34679	8330141				.004163	40
41 RADIOLOGY-DIAGNOSTIC		569433	36670034				.015529	41
41.01 CAT SCAN		64750	45891890				.001411	41.01
41.02 ULTRASOUND		34037	12592902				.002703	41.02
44 LABORATORY		375589	63059332				.005956	44
47 BLOOD STORING, PROCESSING & T		61697	1166443				.052893	47
49 RESPIRATORY THERAPY		104670	9357021				.011186	49
50 PHYSICAL THERAPY		58949	5789038				.010183	50
51 OCCUPATIONAL THERAPY		25761	1026483				.025096	51
52 SPEECH PATHOLOGY		17038	1105754				.015408	52
53 ELECTROCARDIOLOGY		332845	51599682				.006451	53
54.01 ECT		7891	853213				.009249	54.01
55 MEDICAL SUPPLIES CHARGED TO P		177797	50113229				.003548	55
55.30 IMPL. DEV. CHARGED TO PATIENT		333769	22662363				.014728	55.30
56 DRUGS CHARGED TO PATIENTS		322639	72528667				.004448	56
57 RENAL DIALYSIS		20892	3907274				.005347	57
58.01 PSYCHOLOGY		256761	3732035				.068799	58.01
59 OCCUPATIONAL HEALTH		18006	1216554				.014801	59
59.97 CARDIAC REHABILITATION		107288	1480850				.072450	59.97
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		161224	2028572				.079477	60
60.01 OUTPATIENT PROCEDURES		20351	5761334				.003532	60.01
61 EMERGENCY		678299	73598440				.009216	61
62 OBSERVATION BEDS (NON-DISTINC		299574	8629457				.034715	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		6593781	604926854					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 CAT SCAN							41.01
41.02 ULTRASOUND							41.02
44 LABORATORY							44
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54.01 ECT							54.01
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.01 PSYCHOLOGY							58.01
59 OCCUPATIONAL HEALTH							59
59.97 CARDIAC REHABILITATION							59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT PROCEDURES							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S174) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		86633141					37
38 RECOVERY ROOM		28554857					38
39 DELIVERY ROOM & LABOR ROOM		6638148					39
40 ANESTHESIOLOGY		8330141					40
41 RADIOLOGY-DIAGNOSTIC		36670034					41
41.01 CAT SCAN		45891890					41.01
41.02 ULTRASOUND		12592902					41.02
44 LABORATORY		63059332					44
47 BLOOD STORING, PROCESSING & T		1166443					47
49 RESPIRATORY THERAPY		9357021					49
50 PHYSICAL THERAPY		5789038					50
51 OCCUPATIONAL THERAPY		1026483					51
52 SPEECH PATHOLOGY		1105754					52
53 ELECTROCARDIOLOGY		51599682					53
54.01 ECT		853213					54.01
55 MEDICAL SUPPLIES CHARGED TO P		50113229					55
55.30 IMPL. DEV. CHARGED TO PATIENT		22662363					55.30
56 DRUGS CHARGED TO PATIENTS		72528667					56
57 RENAL DIALYSIS		3907274					57
58.01 PSYCHOLOGY		3732035					58.01
59 OCCUPATIONAL HEALTH		1216554					59
59.97 CARDIAC REHABILITATION		1480850					59.97
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		2028572					60
60.01 OUTPATIENT PROCEDURES		5761334					60.01
61 EMERGENCY		73598440					61
62 OBSERVATION BEDS (NON-DISTINC		8629457					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		604926854					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (14-S174)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					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) (14-0174)	SUB I (PPS) (14-S174)	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)	27821	16699					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27821	16699					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27821	16699					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)	11594	5492					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) (14-0174)	SUB I (PPS) (14-S174)	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	20191289	15101793					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	20191289	15101793					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39372618	24107325					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	39372618	24107325					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.512826	.626440					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1415.21	1443.64					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	20191289	15101793					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) (14-0174)	SUB I (PPS) (14-S174)	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	725.76	904.35				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8414461	4966690				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8414461	4966690				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	6100523	4010	1521.33	1596	2428043	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	15350843	571482				48
49 TOTAL PROGRAM INPATIENT COSTS	26193347	5538172				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1154896	506802				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1138213	30007				51
52 TOTAL PROGRAM EXCLUDABLE COST	2293109	536809				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	23900238	5001363				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) (14-0174)	SUB I (PPS) (14-S174)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/31/2011 14:48

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(14-0174)	(14-S174)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3823	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	725.76	84
85 OBSERVATION BED COST	2774580	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		20191289		2774580		86
87 NEW CAPITAL-RELATED COST	2180067	20191289	.107971	2774580	299574	87
88 NON PHYSICIAN ANESTHETIST		20191289		2774580		88
89 MEDICAL EDUCATION		20191289		2774580		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	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)	27821	16699					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27821	16699					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27821	16699					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)	4140	4546					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	1752						15
16 TITLE V OR XIX NURSERY DAYS	1481						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) (14-0174)	SUB I (OTHER) (14-S174)	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	20182194	15070133					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	20182194	15070133					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39372618	24107325					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	39372618	24107325					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.512595	.625127					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1415.21	1443.64					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	20182194	15070133					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) (14-0174)	SUB I (OTHER) (14-S174)	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	725.43	902.46					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3003280	4102583					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3003280	4102583					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)	911534	1752	520.28	1481	770535	42	
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	6096831	4010	1520.41	105	159643	43	
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST			1	1	1		48
49	TOTAL PROGRAM INPATIENT COSTS	3933458	4102583					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	389167	419505					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	389167	419505					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) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		710				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0174 PROVENA MERCY CENTER
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/31/2011 14:48

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0174)	SUB I (OTHER) (14-S174)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3823	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	725.76	84
85 OBSERVATION BED COST	2774580	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0174)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		20980306		25
26 INTENSIVE CARE UNIT		5373075		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.085966	26096161	2243383	37
38 RECOVERY ROOM	.139270	5108750	711496	38
39 DELIVERY ROOM & LABOR ROOM	.780142	14369	11210	39
40 ANESTHESIOLOGY	.056839	1505718	85584	40
41 RADIOLOGY-DIAGNOSTIC	.171911	4574478	786403	41
41.01 CAT SCAN	.027616	5033120	138995	41.01
41.02 ULTRASOUND	.091700	1298236	119048	41.02
44 LABORATORY	.096218	13476556	1296687	44
47 BLOOD STORING, PROCESSING & TRA	1.354348	506111	685450	47
49 RESPIRATORY THERAPY	.200555	4969120	996582	49
50 PHYSICAL THERAPY	.242420	1641225	397866	50
51 OCCUPATIONAL THERAPY	.353291	352363	124487	51
52 SPEECH PATHOLOGY	.456243	295648	134887	52
53 ELECTROCARDIOLOGY	.065267	13502906	881294	53
54.01 ECT	.111683	7448	832	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.103332	17617772	1820480	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.441535	2588876	1143079	55.30
56 DRUGS CHARGED TO PATIENTS	.109125	23813824	2598684	56
57 RENAL DIALYSIS	.170419	2306548	393080	57
58.01 PSYCHOLOGY	.473745	1614	765	58.01
59 OCCUPATIONAL HEALTH	.936177	384	359	59
59.97 CARDIAC REHABILITATION	.460298	1759	810	59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.759432	14289	10852	60
60.01 OUTPATIENT PROCEDURES	.263261			60.01
61 EMERGENCY	.116701	6087932	710468	61
62 OBSERVATION BEDS (NON-DISTINCT	.321524	180584	58062	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		130995791	15350843	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		130995791		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S174)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		7624250		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.085966	28522	2452	37
38 RECOVERY ROOM	.139270	11917	1660	38
39 DELIVERY ROOM & LABOR ROOM	.780142			39
40 ANESTHESIOLOGY	.056839	7880	448	40
41 RADIOLOGY-DIAGNOSTIC	.171911	170425	29298	41
41.01 CAT SCAN	.027616	252640	6977	41.01
41.02 ULTRASOUND	.091700	22460	2060	41.02
44 LABORATORY	.096218	1356484	130518	44
47 BLOOD STORING, PROCESSING & TRA	1.354348			47
49 RESPIRATORY THERAPY	.200555	1939	389	49
50 PHYSICAL THERAPY	.242420	64379	15607	50
51 OCCUPATIONAL THERAPY	.353291	561	198	51
52 SPEECH PATHOLOGY	.456243	7109	3243	52
53 ELECTROCARDIOLOGY	.065267	74396	4856	53
54.01 ECT	.111683	213576	23853	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.103332	44154	4563	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.441535			55.30
56 DRUGS CHARGED TO PATIENTS	.109125	2885854	314919	56
57 RENAL DIALYSIS	.170419	74916	12767	57
58.01 PSYCHOLOGY	.473745	2953	1399	58.01
59 OCCUPATIONAL HEALTH	.936177			59
59.97 CARDIAC REHABILITATION	.460298			59.97
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.759432			60
60.01 OUTPATIENT PROCEDURES	.263261			60.01
61 EMERGENCY	.116701	139458	16275	61
62 OBSERVATION BEDS (NON-DISTINCT	.321524			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		5359623	571482	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5359623		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0174)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.085966		37
38 RECOVERY ROOM	.139270		38
39 DELIVERY ROOM & LABOR ROOM	.780142		39
40 ANESTHESIOLOGY	.056839		40
41 RADIOLOGY-DIAGNOSTIC	.171911		41
41.01 CAT SCAN	.027616		41.01
41.02 ULTRASOUND	.091700		41.02
44 LABORATORY	.096037		44
47 BLOOD STORING, PROCESSING & TRA	1.354348		47
49 RESPIRATORY THERAPY	.200555		49
50 PHYSICAL THERAPY	.242420		50
51 OCCUPATIONAL THERAPY	.353291		51
52 SPEECH PATHOLOGY	.456243		52
53 ELECTROCARDIOLOGY	.065267		53
54.01 ECT	.111683		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.103332		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.441535		55.30
56 DRUGS CHARGED TO PATIENTS	.109125		56
57 RENAL DIALYSIS	.170419		57
58.01 PSYCHOLOGY	.473356		58.01
59 OCCUPATIONAL HEALTH	.936177		59
59.97 CARDIAC REHABILITATION	.460298		59.97
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.757923		60
60.01 OUTPATIENT PROCEDURES	.263261		60.01
61 EMERGENCY	.116314		61
62 OBSERVATION BEDS (NON-DISTINCT	.321524		62
OTHER REIMBURSABLE COST CENTERS			
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S174)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.085966		37
38 RECOVERY ROOM	.139270		38
39 DELIVERY ROOM & LABOR ROOM	.780142		39
40 ANESTHESIOLOGY	.056839		40
41 RADIOLOGY-DIAGNOSTIC	.171911		41
41.01 CAT SCAN	.027616		41.01
41.02 ULTRASOUND	.091700		41.02
44 LABORATORY	.096037		44
47 BLOOD STORING, PROCESSING & TRA	1.354348		47
49 RESPIRATORY THERAPY	.200555		49
50 PHYSICAL THERAPY	.242420		50
51 OCCUPATIONAL THERAPY	.353291		51
52 SPEECH PATHOLOGY	.456243		52
53 ELECTROCARDIOLOGY	.065267		53
54.01 ECT	.111683		54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	.103332		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.441535		55.30
56 DRUGS CHARGED TO PATIENTS	.109125		56
57 RENAL DIALYSIS	.170419		57
58.01 PSYCHOLOGY	.473356		58.01
59 OCCUPATIONAL HEALTH	.936177		59
59.97 CARDIAC REHABILITATION	.460298		59.97
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.757923		60
60.01 OUTPATIENT PROCEDURES	.263261		60.01
61 EMERGENCY	.116314		61
62 OBSERVATION BEDS (NON-DISTINCT	.321524		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 (14-0174)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	16826594					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5608865					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	12356262					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4118754					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	594346					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	193.53					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 (14-0174)	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	0.0358					4
4.01	0.1946					4.01
4.02	0.2304					4.02
4.03	0.1337					4.03
4.04	2999621					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	26029426					6
7						7
7.01						7.01
8	26029426					8
9	1994927					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	28024353					16
17	5604					17
18	28018749					18
19	1923196					19
20	169950					20
21	448705					21
21.01	314094					21.01
21.02	363255					21.02
22	26239697					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0174)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	26239697					26
27						27
28	26809642					28
28.01						28.01
29	-569945					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0174) 1	HOSPITAL (14-0174) 1.01	HOSPITAL (14-0174) 1.02	
1 MEDICAL AND OTHER SERVICES	7877			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8261790			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	7721867			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	7877			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	72191			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	72191			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	72191			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	64314			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	7877			17
17.01 TOTAL PPS PAYMENTS	7721867			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0174) 1	HOSPITAL (14-0174) 1.01	HOSPITAL (14-0174) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1664045		18.01
19 SUBTOTAL	6065699		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	6065699		23
24 PRIMARY PAYER PAYMENTS	1621		24
25 SUBTOTAL	6064078		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	440409		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	308286		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	6372364		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)	-31		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	6372395		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6294316		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	78079		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S174) 1	SUB I (14-S174) 1.01	SUB I (14-S174) 1.02	
1 MEDICAL AND OTHER SERVICES	8			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	278			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	396			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	8			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	75			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	75			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	75			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	67			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	8			17
17.01 TOTAL PPS PAYMENTS	396			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S174) 1	SUB I (14-S174) 1.01	SUB I (14-S174) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	112		18.01
19 SUBTOTAL	292		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	292		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	292		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	292		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	292		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	294		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-2		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION 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			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) 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 (14-0174)

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		26561038		6306720	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .53 PROGRAM .54	248604	08/02/2010	12404	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	248604		-12404	3.99
4 TOTAL INTERIM PAYMENTS		26809642		6294316	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	-569945		78079	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		26239697		6372395	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S174)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4093908		294
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4093908		294
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02	185814		6.01 -2 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		4279722		292
NAME OF INTERMEDIARY: _____		INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S174)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	4315100				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	221792				1.09
1.10	NET IPF PPS ECT PAYMENTS	43721				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	45.750685				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	4580613				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	4580613				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4580613				4
5	PRIMARY PAYER PAYMENTS	2961				5
6	SUBTOTAL	4577652				6
7	DEDUCTIBLES	425444				7
8	SUBTOTAL	4152208				8
9	COINSURANCE	58300				9
10	SUBTOTAL	4093908				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	265448				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	185814				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	4279722				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S174)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		4279722				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		4093908				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		185814				20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0174) (OTHER)	SUB I (14-S174) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	3933458				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	3933458				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	3933458				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES					11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES					16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
23	ACCORDANCE WITH 42 CFR 413.13(E)					
24	RATIO OF LINE 17 TO LINE 18					19
25	TOTAL CUSTOMARY CHARGES					20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	3933458				22
28	COST OF COVERED SERVICES	3933458				23
29	PROSPECTIVE PAYMENT AMOUNT					
30	OTHER THAN OUTLIER PAYMENTS					24
31	OUTLIER PAYMENTS					25
32	PROGRAM CAPITAL PAYMENTS					26
33	CAPITAL EXCEPTION PAYMENTS					27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
36	SUBTOTAL	3933458				30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
38	LESSER OF LINES 30 OR 31	3933458				32
39	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 (14-0174) (OTHER)	SUB I (14-S174) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	3933458	4102583				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
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						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
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						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
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						59
	SECTION 115.2						

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	2507538			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	23894537			4
5	OTHER RECEIVABLES	227079			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2798013			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	5126342			9
10	DUE FROM OTHER FUNDS	288846			10
11	TOTAL CURRENT ASSETS	34842355			11
FIXED ASSETS					
12	LAND	4545766			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4357458			13
13.01	ACCUMULATED DEPRECIATION	-2430138			13.01
14	BUILDINGS	102543299			14
14.01	ACCUMULATED DEPRECIATION	-61644143			14.01
15	LEASEHOLD IMPROVEMENTS	896639			15
15.01	ACCUMULATED AMORTIZATION	-436664			15.01
16	FIXED EQUIPMENT	7641084			16
16.01	ACCUMULATED DEPRECIATION	-6433772			16.01
17	AUTOMOBILES AND TRUCKS	158280			17
17.01	ACCUMULATED DEPRECIATION	-155709			17.01
18	MAJOR MOVABLE EQUIPMENT	52152187			18
18.01	ACCUMULATED DEPRECIATION	-37646206			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	63548081			21
OTHER ASSETS					
22	INVESTMENTS	1040995			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	5958353			25
26	TOTAL OTHER ASSETS	6999348			26
27	TOTAL ASSETS	105389784			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10130563			28
29	SALARIES, WAGES & FEES PAYABLE	4196327			29
30	PAYROLL TAXES PAYABLE	875566			30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	2012466			34
35	OTHER CURRENT LIABILITIES	17529070			35
36	TOTAL CURRENT LIABILITIES	34743992			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	2749539			41
42	TOTAL LONG TERM LIABILITIES	2749539			42
43	TOTAL LIABILITIES	37493531			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	67896253			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	67896253			51
52	TOTAL LIABILITIES AND FUND BALANCES	105389784			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	68763262			1
2 NET INCOME (LOSS)	-1124201			2
3 TOTAL	67639061			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 MISCELLANEOUS	257192			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	257192			10
11 SUBTOTAL	67896253			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET ASSET TRANSFER				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	67896253			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				
2 HOSPITAL	63141617		63141617	1
4 SUBPROVIDER I	16975275		16975275	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	80116892		80116892	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	80116892		80116892	16
19 ANCILLARY SERVICES	274601616		274601616	17
20 OUTPATIENT SERVICES		327055934	327055934	18
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
TOTAL PATIENT REVENUES	354718508	327055934	681774442	24
				25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		158907854	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		158907854	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	681774442	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	527372475	2
3	NET PATIENT REVENUES	154401967	3
4	LESS - TOTAL OPERATING EXPENSES	158907854	4
5	NET INCOME FROM SERVICE TO PATIENTS	-4505887	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	22635	6
7	INCOME FROM INVESTMENTS	792661	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	155675	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	7059	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	682201	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	1244627	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	6812	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	94663	20
21	RENTAL OF VENDING MACHINES	12737	21
22	RENTAL OF HOSPITAL SPACE	25523	22
23	GOVERNMENTAL APPROPRIATIONS	19463	23
24	RENTAL INCOME		24
24.01	UNRESTRICTED DONATIONS		24.01
24.02	INCOME FROM UNCONSOLIDATED ENTITIES		24.02
24.03	OTHER OPERATING REVENUE	449360	24.03
24.04	ASSETS RELEASED FROM RESTRICTION	112893	24.04
24.06	NON-OP: INVESTMENT INCOME-REALIZED		24.06
24.07	NON-OP: GAIN ON SALE OF ASSETS		24.07
24.08	NON-OP: INVESTMENT INCOME -UNREALIZ		24.08
25	TOTAL OTHER INCOME	3626309	25
26	TOTAL	-879578	26
27	IMPAIRMENT	244623	27
27.01	TRANSFERS TO AFFILIATES		27.01
27.02	RELEASED FROM RESTRICTIONS FOR ASSE		27.02
28			28
29			29
30	TOTAL OTHER EXPENSES	244623	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1124201	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0174) (14-0174)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	1840759				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	66180				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1994927				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	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
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 CAT SCAN					41.01
41.02 ULTRASOUND					41.02
44 LABORATORY					44
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54.01 ECT					54.01
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.01 PSYCHOLOGY					58.01
59 OCCUPATIONAL HEALTH					59
59.97 CARDIAC REHABILITATION					59.97
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT PROCEDURES					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98.01 PHYSICIAN PRACTICE MANAGEMENT					98.01
99.01 MASSAGE THERAPY					99.01
99.02 IDOL SPACE/HOME HEALTH					99.02
99.03 ADOL SCHOOL					99.03
99.04 FOUNDATION					99.04
99.05 LEASED BLDG					99.05
99.07 PARISH NURSING					99.07
100 OP PHARMACY					100
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	41.67		14.88				56.55 25
26 INTENSIVE CARE UNIT	39.80		2.62				42.42 26
33 NURSERY			84.53				84.53 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	30.12	7.46					37.58 37
38 RECOVERY ROOM	17.89	12.72					30.61 38
39 DELIVERY ROOM & LABOR ROOM	0.22	0.05					0.27 39
40 ANESTHESIOLOGY	18.08	9.58					27.66 40
41 RADIOLOGY-DIAGNOSTIC	12.47	13.21					25.68 41
41.01 CAT SCAN	10.97	14.03					25.00 41.01
41.02 ULTRASOUND	10.31	9.61					19.92 41.02
44 LABORATORY	21.37	4.43					25.80 44
47 BLOOD STORING, PROCESSING & TRA	43.39	5.68					49.07 47
49 RESPIRATORY THERAPY	53.11	5.51					58.62 49
50 PHYSICAL THERAPY	28.35	2.94					31.29 50
51 OCCUPATIONAL THERAPY	34.33	3.83					38.16 51
52 SPEECH PATHOLOGY	26.74	3.55					30.29 52
53 ELECTROCARDIOLOGY	26.17	20.34					46.51 53
54.01 ECT	0.87	27.06					27.93 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	35.16	4.05					39.21 55
55.30 IMPL. DEV. CHARGED TO PATIENT	11.42	11.64					23.06 55.30
56 DRUGS CHARGED TO PATIENTS	32.83	7.45					40.28 56
57 RENAL DIALYSIS	59.03	2.41					61.44 57
58.01 PSYCHOLOGY	0.04	3.25					3.29 58.01
59 OCCUPATIONAL HEALTH	0.03	0.13					0.16 59
59.97 CARDIAC REHABILITATION	0.12	31.09					31.21 59.97
60 CLINIC	0.70	20.58					21.28 60
60.01 OUTPATIENT PROCEDURES		0.06					0.06 60.01
61 EMERGENCY	8.27	11.11					19.38 61
62 OBSERVATION BEDS (NON-DISTINCT	2.09	45.62					47.71 62
101 TOTAL CHARGES	19.22	8.95					28.17 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	32.89		27.22				60.11 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
38 RECOVERY ROOM	0.04						0.04 38
40 ANESTHESIOLOGY	0.09						0.09 40
41 RADIOLOGY-DIAGNOSTIC	0.46						0.46 41
41.01 CAT SCAN	0.55	0.01					0.56 41.01
41.02 ULTRASOUND	0.18						0.18 41.02
44 LABORATORY	2.15						2.15 44
49 RESPIRATORY THERAPY	0.02						0.02 49
50 PHYSICAL THERAPY	1.11						1.11 50
51 OCCUPATIONAL THERAPY	0.05						0.05 51
52 SPEECH PATHOLOGY	0.64						0.64 52
53 ELECTROCARDIOLOGY	0.14						0.14 53
54.01 ECT	25.03						25.03 54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	0.09						0.09 55
56 DRUGS CHARGED TO PATIENTS	3.98						3.98 56
57 RENAL DIALYSIS	1.92						1.92 57
58.01 PSYCHOLOGY	0.08						0.08 58.01
61 EMERGENCY	0.19						0.19 61
101 TOTAL CHARGES	0.79						0.79 101

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	7411915	5.83	-7411915	-11.78		3
4	NEW CAP REL COSTS-MVBLE EQUIP	4194756	3.30	-4194756	-6.67		4
5	EMPLOYEE BENEFITS	14496376	11.40	-14496376	-23.04		5
6	ADMINISTRATIVE & GENERAL	19008435	14.95	-19008435	-30.22		6
7	MAINTENANCE & REPAIRS	2957032	2.33	-2957032	-4.70		7
8	OPERATION OF PLANT	3420510	2.69	-3420510	-5.44		8
9	LAUNDRY & LINEN SERVICE	429276	.34	-429276	-.68		9
10	HOUSEKEEPING	1735949	1.37	-1735949	-2.76		10
11	DIETARY	1415956	1.11	-1415956	-2.25		11
12	CAFETERIA	501163	.39	-501163	-.80		12
14	NURSING ADMINISTRATION	1933356	1.52	-1933356	-3.07		14
15	CENTRAL SERVICES & SUPPLY	1543016	1.21	-1543016	-2.45		15
16	PHARMACY	2082909	1.64	-2082909	-3.31		16
17	MEDICAL RECORDS & LIBRARY	1775210	1.40	-1775210	-2.82		17
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	8387792	6.60	11794402	18.75	20182194	15.88
26	INTENSIVE CARE UNIT	2965365	2.33	3131466	4.98	6096831	4.80
31	SUBPROVIDER I	6549003	5.15	8521130	13.55	15070133	11.86
33	NURSERY	493988	.39	417546	.66	911534	.72
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3066667	2.41	4380828	6.96	7447495	5.86
38	RECOVERY ROOM	1387259	1.09	2589571	4.12	3976830	3.13
39	DELIVERY ROOM & LABOR ROOM	2340206	1.84	2838489	4.51	5178695	4.07
40	ANESTHESIOLOGY	260920	.21	212555	.34	473475	.37
41	RADIOLOGY-DIAGNOSTIC	3483239	2.74	2820727	4.48	6303966	4.96
41.01	CAT SCAN	652656	.51	614692	.98	1267348	1.00
41.02	ULTRASOUND	726292	.57	428477	.68	1154769	.91
44	LABORATORY	4211547	3.31	1844480	2.93	6056027	4.76
47	BLOOD STORING, PROCESSING & TRA	1071148	.84	508622	.81	1579770	1.24
49	RESPIRATORY THERAPY	1080632	.85	795969	1.27	1876601	1.48
50	PHYSICAL THERAPY	866115	.68	537261	.85	1403376	1.10
51	OCCUPATIONAL THERAPY	207625	.16	155022	.25	362647	.29
52	SPEECH PATHOLOGY	315149	.25	189343	.30	504492	.40
53	ELECTROCARDIOLOGY	1584829	1.25	1782950	2.83	3367779	2.65
54.01	ECT	51772	.04	43517	.07	95289	.07
55	MEDICAL SUPPLIES CHARGED TO PAT	3428850	2.70	1749466	2.78	5178316	4.07
55.30	IMPL. DEV. CHARGED TO PATIENT	6839208	5.38	3167021	5.03	10006229	7.87
56	DRUGS CHARGED TO PATIENTS	3500718	2.75	4414000	7.02	7914718	6.23
57	RENAL DIALYSIS	511803	.40	154070	.24	665873	.52
58.01	PSYCHOLOGY	770703	.61	995879	1.58	1766582	1.39
59	OCCUPATIONAL HEALTH	748696	.59	390214	.62	1138910	.90
59.97	CARDIAC REHABILITATION	275790	.22	405842	.65	681632	.54
60	CLINIC	778665	.61	758837	1.21	1537502	1.21
60.01	OUTPATIENT PROCEDURES	1141507	.90	375228	.60	1516735	1.19

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
61 EMERGENCY	4451300	3.50	4109251	6.53	8560551	6.73	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
96 GIFT, FLOWER, COFFEE SHOP & CAN	148293	.12	227274	.36	375567	.30	96
98.01 PHYSICIAN PRACTICE MANAGEMENT	1552		333		1885		98.01
99.01 MASSAGE THERAPY	25929	.02	14290	.02	40219	.03	99.01
99.02 IDOL SPACE/HOME HEALTH			1774417	2.82	1774417	1.40	99.02
99.03 ADOL SCHOOL	-23008	-.02	15799	.03	-7209	-.01	99.03
99.04 FOUNDATION	399266	.31	220082	.35	619348	.49	99.04
99.05 LEASED BLDG	213404	.17	45884	.07	259288	.20	99.05
99.07 PARISH NURSING	223402	.18	184451	.29	407853	.32	99.07
100 OP PHARMACY	1074063	.84	296474	.47	1370537	1.08	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	127118204	100.00	0	.00	127118204	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1184847	86633141	.013677	26096161	356917	37
38 RECOVERY ROOM	723965	28554857	.025353	5108750	129522	38
39 DELIVERY ROOM & LABOR ROOM	601030	6638148	.090542	14369	1301	39
40 ANESTHESIOLOGY	34679	8330141	.004163	1505718	6268	40
41 RADIOLOGY-DIAGNOSTIC	569433	36670034	.015529	4574478	71037	41
41.01 CAT SCAN	64750	45891890	.001411	5033120	7102	41.01
41.02 ULTRASOUND	34037	12592902	.002703	1298236	3509	41.02
44 LABORATORY	375589	63059332	.005956	13476556	80266	44
47 BLOOD STORING, PROCESSING & TRA	61697	1166443	.052893	506111	26770	47
49 RESPIRATORY THERAPY	104670	9357021	.011186	4969120	55585	49
50 PHYSICAL THERAPY	58949	5789038	.010183	1641225	16713	50
51 OCCUPATIONAL THERAPY	25761	1026483	.025096	352363	8843	51
52 SPEECH PATHOLOGY	17038	1105754	.015408	295648	4555	52
53 ELECTROCARDIOLOGY	332845	51599682	.006451	13502906	87107	53
54.01 ECT	7891	853213	.009249	7448	69	54.01
55 MEDICAL SUPPLIES CHARGED TO PAT	177797	50113229	.003548	17617772	62508	55
55.30 IMPL. DEV. CHARGED TO PATIENT	333769	22662363	.014728	2588876	38129	55.30
56 DRUGS CHARGED TO PATIENTS	322639	72528667	.004448	23813824	105924	56
57 RENAL DIALYSIS	20892	3907274	.005347	2306548	12333	57
58.01 PSYCHOLOGY	256761	3732035	.068799	1614	111	58.01
59 OCCUPATIONAL HEALTH	18006	1216554	.014801	384	6	59
59.97 CARDIAC REHABILITATION	107288	1480850	.072450	1759	127	59.97
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	161224	2028572	.079477	14289	1136	60
60.01 OUTPATIENT PROCEDURES	20351	5761334	.003532			60.01
61 EMERGENCY	678299	73598440	.009216	6087932	56106	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	299574	8629457	.034715	180584	6269	62
101 TOTAL	6593781	604926854		130995791	1138213	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	2180067		2180067	27821	78.36	11594	908506 25
26	INTENSIVE CARE UNIT	619076		619076	4010	154.38	1596	246390 26
101	TOTAL	2799143		2799143			13190	1154896 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1154896	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1138213	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2293109	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2589	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							13190	
PER DISCHARGE CAPITAL COSTS							885.71	
PER DIEM CAPITAL COSTS							173.85	

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)	23900238
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	157349172
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.152

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5538172
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	12983873
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.427

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)	2293109
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8172731
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	60686361
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.135