

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 SAINT MARY OF NAZARETH HOSP. (14-0180) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL				
2	SUBPROVIDER I	140636	161483	56888310	1
3	SWING BED - SNF	165311	7554	1266741	2
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY	14642	-3578		4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL	320589	165459	58155051	9
					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: 2233 WEST DIVISION STREET P.O.BOX: 1  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60622 COUNTY: COOK 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	14-0180	07/01/1966	N	P	O	2
3	SUBPROVIDER I	14-T180	01/01/1984	N	P	O	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	14-5541	01/28/1986	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2009 TO: 06/30/2010 17  
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO. YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. 21.08

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	1.0399	1.0471	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1		16974	28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (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?	NO	V	XVIII	XIX	
			1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	YES	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	YES	YES	36.01
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	NO	37
						37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES				38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO				38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO				38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO				38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO				38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES				40
40.01	NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NAME: RESURRECTION HEALTH CARE	FI/CONTRACTOR'S NUMBER:			40.01
40.02	STREET: 100 NORTH RIVER ROAD	P.O.BOX:				40.02
40.03	CITY: DESPLAINES	STATE: IL	ZIP CODE: 60016			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES				41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES				42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO				45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?					45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?					45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?					45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMPQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.					46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			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)?					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.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS: 1281743	PAID LOSSES:		AND/OR SELF INSURANCE: 430226		
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.					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.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4				
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56			
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES				58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO				58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60			
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01			
MULTICAMPUS										
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61			
	COUNTY:	1	STATE:	2	ZIP CODE	3	CBSA	4	FTE/ CAMPUS	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)		NO				63			





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS	6573	9986	23564	1	
2	HMO XIX				2	
2.01	HMO (IRF PPS Sub)				2.01	
3	HOSPITAL ADULTS & PEDS - SWING BED SNF				3	
4	HOSPITAL ADULTS & PEDS - SWING BED NF				4	
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS				5	
6	INTENSIVE CARE UNIT				6	
7	CORONARY CARE UNIT				7	
8	BURN INTENSIVE CARE UNIT				8	
9	SURGICAL INTENSIVE CARE UNIT				9	
10	OTHER SPECIAL CARE (SPECIFY)				10	
11	NURSERY				11	
12	TOTAL HOSPITAL	6573	9986	23564	12	
13	RPCH VISITS				13	
14	SUBPROVIDER I	157	83	306	14	
15	SKILLED NURSING FACILITY				15	
16	NURSING FACILITY				16	
17	OTHER LONG TERM CARE				17	
18	HOME HEALTH AGENCY				18	
20	ASC (DISTINCT PART)				20	
21	HOSPICE (DISTINCT PART)				21	
23	O/P REHAB PROVIDER				23	
24	RHC I				24	
25	TOTAL				25	
26	OBSERVATION BED DAYS				26	
27	AMBULANCE TRIPS				27	
28	EMPLOYEE DISCOUNT DAYS				28	

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II

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	
		1	2	3	4	5	6	
1	SALARIES							
1	TOTAL SALARIES	91817202	5017338	96834540	3431765.00	28.22		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	376877		376877	4461.00	84.48		4
4.01	TEACHING PHYSICIAN SALARIES	1372610		1372610	18200.00	75.42		4.01
5	PHYSICIAN - PART B	1308855		1308855	22841.00	57.30		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	424601	1958996	2383597	84924.00	28.07		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	1415455		1415455	49104.00	28.83		8
8.01	EXCLUDED AREA SALARIES	1034344		1034344	72321.00	14.30		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	529677		529677	8674.00	61.06		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	209527		209527	4022.00	52.10		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	15752967		15752967	442933.00	35.57		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	27404830		27404830			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	969658		969658			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	35624		35624			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	145339		145339			CMS 339	18.01
19	PHYSICIAN PART B	182400		182400			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	678110		678110			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	5415		5415	1758.00	3.08		21
22	ADMINISTRATIVE & GENERAL	2950790	199474	3150264	78045.00	40.36		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	3833749		3833749	173979.00	22.04		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2043379		2043379	168650.00	12.12		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2226351	-1015135	1211216	84413.00	14.35		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA	368339	1015135	1383474	102227.00	13.53		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	5427397	142222	5569619	130070.00	42.82		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	3236515		3236515	91763.00	35.27		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1913051		1913051				33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES 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)		
		1	2	3	4	5		
1	NET SALARIES	88711136	3058342	91769478	3305800.00	27.76		1
2	EXCLUDED AREA SALARIES	2449799		2449799	121425.00	20.18		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	86261337	3058342	89319679	3184375.00	28.05		3
4	SUBTOTAL OTHER WAGES & REL COSTS	16492171		16492171	455629.00	36.20		4
5	SUBTOTAL WAGE-RELATED COSTS	27440454		27440454		30.72%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	130193962	3058342	133252304	3640004.00	36.61		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	22004986	341696	22346682	830905.00	26.89		13

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		39						2
3	RUA		1						3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC		19						4
5	RVB		696						5
6	RVA		367						6
6.01	RVX		95						6.01
6.02	RVL		661						6.02
7	RHC		99						7
8	RHB		188						8
9	RHA		78						9
9.01	RHX		14						9.01
9.02	RHL								9.02
10	RMC		16						10
11	RMB		25						11
12	RMA		46						12
12.01	RMX		615						12.01
12.02	RML		587						12.02
13	RLB		19						13
14	RLA								14
15	SE3		899						15
16	SE2		412						16
17	SE1								17
18	SSC		1						18
19	SSB		17						19
20	SSA		311						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1		27						24
25	CA2								25
26	CA1		20						26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	AAA								45
45.01	ES3								45.01
45.02	ES2								45.02
45.03	ES1								45.03
45.04	HE2								45.04
45.05	HE1								45.05
45.06	HD2								45.06
45.07	HD1								45.07
45.08	HC2								45.08
45.09	HC1								45.09
45.10	HB2								45.10
45.11	HB1								45.11
45.12	LE2								45.12
45.13	LE1								45.13
45.14	LD2								45.14
45.15	LD1								45.15
45.16	LC2								45.16
45.17	LC1								45.17
45.18	LB2								45.18
45.19	LB1								45.19
45.20	CE2								45.20
45.21	CE1								45.21
45.22	CD2								45.22
45.23	CD1								45.23
46	TOTAL		5272						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?		1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04		2
2.01	IS IT AT THE TIME OF ADMISSION?		2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?		2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?		2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)		2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?		3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?		4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?		5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?		6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?		7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01		8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?		8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04		9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?		9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?		9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?		9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?		9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?		10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04		11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?		11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?		11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?		11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?		11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?		12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?		13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01		14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?		14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?		14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?		15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?		16
17	REVENUE RELATED TO UNCOMPENSATED CARE		17
17.01	GROSS MEDICAID REVENUES	112110974	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS		18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)		19
20	RESTRICTED GRANTS		20
21	NON-RESTRICTED GRANTS		21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	112110974	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.260720	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	333186362	28
29	TOTAL GROSS MEDICAID COST	86868348	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	54921341	30
31	UNCOMPENSATED CARE COST	14319092	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	86868348	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		5678199	5678199	2666589	8344788	-2149524	6195264	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4607096	4607096		4607096	2225703	6832799	4
5	0500 EMPLOYEE BENEFITS	5415	20446790	20452205		20452205	1134617	21586822	5
6.01	0610 TELECOMMUNICATIONS		540067	540067		540067	-37700	502367	6.01
6.02	0620 INFORMATION MANAGEMENT						4963139	4963139	6.02
6.03	0630 PURCHASING						1236987	1236987	6.03
6.04	0640 ADMITTING	23470	37602	61072		61072	2467774	2528846	6.04
6.05	0650 PATIENT FINANCIAL SERVICES						5655761	5655761	6.05
6.06	0660 OTHER ADMINISTRATIVE & GENERAL	2927320	57283959	60211279	-186043	60025236	-22832240	37192996	6.06
8	0800 OPERATION OF PLANT	3833749	6517097	10350846	-47313	10303533	-43984	10259549	8
9	0900 LAUNDRY & LINEN SERVICE		1356884	1356884		1356884		1356884	9
10	1000 HOUSEKEEPING	2043379	983498	3026877		3026877		3026877	10
11	1100 DIETARY	2226351	2544728	4771079	-2175438	2595641		2595641	11
12	1200 CAFETERIA	368339	31261	399600	2175438	2575038	-897796	1677242	12
14	1400 NURSING ADMINISTRATION	5427397	1196882	6624279	-35181	6589098	-42085	6547013	14
15	1500 CENTRAL SERVICES & SUPPLY		387541	387541	-431644	-44103	263923	219820	15
16	1600 PHARMACY	3236515	8465256	11701771	-8169244	3532527	-16	3532511	16
17	1700 MEDICAL RECORDS & LIBRARY	1913051	1404252	3317303	-49	3317254	-975	3316279	17
22	2200 I&R SERVICES-SALARY & FRINGES A	424601	5997058	6421659	-3388296	3033363	-243893	2789470	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				1407791	1407791		1407791	23
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICES	28650263	11714347	40364610	-911052	39453558	-876942	38576616	25
26	2600 INTENSIVE CARE UNIT	5306730	1379868	6686598	-295631	6390967	196937	6587904	26
31	3100 SUBPROVIDER I	974514	129238	1103752	-17873	1085879	-4583	1081296	31
33	3300 NURSERY	787270	413805	1201075	-67913	1133162	-373791	759371	33
34	3400 SKILLED NURSING FACILITY	1415455	265226	1680681	-109480	1571201		1571201	34
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	3220268	8909084	12129352	-6331987	5797365	-61823	5735542	37
38	3800 RECOVERY ROOM	796801	82995	879796	-15593	864203		864203	38
39	3900 DELIVERY ROOM & LABOR ROOM	3734051	1788644	5522695	-522154	5000541		5000541	39
40	4000 ANESTHESIOLOGY	133125	1266222	1399347	-394519	1004828	-809216	195612	40
41	4100 RADIOLOGY-DIAGNOSTIC	4042946	2099782	6142728	-158622	5984106	-2296	5981810	41
41.01	4101 RADIOLOGY-ULTRASOUND	812995	177073	990068	-12868	977200		977200	41.01
44	4400 LABORATORY	2479593	3983241	6462834	-73208	6389626	-100	6389526	44
47	4700 BLOOD STORING, PROCESSING & TRA	1246616	1583120	2829736	-121660	2708076		2708076	47
49	4900 RESPIRATORY THERAPY	1718742	584675	2303417	-151079	2152338	-9702	2142636	49
50	5000 PHYSICAL THERAPY	1610079	220620	1830699	-9390	1821309	-417	1820892	50
51	5100 OCCUPATIONAL THERAPY	626309	215594	841903	-1899	840004		840004	51
52	5200 SPEECH PATHOLOGY	161338	14023	175361		175361		175361	52
53	5300 ELECTROCARDIOLOGY	1681339	2420041	4101380	-1347313	2754067	-71578	2682489	53
53.01	5301 CARDIAC REHAB	141332	30411	171743	-589	171154	-12935	158219	53.01
54	5400 ELECTROENCEPHALOGRAPHY	136076	625655	761731	-5764	755967	-508948	247019	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				6196065	6196065		6196065	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				5244130	5244130		5244130	55.30
56	5600 DRUGS CHARGED TO PATIENTS				9313196	9313196		9313196	56
57	5700 RENAL DIALYSIS	522294	337916	860210	-272127	588083		588083	57
58	5800 ASC (NON-DISTINCT PART)	2161960	849470	3011430	-421368	2590062	-18650	2571412	58
59	3550 MENTAL HEALTH OUTPATIENT		3130297	3130297	67	3130364		3130364	59
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	1151723	943863	2095586	-25701	2069885	-309227	1760658	60
61	6100 EMERGENCY	5815966	2691077	8507043	1119050	9626093	-2715294	6910799	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		2480546	2480546	-2480546				88
89	8900 UTILIZATION REVIEW-SNF				12000	12000	-12000		89
95	SUBTOTALS	91757372	165815003	257572375	-47218	257525157	-13890874	243634283	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		26	26		26		26	96
96.01	9601 FUND DEVELOPMENT		4351	4351		4351		4351	96.01
96.02	9602 CONVENT		2464	2464	47313	49777		49777	96.02
96.03	9603 NURSING EDUC BLDG UNUSED SPACE		544	544	-95	449		449	96.03
98	9800 PHYSICIANS' PRIVATE OFFICES	59830	24711	84541		84541		84541	98
99	9900 NONPAID WORKERS		1254	1254		1254		1254	99
101	TOTAL	91817202	165848353	257665555		257665555	-13890874	243774681	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
			COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5		
1	MORTGAGE INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		2480546	1	
2							2	
3	HBP COMP.-OTHER	B	EMERGENCY	61		2015686	3	
4							4	
5	MAINTENANCE/REPAIR	C	CONVENT	96.02		47313	5	
6							6	
7	CAFETERIA RECLASS	D	CAFETERIA	12	1015135	1160303	7	
8							8	
9	INTERNS & RESIDENT STAFFING	E	I&R SERVICES-OTHER PRGM COSTS	23	35181		9	
10							10	
11	BUILDING INSURANCE	F	NEW CAP REL COSTS-BLDG & FIXT	3		186043	11	
12							12	
13	UTILIZATION REVIEW	G	UTILIZATION REVIEW-SNF	89		12000	13	
14							14	
15	COST OF GOODS SOLD	H	MEDICAL SUPPLIES CHARGED TO P	55		6196065	15	
16		H	IMPL. DEV. CHARGED TO PATIENT	55.30		5244130	16	
17		H	DRUGS CHARGED TO PATIENTS	56		9313196	17	
18		H	MENTAL HEALTH OUTPATIENT	59		67	18	
19		H					19	
20		H					20	
21		H					21	
22		H					22	
23		H					23	
24		H					24	
25		H					25	
26		H					26	
27		H					27	
28		H					28	
29		H					29	
30		H					30	
31		H					31	
32		H					32	
33		H					33	
34		H					34	
35		H					35	
36	SUBTOTAL					1050316	26655349	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF. 10		
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9	
1								
1	MORTGAGE INTEREST	A	INTEREST EXPENSE	88		2480546	11	1
2								2
3	HBP COMP.-OTHER	B	I&R SERVICES-SALARY & FRINGES	22		2015686		3
4								4
5	MAINTENANCE/REPAIR	C	OPERATION OF PLANT	8		47313		5
6								6
7	CAFETERIA RECLASS	D	DIETARY	11	1015135	1160303		7
8								8
9	INTERNS & RESIDENT STAFFING	E	NURSING ADMINISTRATION	14	35181			9
10								10
11	BUILDING INSURANCE	F	OTHER ADMINISTRATIVE & GENERA	6.06		186043		9
12								12
13	UTILIZATION REVIEW	G	SKILLED NURSING FACILITY	34		12000		13
14								14
15	COST OF GOODS SOLD	H	CENTRAL SERVICES & SUPPLY	15		431644		15
16		H	PHARMACY	16		8169244		16
17		H	MEDICAL RECORDS & LIBRARY	17		49		17
18		H	ADULTS & PEDIATRICS	25		911052		18
19		H	INTENSIVE CARE UNIT	26		295631		19
20		H	SUBPROVIDER I	31		17873		20
21		H	SKILLED NURSING FACILITY	34		97480		21
22		H	OPERATING ROOM	37		6331987		22
23		H	RECOVERY ROOM	38		15593		23
24		H	DELIVERY ROOM & LABOR ROOM	39		522154		24
25		H	ANESTHESIOLOGY	40		394519		25
26		H	RADIOLOGY-DIAGNOSTIC	41		158622		26
27		H	RADIOLOGY-ULTRASOUND	41.01		12868		27
28		H	LABORATORY	44		73208		28
29		H	BLOOD STORING, PROCESSING & T	47		121660		29
30		H	RESPIRATORY THERAPY	49		151079		30
31		H	PHYSICAL THERAPY	50		9390		31
32		H	OCCUPATIONAL THERAPY	51		1899		32
33		H	ELECTROCARDIOLOGY	53		1347313		33
34		H	CARDIAC REHAB	53.01		589		34
35		H	ELECTROENCEPHALOGRAPHY	54		5764		35
36	SUBTOTAL					1050316	24971509	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H				1
2	H				2
3	H				3
4	H				4
5	H				5
6	H				6
7					7
8 SALARIED PHYSICIANS	I	OTHER ADMINISTRATIVE & GENERA	6.06	199474	8
9	I	NURSING ADMINISTRATION	14	177403	9
10	I	CLINIC	60	102741	10
11	I	INTENSIVE CARE UNIT	26	480881	11
12	I	ADULTS & PEDIATRICS	25	725233	12
13	I	I&R SERVICES-OTHER PRGM COSTS	23	1372610	13
14	I	I&R SERVICES-SALARY & FRINGES	22	1958996	14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				6067654	26655349 36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- DECREASE -----			WKST A-7 REF.		
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9	
		1				10		
1		H	RENAL DIALYSIS	57		272127	1	
2		H	ASC (NON-DISTINCT PART)	58		421368	2	
3		H	CLINIC	60		25701	3	
4		H	EMERGENCY	61		896636	4	
5		H	NURSING EDUC BLDG UNUSED SPAC	96.03		95	5	
6		H	NURSERY	33		67913	6	
7							7	
8	SALARIED PHYSICIANS	I	OTHER ADMINISTRATIVE & GENERA	6.06		199474	8	
9		I	NURSING ADMINISTRATION	14		177403	9	
10		I	CLINIC	60		102741	10	
11		I	INTENSIVE CARE UNIT	26		480881	11	
12		I	ADULTS & PEDIATRICS	25		725233	12	
13		I	I&R SERVICES-SALARY & FRINGES	22		1372610	13	
14		I	I&R SERVICES-SALARY & FRINGES	22		1958996	14	
15							15	
16							16	
17							17	
18							18	
19							19	
20							20	
21							21	
22							22	
23							23	
24							24	
25							25	
26							26	
27							27	
28							28	
29							29	
30							30	
31							31	
32							32	
33							33	
34							34	
35							35	
36	TOTAL RECLASSIFICATIONS					1050316	31672687	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	4774770					4774770		1
2 LAND IMPROVEMENTS	1075036					1075036		2
3 BUILDINGS AND FIXTURES	118636735	37564		37564		118674299		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	119777270					119777270		5
6 MOVABLE EQUIPMENT	144138					144138		6
7 SUBTOTAL	244407949	37564		37564		244445513		7
8 RECONCILING ITEMS								8
9 TOTAL	244407949	37564		37564		244445513		9



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	-2973486	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	B	-628	NEW CAP REL COSTS-BLDG & FIXT	3	11 5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-37700	TELECOMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE	A	-43984	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-6111632			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-3474510			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-862945	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-16	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-975	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-34851	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION	A	-12000	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	B	-5864	CARDIAC REHAB	53.01	37
37.01 MISC	B	-25217	OTHER ADMINISTRATIVE & GENERAL	6.06	37.01
37.02 X-RAY DUPLICATES	B	-2296	RADIOLOGY-DIAGNOSTIC	41	37.02
37.05 MISCELLANEOUS	B	-25500	CLINIC	60	37.05
37.08 MISCELLANEOUS	B	-38149	OTHER ADMINISTRATIVE & GENERAL	6.06	37.08
38 LAB MISC INCOME	B	-100	LABORATORY	44	38
39 MISC REV	B	-153791	NURSERY	33	39
40 PHYS ASSITANT REV	B	-243893	I&R SERVICES-SALARY & FRINGES A	22	40
41 MEDICAL STAFF APPLICATIONS	B	-60	OTHER ADMINISTRATIVE & GENERAL	6.06	41
42 INVESTMENT FEES	B	176060	OTHER ADMINISTRATIVE & GENERAL	6.06	42
43 LEADERSHIP DEVELOPEMENT	B	-5285	NURSING ADMINISTRATION	14	43
44					44
45 CHA DUES-LOBBYING COMPONENT	A	-14052	OTHER ADMINISTRATIVE & GENERAL	6.06	45
46					46
47					47
48					48
49					49
50 TOTAL		-13890874			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						1
2	5	EMPLOYEE BENEFITS	HOME OFFICE COST	1134617	1134617	2
3	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST	-211844	-211844	9 3
4	6.02	INFORMATION MANAGEMENT	HOME OFFICE COST	4963139	4963139	4
4.01	6.03	PURCHASING	HOME OFFICE COST	1236987	1236987	4.01
4.02	6.06	OTHER ADMINISTRATIVE & GENERAL	HOME OFFICE COST	8364009	31288831 -22924822	4.02
4.03	6.05	PATIENT FINANCIAL SERVICES	HOME OFFICE COST	5655761	5655761	4.03
4.04	15	CENTRAL SERVICES & SUPPLY	HOME OFFICE COST	263923	263923	4.04
4.05	26	INTENSIVE CARE UNIT	HOME OFFICE COST	677818	677818	4.05
4.06	6.04	ADMITTING	HOME OFFICE COST	2467774	2467774	4.06
4.07	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST HOME OFFICE	1036434	1036434	11 4.07
4.08	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE COST	2225703	2225703	9 4.08
5		TOTALS		27814321	31288831 -3474510	5

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

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

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

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

SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
1	B		RESURRECTION HEALTHCARE		SOLE CORPORATE MEMBER	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
LINE NO.	2	3	4	5	6	7	8	9
1	6.06 OTHER ADMINISTRATIVE & G	344963	6000	338963	177200	4831	411564	20578
2	14 NURSING ADMINISTRATION	45132	36800	8332	177200	342	29136	1457
3	25 ADULTS & PEDIATRICS	899944	857355	42589	177200	270	23002	1150
4	26 INTENSIVE CARE UNIT	501309	480881	20428	177200	252	21468	1073
5	31 SUBPROVIDER I	4583	4583					
6	33 NURSERY	220000	220000					
7	40 ANESTHESIOLOGY	809216	809216					
8	37 OPERATING ROOM	109823	34823	75000	208000	480	48000	2400
9	49 RESPIRATORY THERAPY	18431	9702	8729	177200	109	9286	464
10	53 ELECTROCARDIOLOGY	96710	55041	41669	177200	295	25132	1257
11	58 ASC (NON-DISTINCT PART)	18650	18650					
12	53.01 CARDIAC REHAB	13460	3365	10095	177200	75	6389	319
13	60 CLINIC	308533	269336	39197	138700	372	24806	1240
14	61 EMERGENCY	2715294	2715294					
15	50 PHYSICAL THERAPY	417	417					
17	54 ELECTROENCEPHALOGRAPHY	508948	508948					
18	57 RENAL DIALYSIS	900		900	165600	18	1433	72
101	TOTAL	6616313	6030411	585902		7044	600216	30010

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 21:20

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
10	11	12	13	14	15	16	17	18
1	6.06 OTHER ADMINISTRATIVE & G	AGGREGATE				411564		6000
2	14 NURSING ADMINISTRATION	AGGREGATE				29136		36800
3	25 ADULTS & PEDIATRICS	AGGREGATE				23002	19587	876942
4	26 INTENSIVE CARE UNIT	AGGREGATE				21468		480881
5	31 SUBPROVIDER I	AGGREGATE						4583
6	33 NURSERY	AGGREGATE						220000
7	40 ANESTHESIOLOGY	AGGREGATE						809216
8	37 OPERATING ROOM	AGGREGATE				48000	27000	61823
9	49 RESPIRATORY THERAPY	AGGREGATE				9286		9702
10	53 ELECTROCARDIOLOGY	AGGREGATE				25132	16537	71578
11	58 ASC (NON-DISTINCT PART)	AGGREGATE						18650
12	53.01 CARDIAC REHAB	AGGREGATE				6389	3706	7071
13	60 CLINIC	AGGREGATE				24806	14391	283727
14	61 EMERGENCY	AGGREGATE						2715294
15	50 PHYSICAL THERAPY	AGGREGATE						417
17	54 ELECTROENCEPHALOGRAPHY	AGGREGATE						508948
18	57 RENAL DIALYSIS					1433		
101	TOTAL					600216	81221	6111632

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	TELE.COMM.	INFO.MGMT.	PURCHASING	ADMITTING	
	FOR COST	REL COSTS	REL COSTS	BENEFITS					
	ALLOCATION	BLDG&FIXT	MOV EQUIP		6.01	6.02	6.03	6.04	
	0	3	4	5					
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	6195264	6195264							3
4 NEW CAP REL COSTS-MVBLE EQUIP	6832799		6832799						4
5 EMPLOYEE BENEFITS	21586822	41256	45502	21673580					5
6.01 TELECOMMUNICATIONS	502367	34353	37888		574608				6.01
6.02 INFORMATION MANAGEMENT	4963139	27614	30456		9559	5030768			6.02
6.03 PURCHASING	1236987				1092	2748	1240827		6.03
6.04 ADMITTING	2528846	67201	74117	5253	16659	553096	398	3245570	6.04
6.05 PATIENT FINANCIAL SERVICES	5655761				20210	1765100			6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	37192996	206306	227536	699880	68276	78327	38191		6.06
8 OPERATION OF PLANT	10259549	1533957	1691812	858120	15021		7601		8
9 LAUNDRY & LINEN SERVICE	1356884	89354	98549		3550		54136		9
10 HOUSEKEEPING	3026877	125196	138079	457376	2185	8932	12346		10
11 DIETARY	2595641	145358	160316	271110	10378	19925	22550		11
12 CAFETERIA	1677242	77921	85940	309667	3004	21299	37		12
14 NURSING ADMINISTRATION	6547013	55902	61655	1246665	12290	1374	4252		14
15 CENTRAL SERVICES & SUPPLY	219820	195500	215618			22673	22250		15
16 PHARMACY	3532511	53120	58587	724439	3277	26796	326745		16
17 MEDICAL RECORDS & LIBRARY	3316279	104798	115583	428204	25945	447973	1610		17
22 I&R SERVICES-SALARY & FRINGES A	2789470	10649	11745	533528			1243		22
23 I&R SERVICES-OTHER PRGM COSTS A	1407791	10649	11745	315110	819				23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	38576616	1689362	1863205	6575230	119070	869151	59158	660596	25
26 INTENSIVE CARE UNIT	6587904	77921	85940	1295458	16113	94129	15648	83605	26
31 SUBPROVIDER I	1081296	62045	68430	218128	3004		1602	19636	31
33 NURSERY	759371	14528	16023	176217	2185	25422	3355	20271	33
34 SKILLED NURSING FACILITY	1571201	69638	76805	316826	3277		4865	16804	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5735542	307100	338703	720802	19390	21986	317857	164018	37
38 RECOVERY ROOM	864203	26799	29557	178350	1366	11680	904	53231	38
39 DELIVERY ROOM & LABOR ROOM	5000541	180941	199561	835804	6828	67333	26020	93614	39
40 ANESTHESIOLOGY	195612	4028	4442	29798	1366	687	17344	42180	40
41 RADIOLOGY-DIAGNOSTIC	5981810	197396	217710	904945	19117	249408	31236	300366	41
41.01 RADIOLOGY-ULTRASOUND	977200	6175	6810	181975	546		877	44137	41.01
44 LABORATORY	6389526	145765	160765	555015	17752	230857	46275	427995	44
47 BLOOD STORING, PROCESSING & TRA	2708076	12263	13525	279034	1092		58425	11276	47
49 RESPIRATORY THERAPY	2142636	21275	23464	384711	3823	22673	7011	89245	49
50 PHYSICAL THERAPY	1820892	60415	66633	360389	4370	35728	1587	28729	50
51 OCCUPATIONAL THERAPY	840004	8831	9740	140189	2185		156	13591	51
52 SPEECH PATHOLOGY	175361	3981	4390	36113	546		19	4586	52
53 ELECTROCARDIOLOGY	2682489	79394	87564	376339	17205	79701	73341	182477	53
53.01 CARDIAC REHAB	158219	30286	33403	31635	1639		55	1159	53.01
54 ELECTROENCEPHALOGRAPHY	247019	12161	13413	30458	3004		1582	5328	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6196065				1639			117099	55
55.30 IMPL. DEV. CHARGED TO PATIENT	5244130							58609	55.30
56 DRUGS CHARGED TO PATIENTS	9313196				4097			482982	56
57 RENAL DIALYSIS	588083	16009	17656	116907	2185		11638	17390	57
58 ASC (NON-DISTINCT PART)	2571412	85671	94487	483918	9285	6871	23115	42770	58
59 MENTAL HEALTH OUTPATIENT	3130364				15294	179327	213	15858	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1760658	70665	77937	280790	26218	77640		5488	60
61 EMERGENCY	6910799	225982	249237	1301805	44516	79701	46951	242530	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	243634283	6187765	6824528	21660188	539377	5000537	1240593	3245570	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	26	5352	5903				1		96
96.01 FUND DEVELOPMENT	4351	2147	2368		819				96.01
96.02 CONVENT	49777				7374				96.02
96.03 NURSING EDUC BLDG UNUSED SPACE	449				1366		14		96.03
98 PHYSICIANS' PRIVATE OFFICES	84541			13392	25672	30231	189		98
99 NONPAID WORKERS	1254						30		99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	243774681	6195264	6832799	21673580	574608	5030768	1240827	3245570	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	P.F.S.	SUBTOTAL	OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
			ADMIN. & GENERAL	OF PLANT	AND LINEN SERVICE	KEEPING			
	6.05	5A	6.06	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELECOMMUNICATIONS									6.01
6.02 INFORMATION MANAGEMENT									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT FINANCIAL SERVICES	7441071								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL		38511512	38511512						6.06
8 OPERATION OF PLANT		14366060	2695360	17061420					8
9 LAUNDRY & LINEN SERVICE		1602473	300656	355812	2258941				9
10 HOUSEKEEPING		3770991	707513	498536	127536	5104576			10
11 DIETARY		3225278	605127	578822		5014	4414241		11
12 CAFETERIA		2175110	408094	310286		72514		2966004	12
14 NURSING ADMINISTRATION		7929151	1487667	222605		16971		143472	14
15 CENTRAL SERVICES & SUPPLY		675861	126805	778492	9010	51493			15
16 PHARMACY		4725475	886594	211527		48909		101231	16
17 MEDICAL RECORDS & LIBRARY		4440392	833106	417313		52380		108183	17
22 I&R SERVICES-SALARY & FRINGES A		3346635	627896	42405		20057		11954	22
23 I&R SERVICES-OTHER PRGM COSTS A		1746114	327606	42405			26698		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1514541	51926929	9742566	6727126	956978	2831836	3850735	1227160	25
26 INTENSIVE CARE UNIT	191681	8448399	1585089	310286	154495	140400	159755	169995	26
31 SUBPROVIDER I	45019	1499160	281272	247068	124291	154440	106996	36596	31
33 NURSERY	46474	1063846	199599	57851	58520	42120		23977	33
34 SKILLED NURSING FACILITY	38526	2097942	393616	277304			195078	54172	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	376041	8001439	1501230	1222890	164797	451902		121812	37
38 RECOVERY ROOM	122043	1288133	241680	106715	27500	25611		23013	38
39 DELIVERY ROOM & LABOR ROOM	214628	6625270	1243033	720516	62976	112320		275	39
40 ANESTHESIOLOGY	96706	392163	73578	16039		5014		6264	40
41 RADIOLOGY-DIAGNOSTIC	688644	8590632	1611774	786043	92909	125704		154714	41
41.01 RADIOLOGY-ULTRASOUND	101192	1318912	247454	24588	66			21292	41.01
44 LABORATORY	981258	8955208	1680176	580444		43817		102378	44
47 BLOOD STORING, PROCESSING & TRA	25853	3109544	583413	48833		7020		74271	47
49 RESPIRATORY THERAPY	204609	2899447	543994	84717		19594		68122	49
50 PHYSICAL THERAPY	65867	2444610	458658	240578	42010	25071		50501	50
51 OCCUPATIONAL THERAPY	31161	1045857	196224	35166		22063		19526	51
52 SPEECH PATHOLOGY	10514	235510	44186	15851				5346	52
53 ELECTROCARDIOLOGY	418363	3996873	749893	316152	19517	83314		59197	53
53.01 CARDIAC REHAB	2657	259053	48604	120601	337	10029			53.01
54 ELECTROENCEPHALOGRAPHY	12216	325181	61010	48428	1050	7521		5231	54
55 MEDICAL SUPPLIES CHARGED TO PAT	268472	6583275	1235154						55
55.30 IMPL. DEV. CHARGED TO PATIENT	134371	5437110	1020111						55.30
56 DRUGS CHARGED TO PATIENTS	1107324	10907599	2046484						56
57 RENAL DIALYSIS	39870	809738	151923	63748	11329	28080		16658	57
58 ASC (NON-DISTINCT PART)	98057	3415586	640832	341146	58547	90257		72734	58
59 MENTAL HEALTH OUTPATIENT	36358	3377414	633670			50143	74979		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	12581	2311977	433773	281392	3798	40114		45981	60
61 EMERGENCY	556045	9657566	1811953	899873	337446	513848		198768	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	7441071	243539425	38467373	17031558	2253112	5097556	4414241	2922823	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		11282	2117	21312		2006			96
96.01 FUND DEVELOPMENT		9685	1817	8550					96.01
96.02 CONVENT		57151	10723			5014			96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		1829	343						96.03
98 PHYSICIANS' PRIVATE OFFICES		154025	28898		5829			43181	98
99 NONPAID WORKERS		1284	241						99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	7441071	243774681	38511512	17061420	2258941	5104576	4414241	2966004	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELECOMMUNICATIONS									6.01
6.02 INFORMATION MANAGEMENT									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING									6.04
6.05 PATIENT FINANCIAL SERVICES									6.05
6.06 OTHER ADMINISTRATIVE & GENERAL									6.06
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING									10
11 DIETARY									11
12 CAFETERIA									12
14 NURSING ADMINISTRATION	9799866								14
15 CENTRAL SERVICES & SUPPLY		1641661							15
16 PHARMACY			5973736						16
17 MEDICAL RECORDS & LIBRARY				5851374					17
22 I&R SERVICES-SALARY & FRINGES A					4048947				22
23 I&R SERVICES-OTHER PRGM COSTS A						2142823			23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	6290866	172330	169804	1190882	1306668	691525	87085405	-1998193	25
26 INTENSIVE CARE UNIT	871457	60727	43445	150733	292281	154684	12541746	-446965	26
31 SUBPROVIDER I	187606	3966	1911	35402			2678708		31
33 NURSERY		16063	4858	36546	214912	113738	1832030	-328650	33
34 SKILLED NURSING FACILITY		19170	16397	30296			3083975		34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		524981	37217	295711	713509	377610	13413098	-1091119	37
38 RECOVERY ROOM		2318	4437	95972			1815379		38
39 DELIVERY ROOM & LABOR ROOM	1411	126803	29343	168779	146140	77342	9314208	-223482	39
40 ANESTHESIOLOGY		67774	90143	76048			727023		40
41 RADIOLOGY-DIAGNOSTIC		36273	14365	541535	8596	4550	11967095	-13146	41
41.01 RADIOLOGY-ULTRASOUND		3404	46	79575			1695337		41.01
44 LABORATORY		19475		771640			12153138		44
47 BLOOD STORING, PROCESSING & TRA		24764	18428	20330			3886603		47
49 RESPIRATORY THERAPY	349218	31773	20410	160900	8596	4550	4191321	-13146	49
50 PHYSICAL THERAPY	258885	1838		51796			3573947		50
51 OCCUPATIONAL THERAPY	100096	505		24504			1443941		51
52 SPEECH PATHOLOGY	27406			8268			336567		52
53 ELECTROCARDIOLOGY		105808	7674	328991	163333	86441	5917193	-249774	53
53.01 CARDIAC REHAB		157		2089			440870		53.01
54 ELECTROENCEPHALOGRAPHY		1533		9607			459561		54
55 MEDICAL SUPPLIES CHARGED TO PAT		100966		211120			8130515		55
55.30 IMPL. DEV. CHARGED TO PATIENT				105666			6562887		55.30
56 DRUGS CHARGED TO PATIENTS			5253508	870775			19078366		56
57 RENAL DIALYSIS	85393	65657	16331	31353			1280210		57
58 ASC (NON-DISTINCT PART)	372860	98679	30466	77110			5198217		58
59 MENTAL HEALTH OUTPATIENT				28591			4164797		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	235713	2469	10591	9894	988596	523195	4887493	-1511791	60
61 EMERGENCY	1018955	154203	204362	437261	206316	109188	15549739	-315504	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	9799866	1641636	5973736	5851374	4048947	2142823	243409369	-6191770	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN							36717		96
96.01 FUND DEVELOPMENT							20052		96.01
96.02 CONVENT							72888		96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		25					2197		96.03
98 PHYSICIANS' PRIVATE OFFICES							231933		98
99 NONPAID WORKERS							1525		99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	9799866	1641661	5973736	5851374	4048947	2142823	243774681	-6191770	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	TELECOMMUNICATIONS		6.01
6.02	INFORMATION MANAGEMENT		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT FINANCIAL SERVICES		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		6.06
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
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	85087212	25
26	INTENSIVE CARE UNIT	12094781	26
31	SUBPROVIDER I	2678708	31
33	NURSERY	1503380	33
34	SKILLED NURSING FACILITY	3083975	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	12321979	37
38	RECOVERY ROOM	1815379	38
39	DELIVERY ROOM & LABOR ROOM	9090726	39
40	ANESTHESIOLOGY	727023	40
41	RADIOLOGY-DIAGNOSTIC	11953949	41
41.01	RADIOLOGY-ULTRASOUND	1695337	41.01
44	LABORATORY	12153138	44
47	BLOOD STORING, PROCESSING & TRA	3886603	47
49	RESPIRATORY THERAPY	4178175	49
50	PHYSICAL THERAPY	3573947	50
51	OCCUPATIONAL THERAPY	1443941	51
52	SPEECH PATHOLOGY	336567	52
53	ELECTROCARDIOLOGY	5667419	53
53.01	CARDIAC REHAB	440870	53.01
54	ELECTROENCEPHALOGRAPHY	459561	54
55	MEDICAL SUPPLIES CHARGED TO PAT	8130515	55
55.30	IMPL. DEV. CHARGED TO PATIENT	6562887	55.30
56	DRUGS CHARGED TO PATIENTS	19078366	56
57	RENAL DIALYSIS	1280210	57
58	ASC (NON-DISTINCT PART)	5198217	58
59	MENTAL HEALTH OUTPATIENT	4164797	59
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	3375702	60
61	EMERGENCY	15234235	61
62	OBSERVATION BEDS (NON-DISTINCT		62
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	237217599	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	36717	96
96.01	FUND DEVELOPMENT	20052	96.01
96.02	CONVENT	72888	96.02
96.03	NURSING EDUC BLDG UNUSED SPACE	2197	96.03
98	PHYSICIANS' PRIVATE OFFICES	231933	98
99	NONPAID WORKERS	1525	99
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	237582911	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	TELE.COMM. 6.01	INFO.MGMT. 6.02	PURCHASING 6.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		41256	45502	86758	86758				5
6.01 TELECOMMUNICATIONS	285	34353	37888	72526		72526			6.01
6.02 INFORMATION MANAGEMENT		27614	30456	58070		1206	59276		6.02
6.03 PURCHASING						138	32	170	6.03
6.04 ADMITTING	24653	67201	74117	165971	21	2103	6517		6.04
6.05 PATIENT FINANCIAL SERVICES						2551	20798		6.05
6.06 OTHER ADMINISTRATIVE & GENERAL	34378	206306	227536	468220	2802	8618	923	5	6.06
8 OPERATION OF PLANT	7667	1533957	1691812	3233436	3435	1896		1	8
9 LAUNDRY & LINEN SERVICE		89354	98549	187903		448		7	9
10 HOUSEKEEPING	778	125196	138079	264053	1831	276	105	2	10
11 DIETARY	6072	145358	160316	311746	1085	1310	235	3	11
12 CAFETERIA		77921	85940	163861	1240	379	251		12
14 NURSING ADMINISTRATION	25066	55902	61655	142623	4990	1551	16	1	14
15 CENTRAL SERVICES & SUPPLY		195500	215618	411118			267	3	15
16 PHARMACY		53120	58587	111707	2900	414	316	56	16
17 MEDICAL RECORDS & LIBRARY	16548	104798	115583	236929	1714	3275	5278		17
22 I&R SERVICES-SALARY & FRINGES A	2436	10649	11745	24830	2136				22
23 I&R SERVICES-OTHER PRGM COSTS A		10649	11745	22394	1261	103			23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	21092	1689362	1863205	3573659	26320	15027	10241	7	25
26 INTENSIVE CARE UNIT	3915	77921	85940	167776	5186	2034	1109	2	26
31 SUBPROVIDER I	3713	62045	68430	134188	873	379			31
33 NURSERY		14528	16023	30551	705	276	300		33
34 SKILLED NURSING FACILITY	2390	69638	76805	148833	1268	414		1	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	162899	307100	338703	808702	2885	2447	259	40	37
38 RECOVERY ROOM		26799	29557	56356	714	172	138		38
39 DELIVERY ROOM & LABOR ROOM	924	180941	199561	381426	3346	862	793	3	39
40 ANESTHESIOLOGY	10685	4028	4442	19155	119	172	8	2	40
41 RADIOLOGY-DIAGNOSTIC	5898	197396	217710	421004	3622	2413	2939	4	41
41.01 RADIOLOGY-ULTRASOUND		6175	6810	12985	728	69			41.01
44 LABORATORY	5237	145765	160765	311767	2222	2241	2720	6	44
47 BLOOD STORING, PROCESSING & TRA	6533	12263	13525	32321	1117	138		7	47
49 RESPIRATORY THERAPY	253156	21275	23464	297895	1540	483	267	1	49
50 PHYSICAL THERAPY	3333	60415	66633	130381	1443	552	421		50
51 OCCUPATIONAL THERAPY	592	8831	9740	19163	561	276			51
52 SPEECH PATHOLOGY	592	3981	4390	8963	145	69			52
53 ELECTROCARDIOLOGY	5064	79394	87564	172022	1506	2172	939	9	53
53.01 CARDIAC REHAB	439	30286	33403	64128	127	207			53.01
54 ELECTROENCEPHALOGRAPHY		12161	13413	25574	122	379			54
55 MEDICAL SUPPLIES CHARGED TO PAT	458045			458045		207			55
55.30 IMPL. DEV. CHARGED TO PATIENT	5865			5865					55.30
56 DRUGS CHARGED TO PATIENTS						517			56
57 RENAL DIALYSIS		16009	17656	33665	468	276		1	57
58 ASC (NON-DISTINCT PART)	6720	85671	94487	186878	1937	1172	81	3	58
59 MENTAL HEALTH OUTPATIENT	432			432		1930	2113		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	24836	70665	77937	173438	1124	3309	915		60
61 EMERGENCY	15876	225982	249237	491095	5211	5619	939	6	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
95 SUBTOTALS	1116119	6187765	6824528	14128412	86704	68080	58920	170	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		5352	5903	11255					96
96.01 FUND DEVELOPMENT		2147	2368	4515		103			96.01
96.02 CONVENT						931			96.02
96.03 NURSING EDUC BLDG UNUSED SPACE						172			96.03
98 PHYSICIANS' PRIVATE OFFICES	9676			9676	54	3240	356		98
99 NONPAID WORKERS									99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1125795	6195264	6832799	14153858	86758	72526	59276	170	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING		OTHER	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	6.04	P.F.S. 6.05	ADMIN. & GENERAL 6.06	OF PLANT 8	AND LINEN SERVICE 9	KEEPING 10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6.01 TELECOMMUNICATIONS									6.01
6.02 INFORMATION MANAGEMENT									6.02
6.03 PURCHASING									6.03
6.04 ADMITTING	174612								6.04
6.05 PATIENT FINANCIAL SERVICES		23349							6.05
6.06 OTHER ADMINISTRATIVE & GENERAL			480568						6.06
8 OPERATION OF PLANT			33631	3272399					8
9 LAUNDRY & LINEN SERVICE			3751	68245	260354				9
10 HOUSEKEEPING			8828	95620	14699	385414			10
11 DIETARY			7550	111019		379	433327		11
12 CAFETERIA			5092	59513		5475		235811	12
14 NURSING ADMINISTRATION			18562	42696		1281		11407	14
15 CENTRAL SERVICES & SUPPLY			1582	149316	1039	3888			15
16 PHARMACY			11062	40571		3693		8048	16
17 MEDICAL RECORDS & LIBRARY			10395	80041		3955		8601	17
22 I&R SERVICES-SALARY & FRINGES A			7834	8133		1514		950	22
23 I&R SERVICES-OTHER PRGM COSTS A			4088	8133			2621		23
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	35470	4508	121609	1290271	110295	213813	378011	97565	25
26 INTENSIVE CARE UNIT	4500	609	19778	59513	17806	10601	15682	13515	26
31 SUBPROVIDER I	1057	143	3510	47388	14325	11661	10503	2910	31
33 NURSERY	1091	148	2490	11096	6745	3180		1906	33
34 SKILLED NURSING FACILITY	905	122	4911	53187			19150	4307	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8829	1196	18731	234552	18994	34120		9685	37
38 RECOVERY ROOM	2865	388	3016	20468	3170	1934		1830	38
39 DELIVERY ROOM & LABOR ROOM	5039	682	15510	138196	7258	8481		22	39
40 ANESTHESIOLOGY	2270	307	918	3076		379		498	40
41 RADIOLOGY-DIAGNOSTIC	16168	2189	20111	150764	10708	9491		12300	41
41.01 RADIOLOGY-ULTRASOUND	2376	322	3088	4716	8			1693	41.01
44 LABORATORY	23038	3120	20964	111330		3308		8140	44
47 BLOOD STORING, PROCESSING & TRA	607	82	7279	9366		530		5905	47
49 RESPIRATORY THERAPY	4804	651	6788	16249		1479		5416	49
50 PHYSICAL THERAPY	1546	209	5723	46143	4842	1893		4015	50
51 OCCUPATIONAL THERAPY	732	99	2448	6745		1666		1552	51
52 SPEECH PATHOLOGY	247	33	551	3040				425	52
53 ELECTROCARDIOLOGY	9822	1330	9357	60638	2249	6291		4706	53
53.01 CARDIAC REHAB	62	8	606	23131	39	757			53.01
54 ELECTROENCEPHALOGRAPHY	287	39	761	9288	121	568		416	54
55 MEDICAL SUPPLIES CHARGED TO PAT	6303	854	15411						55
55.30 IMPL. DEV. CHARGED TO PATIENT	3155	427	12728						55.30
56 DRUGS CHARGED TO PATIENTS	25997	3520	25535						56
57 RENAL DIALYSIS	936	127	1896	12227	1306	2120		1324	57
58 ASC (NON-DISTINCT PART)	2302	312	7996	65432	6748	6815		5783	58
59 MENTAL HEALTH OUTPATIENT	854	116	7907			3786	7360		59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	295	40	5412	53971	438	3029		3656	60
61 EMERGENCY	13055	1768	22608	172597	38892	38797		15803	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
95 SUBTOTALS	174612	23349	480017	3266671	259682	384884	433327	232378	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			26	4088		151			96
96.01 FUND DEVELOPMENT			23	1640					96.01
96.02 CONVENT			134			379			96.02
96.03 NURSING EDUC BLDG UNUSED SPACE			4						96.03
98 PHYSICIANS' PRIVATE OFFICES			361		672			3433	98
99 NONPAID WORKERS			3						99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	174612	23349	480568	3272399	260354	385414	433327	235811	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING ADMINI-STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 TELECOMMUNICATIONS								6.01
6.02 INFORMATION MANAGEMENT								6.02
6.03 PURCHASING								6.03
6.04 ADMITTING								6.04
6.05 PATIENT FINANCIAL SERVICES								6.05
6.06 OTHER ADMINISTRATIVE & GENERAL								6.06
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	223127							14
15 CENTRAL SERVICES & SUPPLY		567213						15
16 PHARMACY			178767					16
17 MEDICAL RECORDS & LIBRARY				350188				17
22 I&R SERVICES-SALARY & FRINGES A					45397			22
23 I&R SERVICES-OTHER PRGM COSTS A						38600		23
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	143234	59542	5081	71182			6155835	25
26 INTENSIVE CARE UNIT	19842	20982	1300	9024			369259	26
31 SUBPROVIDER I	4271	1370	57	2119			234754	31
33 NURSERY		5550	145	2188			66371	33
34 SKILLED NURSING FACILITY		6623	491	1814			242026	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		181386	1114	17703			1340643	37
38 RECOVERY ROOM		801	133	5745			97730	38
39 DELIVERY ROOM & LABOR ROOM	32	43812	878	10104			616444	39
40 ANESTHESIOLOGY		23417	2698	4553			57572	40
41 RADIOLOGY-DIAGNOSTIC		12533	430	32420			697096	41
41.01 RADIOLOGY-ULTRASOUND		1176	1	4764			31926	41.01
44 LABORATORY		6729		46195			541780	44
47 BLOOD STORING, PROCESSING & TRA		8556	551	1217			67676	47
49 RESPIRATORY THERAPY	7951	10978	611	9633			364746	49
50 PHYSICAL THERAPY	5894	635		3101			206798	50
51 OCCUPATIONAL THERAPY	2279	175		1467			37163	51
52 SPEECH PATHOLOGY	624			495			14592	52
53 ELECTROCARDIOLOGY		36558	230	19695			327524	53
53.01 CARDIAC REHAB		54		125			89244	53.01
54 ELECTROENCEPHALOGRAPHY		530		575			38660	54
55 MEDICAL SUPPLIES CHARGED TO PAT		34885		12639			528344	55
55.30 IMPL. DEV. CHARGED TO PATIENT				6326			28501	55.30
56 DRUGS CHARGED TO PATIENTS			157213	52130			264912	56
57 RENAL DIALYSIS	1944	22685	489	1877			81341	57
58 ASC (NON-DISTINCT PART)	8489	34095	912	4616			333571	58
59 MENTAL HEALTH OUTPATIENT				1712			26210	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	5367	853	317	592			252756	60
61 EMERGENCY	23200	53279	6116	26177			915162	61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	223127	567204	178767	350188			14028636	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN							15520	96
96.01 FUND DEVELOPMENT							6281	96.01
96.02 CONVENT							1444	96.02
96.03 NURSING EDUC BLDG UNUSED SPACE		9					185	96.03
98 PHYSICIANS' PRIVATE OFFICES							17792	98
99 NONPAID WORKERS							3	99
101 CROSS FOOT ADJUSTMENTS					45397	38600	83997	101
102 NEGATIVE COST CENTER								102
103 TOTAL	223127	567213	178767	350188	45397	38600	14153858	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	TELECOMMUNICATIONS		6.01
6.02	INFORMATION MANAGEMENT		6.02
6.03	PURCHASING		6.03
6.04	ADMITTING		6.04
6.05	PATIENT FINANCIAL SERVICES		6.05
6.06	OTHER ADMINISTRATIVE & GENERAL		6.06
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
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	6155835	25
26	INTENSIVE CARE UNIT	369259	26
31	SUBPROVIDER I	234754	31
33	NURSERY	66371	33
34	SKILLED NURSING FACILITY	242026	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1340643	37
38	RECOVERY ROOM	97730	38
39	DELIVERY ROOM & LABOR ROOM	616444	39
40	ANESTHESIOLOGY	57572	40
41	RADIOLOGY-DIAGNOSTIC	697096	41
41.01	RADIOLOGY-ULTRASOUND	31926	41.01
44	LABORATORY	541780	44
47	BLOOD STORING, PROCESSING & TRA	67676	47
49	RESPIRATORY THERAPY	364746	49
50	PHYSICAL THERAPY	206798	50
51	OCCUPATIONAL THERAPY	37163	51
52	SPEECH PATHOLOGY	14592	52
53	ELECTROCARDIOLOGY	327524	53
53.01	CARDIAC REHAB	89244	53.01
54	ELECTROENCEPHALOGRAPHY	38660	54
55	MEDICAL SUPPLIES CHARGED TO PAT	528344	55
55.30	IMPL. DEV. CHARGED TO PATIENT	28501	55.30
56	DRUGS CHARGED TO PATIENTS	264912	56
57	RENAL DIALYSIS	81341	57
58	ASC (NON-DISTINCT PART)	333571	58
59	MENTAL HEALTH OUTPATIENT	26210	59
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	252756	60
61	EMERGENCY	915162	61
62	OBSERVATION BEDS (NON-DISTINCT		62
OTHER REIMBURSABLE COST CENTERS			
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
95	SUBTOTALS	14028636	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	15520	96
96.01	FUND DEVELOPMENT	6281	96.01
96.02	CONVENT	1444	96.02
96.03	NURSING EDUC BLDG UNUSED SPACE	185	96.03
98	PHYSICIANS' PRIVATE OFFICES	17792	98
99	NONPAID WORKERS	3	99
101	CROSS FOOT ADJUSTMENTS	83997	101
102	NEGATIVE COST CENTER		102
103	TOTAL	14153858	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	TELE.COMM. PHONES (# PHONES)	INFO.MGMT. (MACHINE TIME)	PURCHASING (SUPPLIES PURCHASED)	
		3	4	5	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	790617						3
4	NEW CAP REL COSTS-MVBLE EQUIP		790617					4
5	EMPLOYEE BENEFITS	5265	5265	96829125				5
6.01	TELECOMMUNICATIONS	4384	4384		2104			6.01
6.02	INFORMATION MANAGEMENT	3524	3524		35	7322		6.02
6.03	PURCHASING				4	4	31097692	6.03
6.04	ADMITTING	8576	8576	23470	61	805	9968	6.04
6.05	PATIENT FINANCIAL SERVICES				74	2569		6.05
6.06	OTHER ADMINISTRATIVE & GENERA	26328	26328	3126794	250	114	957145	6.06
8	OPERATION OF PLANT	195758	195758	3833749	55		190490	8
9	LAUNDRY & LINEN SERVICE	11403	11403		13		1356757	9
10	HOUSEKEEPING	15977	15977	2043379	8	13	309412	10
11	DIETARY	18550	18550	1211216	38	29	565161	11
12	CAFETERIA	9944	9944	1383474	11	31	919	12
14	NURSING ADMINISTRATION	7134	7134	5569619	45	2	106554	14
15	CENTRAL SERVICES & SUPPLY	24949	24949			33	557631	15
16	PHARMACY	6779	6779	3236515	12	39	8188926	16
17	MEDICAL RECORDS & LIBRARY	13374	13374	1913051	95	652	40360	17
22	I&R SERVICES-SALARY & FRINGES	1359	1359	2383597			31161	22
23	I&R SERVICES-OTHER PRGM COSTS	1359	1359	1407791	3			23
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	215590	215590	29375496	436	1265	1482632	25
26	INTENSIVE CARE UNIT	9944	9944	5787611	59	137	392160	26
31	SUBPROVIDER I	7918	7918	974514	11		40154	31
33	NURSERY	1854	1854	787270	8	37	84092	33
34	SKILLED NURSING FACILITY	8887	8887	1415455	12		121936	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	39191	39191	3220268	71	32	7966137	37
38	RECOVERY ROOM	3420	3420	796801	5	17	22650	38
39	DELIVERY ROOM & LABOR ROOM	23091	23091	3734051	25	98	652116	39
40	ANESTHESIOLOGY	514	514	133125	5	1	434687	40
41	RADIOLOGY-DIAGNOSTIC	25191	25191	4042946	70	363	782840	41
41.01	RADIOLOGY-ULTRASOUND	788	788	812995	2		21976	41.01
44	LABORATORY	18602	18602	2479593	65	336	1159734	44
47	BLOOD STORING, PROCESSING & T	1565	1565	1246616	4		1464242	47
49	RESPIRATORY THERAPY	2715	2715	1718742	14	33	175710	49
50	PHYSICAL THERAPY	7710	7710	1610079	16	52	39771	50
51	OCCUPATIONAL THERAPY	1127	1127	626309	8		3905	51
52	SPEECH PATHOLOGY	508	508	161338	2		482	52
53	ELECTROCARDIOLOGY	10132	10132	1681339	63	116	1838072	53
53.01	CARDIAC REHAB	3865	3865	141332	6		1385	53.01
54	ELECTROENCEPHALOGRAPHY	1552	1552	136076	11		39655	54
55	MEDICAL SUPPLIES CHARGED TO P				6			55
55.30	IMPL. DEV. CHARGED TO PATIENT							55.30
56	DRUGS CHARGED TO PATIENTS				15			56
57	RENAL DIALYSIS	2043	2043	522294	8		291662	57
58	ASC (NON-DISTINCT PART)	10933	10933	2161960	34	10	579320	58
59	MENTAL HEALTH OUTPATIENT				56	261	5338	59
OUTPATIENT SERVICE COST CENTERS								
60	CLINIC	9018	9018	1254464	96	113		60
61	EMERGENCY	28839	28839	5815966	163	116	1176692	61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS							62
71	HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	789660	789660	96769295	1975	7278	31091832	95
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	683	683				26	96
96.01	FUND DEVELOPMENT	274	274		3			96.01
96.02	CONVENT				27			96.02
96.03	NURSING EDUC BLDG UNUSED SPAC				5		346	96.03
98	PHYSICIANS' PRIVATE OFFICES			59830	94	44	4732	98
99	NONPAID WORKERS						756	99

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.09  
 11/29/2010 21:20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET 3	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	TELE.COMM. PHONES (# PHONES) 6.01	INFO.MGMT. (MACHINE TIME) 6.02	PURCHASING (SUPPLIES PURCHASED) 6.03	
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	6195264	6832799	21673580	574608	5030768	1240827	103
104 UNIT COST MULT-WS B PT I		8.642363		273.102662		.039901	
104 UNIT COST MULT-WS B PT I	7.835986		.223833		687.075662		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			86758	72526	59276	170	106
108 UNIT COST MULT-WS B PT III				34.470532		.000005	107
108 UNIT COST MULT-WS B PT III			.000896		8.095602		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE 6.04	P.F.S. GROSS REVENUE 6.05	RECON- CILIATION 6A.06	OTHER ADMIN. & GENERAL ACCUM COST 6.06	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING (HOURS OF SERVICE) 10	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
6.03								6.03
6.04	909854700							6.04
6.05		909854700						6.05
6.06			-38511512	205263169				6.06
8				14366060	546782			8
9				1602473	11403	2664215		9
10				3770991	15977	150417	132341	10
11				3225278	18550		130	11
12				2175110	9944		1880	12
14				7929151	7134		440	14
15				675861	24949	10627	1335	15
16				4725475	6779		1268	16
17				4440392	13374		1358	17
22				3346635	1359		520	22
23				1746114	1359			23
INPATIENT ROUTINE SERV COST CENTERS								
25	185162923	185162923		51926929	215590	1128665	73418	25
26	23438555	23438555		8448399	9944	182213	3640	26
31	5504889	5504889		1499160	7918	146590	4004	31
33	5682838	5682838		1063846	1854	69019	1092	33
34	4710939	4710939		2097942	8887			34
ANCILLARY SERVICE COST CENTERS								
37	45982074	45982074		8001439	39191	194363	11716	37
38	14923273	14923273		1288133	3420	32434	664	38
39	26244561	26244561		6625270	23091	74275	2912	39
40	11825198	11825198		392163	514		130	40
41	84206957	84206957		8590632	25191	109578	3259	41
41.01	12373652	12373652		1318912	788	78		41.01
44	119987502	119987502		8955208	18602		1136	44
47	3161295	3161295		3109544	1565		182	47
49	25019500	25019500		2899447	2715		508	49
50	8054140	8054140		2444610	7710	49547	650	50
51	3810289	3810289		1045857	1127		572	51
52	1285630	1285630		235510	508			52
53	51157092	51157092		3996873	10132	23019	2160	53
53.01	324882	324882		259053	3865	398	260	53.01
54	1493784	1493784		325181	1552	1238	195	54
55	32828542	32828542		6583275				55
55.30	16430772	16430772		5437110				55.30
56	135402752	135402752		10907599				56
57	4875324	4875324		809738	2043	13362	728	57
58	11990372	11990372		3415586	10933	69051	2340	58
59	4445815	4445815		3377414			1300	59
OUTPATIENT SERVICE COST CENTERS								
60	1538410	1538410		2311977	9018	4479	1040	60
61	67992740	67992740		9657566	28839	397987	13322	61
62								62
OTHER REIMBURSABLE COST CENTERS								
71								71
SPECIAL PURPOSE COST CENTERS								
95	909854700	909854700	-38511512	205027913	545825	2657340	132159	95
NONREIMBURSABLE COST CENTERS								
96				11282	683		52	96
96.01				9685	274			96.01
96.02				57151			130	96.02
96.03				1829				96.03
98				154025		6875		98
99				1284				99

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMITTING GROSS REVENUE	P.F.S. GROSS REVENUE	RECON- CILIATION	OTHER ADMIN. & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING (HOURS OF SERVICE)	
	6.04	6.05	6A.06	6.06	8	9	10	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3245570	7441071		38511512	17061420	2258941	5104576	103
104 UNIT COST MULT-WS B PT I	.003567				31.203331		38.571388	
104 UNIT COST MULT-WS B PT I		.008178		.187620		.847882		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	174612	23349		480568	3272399	260354	385414	106
108 UNIT COST MULT-WS B PT III	.000192				5.984833		2.912280	107
108 UNIT COST MULT-WS B PT III		.000026		.002341		.097723		108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS (# FTE'S)) 12	NURSING ADMINI-STRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4414241	2966004	9799866	1641661	5973736	5851374	4048947	103
104 UNIT COST MULT-WS B PT I	10.268327		117.621446		.645036		8596.490446	104
104 UNIT COST MULT-WS B PT I		22.944434		.266022		.006431		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	433327	235811	223127	567213	178767	350188	45397	107
108 UNIT COST MULT-WS B PT III	1.007997		2.678049		.019303		96.384289	108
108 UNIT COST MULT-WS B PT III		1.824188		.091914		.000385		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	23	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.01 TELECOMMUNICATIONS		6.01
6.02 INFORMATION MANAGEMENT		6.02
6.03 PURCHASING		6.03
6.04 ADMITTING		6.04
6.05 PATIENT FINANCIAL SERVICES		6.05
6.06 OTHER ADMINISTRATIVE & GENERA		6.06
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
22 I&R SERVICES-SALARY & FRINGES		22
23 I&R SERVICES-OTHER PRGM COSTS	471	23
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	152	25
26 INTENSIVE CARE UNIT	34	26
31 SUBPROVIDER I		31
33 NURSERY	25	33
34 SKILLED NURSING FACILITY		34
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	83	37
38 RECOVERY ROOM		38
39 DELIVERY ROOM & LABOR ROOM	17	39
40 ANESTHESIOLOGY		40
41 RADIOLOGY-DIAGNOSTIC	1	41
41.01 RADIOLOGY-ULTRASOUND		41.01
44 LABORATORY		44
47 BLOOD STORING, PROCESSING & T		47
49 RESPIRATORY THERAPY	1	49
50 PHYSICAL THERAPY		50
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY	19	53
53.01 CARDIAC REHAB		53.01
54 ELECTROENCEPHALOGRAPHY		54
55 MEDICAL SUPPLIES CHARGED TO P		55
55.30 IMPL. DEV. CHARGED TO PATIENT		55.30
56 DRUGS CHARGED TO PATIENTS		56
57 RENAL DIALYSIS		57
58 ASC (NON-DISTINCT PART)		58
59 MENTAL HEALTH OUTPATIENT		59
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC	115	60
61 EMERGENCY	24	61
62 OBSERVATION BEDS (NON-DISTINC		62
OTHER REIMBURSABLE COST CENTERS		
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
95 SUBTOTALS	471	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
96.01 FUND DEVELOPMENT		96.01
96.02 CONVENT		96.02
96.03 NURSING EDUC BLDG UNUSED SPAC		96.03
98 PHYSICIANS' PRIVATE OFFICES		98
99 NONPAID WORKERS		99

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
101	CROSS FOOT ADJUSTMENTS	101
102	NEGATIVE COST CENTER	102
103	COST TO BE ALLOC PER B PT I	2142823
104	UNIT COST MULT-WS B PT I	4549.518047
		104
104	UNIT COST MULT-WS B PT I	104
105	COST TO BE ALLOC PER B PT II	105
106	UNIT COST MULT-WS B PT II	106
		106
106	UNIT COST MULT-WS B PT II	106
107	COST TO BE ALLOC PER B PT III	38600
108	UNIT COST MULT-WS B PT III	81.953291
		107
		108
108	UNIT COST MULT-WS B PT III	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	85087212		85087212	19587	85106799	25
26 INTENSIVE CARE UNIT	12094781		12094781		12094781	26
31 SUBPROVIDER I	2678708		2678708		2678708	31
33 NURSERY	1503380		1503380		1503380	33
34 SKILLED NURSING FACILITY	3083975		3083975		3083975	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12321979		12321979	27000	12348979	37
38 RECOVERY ROOM	1815379		1815379		1815379	38
39 DELIVERY ROOM & LABOR ROOM	9090726		9090726		9090726	39
40 ANESTHESIOLOGY	727023		727023		727023	40
41 RADIOLOGY-DIAGNOSTIC	11953949		11953949		11953949	41
41.01 RADIOLOGY-ULTRASOUND	1695337		1695337		1695337	41.01
44 LABORATORY	12153138		12153138		12153138	44
47 BLOOD STORING, PROCESSING &	3886603		3886603		3886603	47
49 RESPIRATORY THERAPY	4178175		4178175		4178175	49
50 PHYSICAL THERAPY	3573947		3573947		3573947	50
51 OCCUPATIONAL THERAPY	1443941		1443941		1443941	51
52 SPEECH PATHOLOGY	336567		336567		336567	52
53 ELECTROCARDIOLOGY	5667419		5667419	16537	5683956	53
53.01 CARDIAC REHAB	440870		440870	3706	444576	53.01
54 ELECTROENCEPHALOGRAPHY	459561		459561		459561	54
55 MEDICAL SUPPLIES CHARGED TO	8130515		8130515		8130515	55
55.30 IMPL. DEV. CHARGED TO PATIE	6562887		6562887		6562887	55.30
56 DRUGS CHARGED TO PATIENTS	19078366		19078366		19078366	56
57 RENAL DIALYSIS	1280210		1280210		1280210	57
58 ASC (NON-DISTINCT PART)	5198217		5198217		5198217	58
59 MENTAL HEALTH OUTPATIENT	4164797		4164797		4164797	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3375702		3375702	14391	3390093	60
61 EMERGENCY	15234235		15234235		15234235	61
62 OBSERVATION BEDS (NON-DISTI	3964669		3964669		3964669	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	241182268		241182268	81221	241263489	101
102 LESS OBSERVATION BEDS	3964669		3964669		3964669	102
103 TOTAL	237217599		237217599	81221	237298820	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	175891457		175891457			25
26 INTENSIVE CARE UNIT	23438555		23438555			26
31 SUBPROVIDER I	5504889		5504889			31
33 NURSERY	5682838		5682838			33
34 SKILLED NURSING FACILITY	4710939		4710939			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	28658613	17323461	45982074	.267974	.267974	.268561 37
38 RECOVERY ROOM	7232374	7690899	14923273	.121648	.121648	.121648 38
39 DELIVERY ROOM & LABOR ROOM	23170454	3074107	26244561	.346385	.346385	.346385 39
40 ANESTHESIOLOGY	8036397	3788801	11825198	.061481	.061481	.061481 40
41 RADIOLOGY-DIAGNOSTIC	30868718	53338239	84206957	.141959	.141959	.141959 41
41.01 RADIOLOGY-ULTRASOUND	2227883	10145769	12373652	.137012	.137012	.137012 41.01
44 LABORATORY	79503701	40483801	119987502	.101287	.101287	.101287 44
47 BLOOD STORING, PROCESSING &	2970168	191127	3161295	1.229434	1.229434	1.229434 47
49 RESPIRATORY THERAPY	22376497	2643003	25019500	.166997	.166997	.166997 49
50 PHYSICAL THERAPY	4209728	3844412	8054140	.443740	.443740	.443740 50
51 OCCUPATIONAL THERAPY	3239246	571043	3810289	.378958	.378958	.378958 51
52 SPEECH PATHOLOGY	1208740	76890	1285630	.261791	.261791	.261791 52
53 ELECTROCARDIOLOGY	32336432	18820660	51157092	.110785	.110785	.111108 53
53.01 CARDIAC REHAB	32332	292550	324882	1.357016	1.357016	1.368423 53.01
54 ELECTROENCEPHALOGRAPHY	496944	996840	1493784	.307649	.307649	.307649 54
55 MEDICAL SUPPLIES CHARGED TO	28801188	4027354	32828542	.247666	.247666	.247666 55
55.30 IMPL. DEV. CHARGED TO PATIE	14007351	2423421	16430772	.399427	.399427	.399427 55.30
56 DRUGS CHARGED TO PATIENTS	113424569	21978183	135402752	.140901	.140901	.140901 56
57 RENAL DIALYSIS	4821790	53534	4875324	.262590	.262590	.262590 57
58 ASC (NON-DISTINCT PART)	4015950	7974422	11990372	.433533	.433533	.433533 58
59 MENTAL HEALTH OUTPATIENT	12162	4433653	4445815	.936790	.936790	.936790 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	5648	1532762	1538410	2.194280	2.194280	2.203634 60
61 EMERGENCY	22395229	45597511	67992740	.224057	.224057	.224057 61
62 OBSERVATION BEDS (NON-DISTI	1691807	7579659	9271466	.427621	.427621	.427621 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	650972599	258882101	909854700			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	650972599	258882101	909854700			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				6155835		6155835
26 INTENSIVE CARE UNIT				369259		369259
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				234754		234754
33 NURSERY				66371		66371
101 TOTAL				6826219		6826219

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
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	122422	37002			50.28	1860461
26 INTENSIVE CARE UNIT	7779	4945			47.47	234739
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3593	1971			65.34	128785
33 NURSERY	4717				14.07	
101 TOTAL	138511	43918				2223985

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----	CAPITAL COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1340643	45982074	10778171				.029156		314248 37
38 RECOVERY ROOM		97730	14923273	2358431				.006549		15445 38
39 DELIVERY ROOM & LABOR ROOM		616444	26244561	28284				.023488		664 39
40 ANESTHESIOLOGY		57572	11825198	1837188				.004869		8945 40
41 RADIOLOGY-DIAGNOSTIC		697096	84206957	14575432				.008278		120655 41
41.01 RADIOLOGY-ULTRASOUND		31926	12373652	770315				.002580		1987 41.01
44 LABORATORY		541780	119987502	31562921				.004515		142507 44
47 BLOOD STORING, PROCESSING & T		67676	3161295	1369795				.021408		29325 47
49 RESPIRATORY THERAPY		364746	25019500	10227047				.014578		149090 49
50 PHYSICAL THERAPY		206798	8054140	822174				.025676		21110 50
51 OCCUPATIONAL THERAPY		37163	3810289	314428				.009753		3067 51
52 SPEECH PATHOLOGY		14592	1285630	446330				.011350		5066 52
53 ELECTROCARDIOLOGY		327524	51157092	16412166				.006402		105071 53
53.01 CARDIAC REHAB		89244	324882	15738				.274697		4323 53.01
54 ELECTROENCEPHALOGRAPHY		38660	1493784	206808				.025881		5352 54
55 MEDICAL SUPPLIES CHARGED TO P		528344	32828542	12352646				.016094		198803 55
55.30 IMPL. DEV. CHARGED TO PATIENT		28501	16430772	7360234				.001735		12770 55.30
56 DRUGS CHARGED TO PATIENTS		264912	135402752	45321823				.001956		88649 56
57 RENAL DIALYSIS		81341	4875324	2546205				.016684		42481 57
58 ASC (NON-DISTINCT PART)		333571	11990372	1981155				.027820		55116 58
59 MENTAL HEALTH OUTPATIENT		26210	4445815	7120				.005895		42 59
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC		252756	1538410	806				.164297		132 60
61 EMERGENCY		915162	67992740	6770958				.013460		91137 61
62 OBSERVATION BEDS (NON-DISTINC		286768	9271466	663983				.030930		20537 62
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		7247159	694626022	168730158						1436522 101

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					122422		37002	25
26 INTENSIVE CARE UNIT					7779		4945	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					3593		1971	31
33 NURSERY					4717			33
34 SKILLED NURSING FACILITY					6551		5272	34
35 NURSING FACILITY								35
101 TOTAL					145062		49190	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] 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 RADIOLOGY-ULTRASOUND							41.01
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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 (14-0180) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PASS THROUGH	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	COSTS	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		45982074			10778171		3662999 37
38 RECOVERY ROOM		14923273			2358431		1561264 38
39 DELIVERY ROOM & LABOR ROOM		26244561			28284		6258 39
40 ANESTHESIOLOGY		11825198			1837188		754236 40
41 RADIOLOGY-DIAGNOSTIC		84206957			14575432		12746890 41
41.01 RADIOLOGY-ULTRASOUND		12373652			770315		797571 41.01
44 LABORATORY		119987502			31562921		1167184 44
47 BLOOD STORING, PROCESSING & T		3161295			1369795		34533 47
49 RESPIRATORY THERAPY		25019500			10227047		327355 49
50 PHYSICAL THERAPY		8054140			822174		
51 OCCUPATIONAL THERAPY		3810289			314428		
52 SPEECH PATHOLOGY		1285630			446330		
53 ELECTROCARDIOLOGY		51157092			16412166		6917268 53
53.01 CARDIAC REHAB		324882			15738		124868 53.01
54 ELECTROENCEPHALOGRAPHY		1493784			206808		290457 54
55 MEDICAL SUPPLIES CHARGED TO P		32828542			12352646		943276 55
55.30 IMPL. DEV. CHARGED TO PATIENT		16430772			7360234		1663788 55.30
56 DRUGS CHARGED TO PATIENTS		135402752			45321823		8388802 56
57 RENAL DIALYSIS		4875324			2546205		4468 57
58 ASC (NON-DISTINCT PART)		11990372			1981155		2785578 58
59 MENTAL HEALTH OUTPATIENT		4445815			7120		1126214 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1538410			806		77 60
61 EMERGENCY		67992740			6770958		4475562 61
62 OBSERVATION BEDS (NON-DISTINC		9271466			663983		1780040 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		694626022			168730158		49558688 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0180) [ ] 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 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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 (14-0180) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.267974	.267974	.267974			37
38 RECOVERY ROOM	.121648	.121648	.121648			38
39 DELIVERY ROOM & LABOR ROOM	.346385	.346385	.346385			39
40 ANESTHESIOLOGY	.061481	.061481	.061481			40
41 RADIOLOGY-DIAGNOSTIC	.141959	.141959	.141959			41
41.01 RADIOLOGY-ULTRASOUND	.137012	.137012	.137012			41.01
44 LABORATORY	.101287	.101287	.101287			44
47 BLOOD STORING, PROCESSING & TRA	1.229434	1.229434	1.229434			47
49 RESPIRATORY THERAPY	.166997	.166997	.166997			49
50 PHYSICAL THERAPY	.443740	.443740	.443740			50
51 OCCUPATIONAL THERAPY	.378958	.378958	.378958			51
52 SPEECH PATHOLOGY	.261791	.261791	.261791			52
53 ELECTROCARDIOLOGY	.110785	.110785	.110785			53
53.01 CARDIAC REHAB	1.357016	1.357016	1.357016			53.01
54 ELECTROENCEPHALOGRAPHY	.307649	.307649	.307649			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.247666	.247666	.247666			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.399427	.399427	.399427			55.30
56 DRUGS CHARGED TO PATIENTS	.140901	.140901	.140901			56
57 RENAL DIALYSIS	.262590	.262590	.262590			57
58 ASC (NON-DISTINCT PART)	.433533	.433533	.433533			58
59 MENTAL HEALTH OUTPATIENT	.936790	.936790	.936790			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2.194280	2.194280	2.194280			60
61 EMERGENCY	.224057	.224057	.224057			61
62 OBSERVATION BEDS (NON-DISTINCT	.427621	.427621	.427621			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1.140901	1
2 PROGRAM VACCINE CHARGES	150487	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	21204	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 (14-0180) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37		3662999						37
38		1561264						38
39		6258						39
40		754236						40
41		12746890						41
41.01		797571						41.01
44		1167184						44
47		34533						47
49		327355						49
50								50
51								51
52								52
53		6917268						53
53.01		124868						53.01
54		290457						54
55		943276						55
55.30		1663788						55.30
56		8388802						56
57		4468						57
58		2785578						58
59		1126214						59
60		77						60
61		4475562						61
62		1780040						62
65.01								65.01
65.02								65.02
65.03								65.03
101		49558688						101
102								102
103								103
104		49558688						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0180) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		981588				37
38 RECOVERY ROOM		189925				38
39 DELIVERY ROOM & LABOR ROOM		2168				39
40 ANESTHESIOLOGY		46371				40
41 RADIOLOGY-DIAGNOSTIC		1809536				41
41.01 RADIOLOGY-ULTRASOUND		109277				41.01
44 LABORATORY		118221				44
47 BLOOD STORING, PROCESSING & TRA		42456				47
49 RESPIRATORY THERAPY		54667				49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY		766330				53
53.01 CARDIAC REHAB		169448				53.01
54 ELECTROENCEPHALOGRAPHY		89359				54
55 MEDICAL SUPPLIES CHARGED TO PAT		233617				55
55.30 IMPL. DEV. CHARGED TO PATIENT		664562				55.30
56 DRUGS CHARGED TO PATIENTS		1181991				56
57 RENAL DIALYSIS		1173				57
58 ASC (NON-DISTINCT PART)		1207640				58
59 MENTAL HEALTH OUTPATIENT		1055026				59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		169				60
61 EMERGENCY		1002781				61
62 OBSERVATION BEDS (NON-DISTINCT		761182				62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		10487487				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		10487487				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-T180) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL RATIO OF COST TO CHARGES	----	NEW CAPITAL RATIO OF COST TO CHARGES	----	CAPITAL COSTS
	1	2	3	4	5	6	7	8	9	
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1340643	45982074	4925				.029156		144 37
38 RECOVERY ROOM		97730	14923273	1380				.006549		9 38
39 DELIVERY ROOM & LABOR ROOM		616444	26244561					.023488		39
40 ANESTHESIOLOGY		57572	11825198	572				.004869		3 40
41 RADIOLOGY-DIAGNOSTIC		697096	84206957	102160				.008278		846 41
41.01 RADIOLOGY-ULTRASOUND		31926	12373652	7307				.002580		19 41.01
44 LABORATORY		541780	119987502	403237				.004515		1821 44
47 BLOOD STORING, PROCESSING & T		67676	3161295	7826				.021408		168 47
49 RESPIRATORY THERAPY		364746	25019500	140576				.014578		2049 49
50 PHYSICAL THERAPY		206798	8054140	940634				.025676		24152 50
51 OCCUPATIONAL THERAPY		37163	3810289	884908				.009753		8631 51
52 SPEECH PATHOLOGY		14592	1285630	145432				.011350		1651 52
53 ELECTROCARDIOLOGY		327524	51157092	35321				.006402		226 53
53.01 CARDIAC REHAB		89244	324882					.274697		53.01
54 ELECTROENCEPHALOGRAPHY		38660	1493784	1936				.025881		50 54
55 MEDICAL SUPPLIES CHARGED TO P		528344	32828542	320873				.016094		5164 55
55.30 IMPL. DEV. CHARGED TO PATIENT		28501	16430772	2588				.001735		4 55.30
56 DRUGS CHARGED TO PATIENTS		264912	135402752	1009547				.001956		1975 56
57 RENAL DIALYSIS		81341	4875324	87000				.016684		1452 57
58 ASC (NON-DISTINCT PART)		333571	11990372					.027820		58
59 MENTAL HEALTH OUTPATIENT		26210	4445815					.005895		59
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC		252756	1538410					.164297		60
61 EMERGENCY		915162	67992740					.013460		61
62 OBSERVATION BEDS (NON-DISTINC		286768	9271466					.030930		62
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		7247159	694626022	4096222						48364 101

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2010.09  
 11/29/2010 21:20

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-T180) [ ] 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 RADIOLOGY-ULTRASOUND							41.01
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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-T180) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		45982074			4925		37
38 RECOVERY ROOM		14923273			1380		38
39 DELIVERY ROOM & LABOR ROOM		26244561					39
40 ANESTHESIOLOGY		11825198			572		40
41 RADIOLOGY-DIAGNOSTIC		84206957			102160		41
41.01 RADIOLOGY-ULTRASOUND		12373652			7307		41.01
44 LABORATORY		119987502			403237		44
47 BLOOD STORING, PROCESSING & T		3161295			7826		47
49 RESPIRATORY THERAPY		25019500			140576		49
50 PHYSICAL THERAPY		8054140			940634		50
51 OCCUPATIONAL THERAPY		3810289			884908		51
52 SPEECH PATHOLOGY		1285630			145432		52
53 ELECTROCARDIOLOGY		51157092			35321		53
53.01 CARDIAC REHAB		324882					53.01
54 ELECTROENCEPHALOGRAPHY		1493784			1936		54
55 MEDICAL SUPPLIES CHARGED TO P		32828542			320873		155 55
55.30 IMPL. DEV. CHARGED TO PATIENT		16430772			2588		55.30
56 DRUGS CHARGED TO PATIENTS		135402752			1009547		56
57 RENAL DIALYSIS		4875324			87000		57
58 ASC (NON-DISTINCT PART)		11990372					58
59 MENTAL HEALTH OUTPATIENT		4445815					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1538410					60
61 EMERGENCY		67992740					61
62 OBSERVATION BEDS (NON-DISTINC		9271466					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		694626022			4096222		155 101

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-T180) [ ] 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 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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-T180) [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.267974	.267974	.267974			37
38 RECOVERY ROOM	.121648	.121648	.121648			38
39 DELIVERY ROOM & LABOR ROOM	.346385	.346385	.346385			39
40 ANESTHESIOLOGY	.061481	.061481	.061481			40
41 RADIOLOGY-DIAGNOSTIC	.141959	.141959	.141959			41
41.01 RADIOLOGY-ULTRASOUND	.137012	.137012	.137012			41.01
44 LABORATORY	.101287	.101287	.101287			44
47 BLOOD STORING, PROCESSING & TRA	1.229434	1.229434	1.229434			47
49 RESPIRATORY THERAPY	.166997	.166997	.166997			49
50 PHYSICAL THERAPY	.443740	.443740	.443740			50
51 OCCUPATIONAL THERAPY	.378958	.378958	.378958			51
52 SPEECH PATHOLOGY	.261791	.261791	.261791			52
53 ELECTROCARDIOLOGY	.110785	.110785	.110785			53
53.01 CARDIAC REHAB	1.357016	1.357016	1.357016			53.01
54 ELECTROENCEPHALOGRAPHY	.307649	.307649	.307649			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.247666	.247666	.247666			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.399427	.399427	.399427			55.30
56 DRUGS CHARGED TO PATIENTS	.140901	.140901	.140901			56
57 RENAL DIALYSIS	.262590	.262590	.262590			57
58 ASC (NON-DISTINCT PART)	.433533	.433533	.433533			58
59 MENTAL HEALTH OUTPATIENT	.936790	.936790	.936790			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2.194280	2.194280	2.194280			60
61 EMERGENCY	.224057	.224057	.224057			61
62 OBSERVATION BEDS (NON-DISTINCT	.427621	.427621	.427621			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.140901	1
2 PROGRAM VACCINE CHARGES	3759	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	530	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-T180)	[ ]	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	PPS SER-	ALL OTHER	PPS SER-	PPS SER-	OUTPATIENT		OTHER
	OTHER (1) (SEE INSTRU.)	VICES (SEE INSTRU.)	(SEE INSTRU.)	VICES (SEE INSTRU.)	VICES (SEE INSTRU.)	AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			3735					41
41.01 RADIOLOGY-ULTRASOUND								41.01
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			1938					53
53.01 CARDIAC REHAB								53.01
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		155						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS			15635					56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 MENTAL HEALTH OUTPATIENT								59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		155	21308					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		155	21308					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-T180)	[ ]	NF
BOXES	[ ]	TITLE XIX - O/P	[ ]	SUB II	[ ]	S/B-SNF
			[ ]	SUB III	[ ]	S/B-NF
			[ ]	SUB IV	[ ]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			530			41
41.01 RADIOLOGY-ULTRASOUND						41.01
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			215			53
53.01 CARDIAC REHAB						53.01
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO PAT		38				55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS			2203			56
57 RENAL DIALYSIS						57
58 ASC (NON-DISTINCT PART)						58
59 MENTAL HEALTH OUTPATIENT						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL		38	2948			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		38	2948			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5541) [ ] 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 RADIOLOGY-ULTRASOUND							41.01
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
53.01 CARDIAC REHAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 MENTAL HEALTH OUTPATIENT							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
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 [ ] SUB I [XX] SNF (14-5541) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		45982074					37
38 RECOVERY ROOM		14923273					38
39 DELIVERY ROOM & LABOR ROOM		26244561					39
40 ANESTHESIOLOGY		11825198					40
41 RADIOLOGY-DIAGNOSTIC		84206957			207306		41
41.01 RADIOLOGY-ULTRASOUND		12373652					41.01
44 LABORATORY		119987502			1175114		44
47 BLOOD STORING, PROCESSING & T		3161295			13436		47
49 RESPIRATORY THERAPY		25019500			965276		49
50 PHYSICAL THERAPY		8054140			877185		50
51 OCCUPATIONAL THERAPY		3810289			813783		51
52 SPEECH PATHOLOGY		1285630			27414		52
53 ELECTROCARDIOLOGY		51157092			38971		53
53.01 CARDIAC REHAB		324882					53.01
54 ELECTROENCEPHALOGRAPHY		1493784			968		54
55 MEDICAL SUPPLIES CHARGED TO P		32828542			2173814		55
55.30 IMPL. DEV. CHARGED TO PATIENT		16430772					55.30
56 DRUGS CHARGED TO PATIENTS		135402752			4728697		56
57 RENAL DIALYSIS		4875324			357000		57
58 ASC (NON-DISTINCT PART)		11990372					58
59 MENTAL HEALTH OUTPATIENT		4445815					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1538410					60
61 EMERGENCY		67992740					61
62 OBSERVATION BEDS (NON-DISTINC		9271466					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		694626022			11378964		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5541) [ ] 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 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5541)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	122422	3593				6551	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	122422	3593				6551	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	122422	3593				6551	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)	37002	1971				5272	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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5541)	
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	85106799	2678708				3083975	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	85106799	2678708				3083975	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	175891457	5504889				4710939	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	175891457	5504889				4710939	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.483860	.486605				.654641	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1436.76	1532.11				719.12	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	85106799	2678708				3083975	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) (14-0180)	SUB I (PPS) (14-T180)	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	695.19	745.54				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25723420	1469459				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	25723420	1469459				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	12094781	7779	1554.80	4945	7688486	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 (PPS) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	30299346	1131898				48
49 TOTAL PROGRAM INPATIENT COSTS	63711252	2601357				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2095200	128785				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1436522	48364				51
52 TOTAL PROGRAM EXCLUDABLE COST	3531722	177149				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	60179530	2424208				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) (14-0180)	SUB I (PPS) (14-T180)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

	SNF	
	(PPS)	
	(14-5541)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	3083975	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	470.76	67
68 PROGRAM ROUTINE SERVICE COST	2481847	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2481847	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	242026	71
72 PER DIEM CAPITAL RELATED COSTS	36.94	72
73 PROGRAM CAPITAL RELATED COSTS	194748	73
74 INPATIENT ROUTINE SERVICE COST	2287099	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	2287099	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	2481847	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2333997	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	12000	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	4827844	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)  
 (14-0180)(14-T180)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	5703	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	695.19	84
85 OBSERVATION BED COST	3964669	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		85106799		3964669		86
87 NEW CAPITAL-RELATED COST	6155835	85106799	.072331	3964669	286768	87
88 NON PHYSICIAN ANESTHETIST		85106799		3964669		88
89 MEDICAL EDUCATION		85106799		3964669		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0180) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES 1	PROGRAM CHARGES 2	PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		66351477		25
26 INTENSIVE CARE UNIT		11994525		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268561	10778171	2894596	37
38 RECOVERY ROOM	.121648	2358431	286898	38
39 DELIVERY ROOM & LABOR ROOM	.346385	28284	9797	39
40 ANESTHESIOLOGY	.061481	1837188	112952	40
41 RADIOLOGY-DIAGNOSTIC	.141959	14575432	2069114	41
41.01 RADIOLOGY-ULTRASOUND	.137012	770315	105542	41.01
44 LABORATORY	.101287	31562921	3196914	44
47 BLOOD STORING, PROCESSING & TRA	1.229434	1369795	1684073	47
49 RESPIRATORY THERAPY	.166997	10227047	1707886	49
50 PHYSICAL THERAPY	.443740	822174	364831	50
51 OCCUPATIONAL THERAPY	.378958	314428	119155	51
52 SPEECH PATHOLOGY	.261791	446330	116845	52
53 ELECTROCARDIOLOGY	.111108	16412166	1823523	53
53.01 CARDIAC REHAB	1.368423	15738	21536	53.01
54 ELECTROENCEPHALOGRAPHY	.307649	206808	63624	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.247666	12352646	3059330	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.399427	7360234	2939876	55.30
56 DRUGS CHARGED TO PATIENTS	.140901	45321823	6385890	56
57 RENAL DIALYSIS	.262590	2546205	668608	57
58 ASC (NON-DISTINCT PART)	.433533	1981155	858896	58
59 MENTAL HEALTH OUTPATIENT	.936790	7120	6670	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.203634	806	1776	60
61 EMERGENCY	.224057	6770958	1517081	61
62 OBSERVATION BEDS (NON-DISTINCT	.427621	663983	283933	62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		168730158	30299346	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		168730158		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-T180)	<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		3006778		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.268561	4925	1323	37
38 RECOVERY ROOM	.121648	1380	168	38
39 DELIVERY ROOM & LABOR ROOM	.346385			39
40 ANESTHESIOLOGY	.061481	572	35	40
41 RADIOLOGY-DIAGNOSTIC	.141959	102160	14503	41
41.01 RADIOLOGY-ULTRASOUND	.137012	7307	1001	41.01
44 LABORATORY	.101287	403237	40843	44
47 BLOOD STORING, PROCESSING & TRA	1.229434	7826	9622	47
49 RESPIRATORY THERAPY	.166997	140576	23476	49
50 PHYSICAL THERAPY	.443740	940634	417397	50
51 OCCUPATIONAL THERAPY	.378958	884908	335343	51
52 SPEECH PATHOLOGY	.261791	145432	38073	52
53 ELECTROCARDIOLOGY	.111108	35321	3924	53
53.01 CARDIAC REHAB	1.368423			53.01
54 ELECTROENCEPHALOGRAPHY	.307649	1936	596	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.247666	320873	79469	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.399427	2588	1034	55.30
56 DRUGS CHARGED TO PATIENTS	.140901	1009547	142246	56
57 RENAL DIALYSIS	.262590	87000	22845	57
58 ASC (NON-DISTINCT PART)	.433533			58
59 MENTAL HEALTH OUTPATIENT	.936790			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.203634			60
61 EMERGENCY	.224057			61
62 OBSERVATION BEDS (NON-DISTINCT	.427621			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		4096222	1131898	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4096222		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5541)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.267974			37
38 RECOVERY ROOM	.121648			38
39 DELIVERY ROOM & LABOR ROOM	.346385			39
40 ANESTHESIOLOGY	.061481			40
41 RADIOLOGY-DIAGNOSTIC	.141959	207306	29429	41
41.01 RADIOLOGY-ULTRASOUND	.137012			41.01
44 LABORATORY	.101287	1175114	119024	44
47 BLOOD STORING, PROCESSING & TRA	1.229434	13436	16519	47
49 RESPIRATORY THERAPY	.166997	965276	161198	49
50 PHYSICAL THERAPY	.443740	877185	389242	50
51 OCCUPATIONAL THERAPY	.378958	813783	308390	51
52 SPEECH PATHOLOGY	.261791	27414	7177	52
53 ELECTROCARDIOLOGY	.110785	38971	4317	53
53.01 CARDIAC REHAB	1.357016			53.01
54 ELECTROENCEPHALOGRAPHY	.307649	968	298	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.247666	2173814	538380	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.399427			55.30
56 DRUGS CHARGED TO PATIENTS	.140901	4728697	666278	56
57 RENAL DIALYSIS	.262590	357000	93745	57
58 ASC (NON-DISTINCT PART)	.433533			58
59 MENTAL HEALTH OUTPATIENT	.936790			59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	2.194280			60
61 EMERGENCY	.224057			61
62 OBSERVATION BEDS (NON-DISTINCT	.427621			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		11378964	2333997	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		11378964		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11291455					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11291455					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	22582910					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	579070					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	579070					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1158140					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	1430393					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	476.23					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	40.45					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)						3.06
	[ FOR CR PERIODS ENDING ]					
	[ ON OR AFTER 7/1/2005 ]					
	[E-3,PT.VI,LN.15][PLUS LN.3.06]					
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	40.45			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS			38.48			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	2.00					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	40.48					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	40.45					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..	40.45					3.16
	RES. IN					
	INIT YRS					
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	40.46				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.084959				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.086308				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.084959				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	538067				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	538067				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	1076134				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	2152268	0	2152268		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.2058				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.5213				4.01
4.02	SUM OF 4 AND 4.01	0.7271				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.4920				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	22221583				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	70970064				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	70970064				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4608643				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1420146				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	76998853				16
17	PRIMARY PAYER PAYMENTS	11680				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	76987173				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4019728				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1041808				20
21	REIMBURSABLE BAD DEBTS	2849160				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1994412				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2781100				21.02
22	SUBTOTAL	73920049				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0180)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	73920049				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	73779413				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	140636				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	2077628				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0180) 1	HOSPITAL (14-0180) 1.01	HOSPITAL (14-0180) 1.02	
1 MEDICAL AND OTHER SERVICES	21204			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10487487			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	9665422			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.809			1.03
1.04 LINE 1.01 TIMES LINE 1.03	8484377			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	21204			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	150487			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	150487			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	150487			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	129283			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	21204			17
17.01 TOTAL PPS PAYMENTS	9665422			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0180) 1	HOSPITAL (14-0180) 1.01	HOSPITAL (14-0180) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T180) 1	SUB I (14-T180) 1.01	SUB I (14-T180) 1.02	
1 MEDICAL AND OTHER SERVICES	3478			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	38			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	154			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.809			1.03
1.04 LINE 1.01 TIMES LINE 1.03	31			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	3478			5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	25067			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	25067			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	25067			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	21589			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3478			17
17.01 TOTAL PPS PAYMENTS	154			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T180) 1	SUB I (14-T180) 1.01	SUB I (14-T180) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18		455	18
18.01			18.01
			18.01
19		3177	19
20			20
21			21
22			22
23		3177	23
24			24
25		3177	25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26			26
27		8965	27
27.01		6276	27.01
27.02		8965	27.02
28		9453	28
29			29
30			30
30.99			30.99
31			31
32		9453	32
33			33
34		1899	34
34.01			34.01
35		7554	35
36			36
15-II, SECTION 115.2			
TO BE COMPLETED BY CONTRACTOR			
50			50
51			51
52			52
53			53
54			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5541)	SNF (14-5541)	SNF (14-5541)
	1	1.01	1.02
1 MEDICAL AND OTHER SERVICES	1146		1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO			1.03
1.04 LINE 1.01 TIMES LINE 1.03			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT			1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101			1.07
2 INTERNS AND RESIDENTS			2
3 ORGAN ACQUISITIONS			3
4 COST OF TEACHING PHYSICIANS			4
5 TOTAL COST	1146		5
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6 ANCILLARY SERVICE CHARGES	8286		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	8286		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	8286		14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	7140		15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			16
17 LESSER OF COST OR CHARGES	1146		17
17.01 TOTAL PPS PAYMENTS			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5541) 1	SNF (14-5541) 1.01	SNF (14-5541) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1605		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	-459		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	-459		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	-459		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	-459		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	-459		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3119		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-3578		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0180)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		72870935		8348810	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.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	02/05/2010      03/05/2010	1490459      581981	02/05/2010      292796	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	908478		-124623	3.99
4 TOTAL INTERIM PAYMENTS		73779413		8224187	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 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 .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SKILLED NURSING FACILITY I (14-5541)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1914112		3119	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 .01					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02					3.02
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04					3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05					3.05
.50					3.50
PROVIDER .51					3.51
TO .52		NONE		NONE	3.52
PROGRAM .53					3.53
.54					3.54
SUBTOTAL .99					3.99
4 TOTAL INTERIM PAYMENTS		1914112		3119	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01					5.01
MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02					5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51					5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO					
(BALANCE DUE) BASED ON THE COST PROVIDER .01					6.01
REPORT. PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-T180)	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.)	2554416				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	0.1524				1.04
1.05	OUTLIER PAYMENTS	673198				1.05
1.06	TOTAL PPS PAYMENTS	5102				1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	3232716				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	9.843836				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	3232716				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	3232716				6
7	DEDUCTIBLES	9676				7
8	SUBTOTAL	3223040				8
9	COINSURANCE	18775				9
10	SUBTOTAL	3204265				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	3204265				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-T180)	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		3204265				17
18	SEQUESTRATION ADJUSTMENT						18
19	INTERIM PAYMENTS		3038954				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20	BALANCE DUE PROVIDER/PROGRAM		165311				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY							
50	ORIGINAL OUTLIER AMOUNT						50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

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

SNF I  
 (14-5541)  
 (PPS)  
 2

COMPUTATION OF NET COST OF COVERED SERVICES			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		9
COMPUTATION OF LESSER OF COST OR CHARGES			
10	ROUTINE SERVICE CHARGES		10
11	ANCILLARY SERVICE CHARGES		11
12	INTERNS AND RESIDENTS SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		13
14	TEACHING PHYSICIANS		14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		15
16	TOTAL REASONABLE CHARGES		16
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	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)		18
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS	2090180	24
25	OUTLIER PAYMENTS		25
26	PROGRAM CAPITAL PAYMENTS		26
27	CAPITAL EXCEPTION PAYMENTS		27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		29
30	SUBTOTAL	2090180	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	2090180	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
		SNF I (14-5541) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	2090180	35
36	COINSURANCE	176068	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	3774	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	2642	38.03
39	UTILIZATION REVIEW	12000	39
40	SUBTOTAL	1928754	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	PPS PAYMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	1928754	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1928754	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	1914112	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	14642	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	38.48	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	38.48	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	38.48	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	38.48	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	38.48	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	38.48	3.09
3.10	SEE INSTRUCTIONS	38.48	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	2.00	3.11
3.12	SEE INSTRUCTIONS	2.00	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	2.00	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	2.00	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.00	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.00	3.16
3.17	SEE INSTRUCTIONS	104632.80	3.17
3.18	SEE INSTRUCTIONS	209266	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX		
3.19 SEE INSTRUCTIONS			40.33	3.19
3.20 SEE INSTRUCTIONS			40.33	3.20
3.21 SEE INSTRUCTIONS			39.71	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]			39.71	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			110498.98	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			4387914	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			4597180	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4 PROGRAM PART A INPATIENT DAYS			43918	4
5 TOTAL INPATIENT DAYS			128091	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS			.342866	6
	[LINE 6 x ] [E-3,PART 6]			
	[LINE 3.25] [ LINE 11 ]			
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1576217	0		1576217	6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			1979	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE			128091	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS			100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			60990	6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR				6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE			100.00	6.07
	[PRIOR TO ] [E-3,PART 6]			
	[ 422 ] [ LINE 12 ]			
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0			6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS				7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			4875324	8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES				9
10 MEDICARE O/P ESRD CHARGES				10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS				11

PROVIDER NO. 14-0180 SAINT MARY OF NAZARETH HOSP.  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 21:20

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

WORKSHEET E-3  
PART IV  
(CONT)

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
PART A REASONABLE COST			
12	REASONABLE COST	68794456	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	11680	15
16	TOTAL PART A REASONABLE COST	68782776	16
PART B REASONABLE COST			
17	REASONABLE COST	10513353	17
18	PRIMARY PAYER PAYMENTS	319	18
19	TOTAL PART B REASONABLE COST	10513034	19
20	TOTAL REASONABLE COST	79295810	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.867420	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.132580	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	1637207	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1420146	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	217061	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1925243			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	24874352			4
5	OTHER RECEIVABLES	459743			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4392736			7
8	PREPAID EXPENSES	271596			8
9	OTHER CURRENT ASSETS	1538149			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	33461819			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	91092260			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	91092260			21
OTHER ASSETS					
22	INVESTMENTS	68813592			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	68813592			26
27	TOTAL ASSETS	193367671			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	-8395363			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	38425319			35
36	TOTAL CURRENT LIABILITIES	30029956			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				41
42	TOTAL LONG TERM LIABILITIES				42
43	TOTAL LIABILITIES	30029956			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	163337715			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	163337715			51
52	TOTAL LIABILITIES AND FUND BALANCES	193367671			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	134648763			1
2 NET INCOME (LOSS)	28693147			2
3 TOTAL	163341910			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	163341910			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 AUDIT ADJ	4195			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	4195			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	163337715			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	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 HOSPITAL	195663431		195663431	1
2 SUBPROVIDER I	5504889		5504889	2
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	201168320		201168320	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	201168320		201168320	16
17 ANCILLARY SERVICES	418179381	260370623	678550004	17
18 OUTPATIENT SERVICES				18
19 HOME HEALTH AGENCY				19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 ICU	23496237		23496237	24
24.01 NURSERY	5904007		5904007	24.01
25 TOTAL PATIENT REVENUES	648747945	260370623	909118568	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		257665555	26
27 ADD (SPECIFY)			27
28 PROVISION FOR BAD DEBT	32434677		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		32434677	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		290100232	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	909118568	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	598899367	2
3	NET PATIENT REVENUES	310219201	3
4	LESS - TOTAL OPERATING EXPENSES	290100232	4
5	NET INCOME FROM SERVICE TO PATIENTS	20118969	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	10385	6
7	INCOME FROM INVESTMENTS	2973486	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	5766367	24
25	TOTAL OTHER INCOME	8750238	25
26	TOTAL	28869207	26
27			27
28	NON-OPERATING EXPENSE		28
28.01	MISC REV	176060	28.01
29			29
30	TOTAL OTHER EXPENSES	176060	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	28693147	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0180)	HOSPITAL (14-0180)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2	3718151				2
3					3
3.01	174376				3.01
4	341.09				4
4.01	40.46	0.00	40.46		4.01
4.02			3.40		4.02
4.03			126417		4.03
5			0.2058		5
5.01			0.5213		5.01
5.02			0.7271		5.02
5.03			0.1586		5.03
5.04			589699		5.04
6	4608643				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 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
6.01 TELECOMMUNICATIONS					6.01
6.02 INFORMATION MANAGEMENT					6.02
6.03 PURCHASING					6.03
6.04 ADMITTING					6.04
6.05 PATIENT FINANCIAL SERVICES					6.05
6.06 OTHER ADMINISTRATIVE & GENERAL					6.06
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
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 RADIOLOGY-ULTRASOUND					41.01
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
53.01 CARDIAC REHAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 MENTAL HEALTH OUTPATIENT					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.01 FUND DEVELOPMENT					96.01
96.02 CONVENT					96.02
96.03 NURSING EDUC BLDG UNUSED SPACE					96.03
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
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