

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

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HARRISBURG MEDICAL CENTER, INC. (14-0210) (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	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	-5799	216145		2
3	SWING BED - SNF	55548			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY		-1877		7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	RURAL HEALTH CLINIC I		4167		9
100	TOTAL	49749	218435		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: 100 HOSPITAL DRIVE P.O.BOX: 1
 1.01 CITY: HARRISBURG STATE: IL ZIP CODE: 62946 COUNTY: SALINE 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	HARRISBURG MEDICAL CENTER, INC.	14-0210	07/01/1966	N	P	O	2
3	SUBPROVIDER I	HARRISBURG MEDICAL CENTER, INC.	14-S210	06/19/1989	N	P	O	3
4	SWING BEDS - SNF	HARRISBURG MEDICAL CENTER, INC.	14-U210	11/03/1988	N	P	N	4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	HARRISBURG MEDICAL CENTER, INC.	14-7419	08/15/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC	ELDORADO PRIMARY CARE	14-3473	12/31/2001	N	O	N	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. 2 Y 14 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. 2 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. 2 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. YES 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). YES YES 21.07

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).

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
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.	2		26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: 07/01/2009 ENDING: 06/30/2010			26.01
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: 07/01/2008 ENDING: 06/30/2009			26.02
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.	YES	11/03/1988	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	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:	PAID LOSSES:	AND/OR SELF INSURANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					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	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	10/22/2010		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1274	177	2051	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		1274	177	2051	12
13	RPCH VISITS					13
14	SUBPROVIDER I		284	320	987	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
26.01	OBSERVATION BED DAYS-Sub I					26.01
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	17820075		17820075	794851.00	22.42		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	601327		601327	6240.00	96.37		3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	2047675		2047675	17617.50	116.23		5
5.01	NON-PHYSICIAN - PART B	833663		833663	41524.25	20.08		5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2296640	-78477	2218163	119031.71	18.64		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	33138		33138	347.75	95.29	INVOICE SUPPORT	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	60159		60159	631.00	95.34		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	3775784		3775784			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	593998		593998			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	41221		41221			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	116068		116068			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)	222181		222181				19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	21851		21851	1030.40	21.21		21
22	ADMINISTRATIVE & GENERAL	2254344	141222	2395566	128539.15	18.64		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	371027		371027	4540.11	81.72		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	408168		408168	23081.00	17.68		24
25	LAUNDRY & LINEN SERVICE	45726		45726	4129.00	11.07		25
26	HOUSEKEEPING	364507		364507	37022.43	9.85		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	426609		426609	38522.53	11.07		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	224644		224644	6479.00	34.67		30
31	CENTRAL SERVICES AND SUPPLY	78647	-35188	43459	3526.54	12.32		31
32	PHARMACY	484503		484503	14734.55	32.88		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	278591		278591	21281.46	13.09		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	14708437		14708437	734009.36	20.04	1
2	EXCLUDED AREA SALARIES	2296640	-78477	2218163	119031.71	18.64	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	12411797	78477	12490274	614977.65	20.31	3
4	SUBTOTAL OTHER WAGES & REL COSTS	93297		93297	978.75	95.32	4
5	SUBTOTAL WAGE-RELATED COSTS	3775784		3775784		30.23%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	16280878	78477	16359355	615956.40	26.56	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	4958617	106034	5064651	282886.17	17.90	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7419

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: SALINE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		2229			2229	1
2 UNDUPLICATED CENSUS COUNT		230.00			230.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.05		1.05	4
5 OTHER ADMINISTRATIVE PERSONNEL	1.41		1.41	5
6 DIRECT NURSING SERVICE	7.46		7.46	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	1.69		1.69	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.12		.12	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.15		.15	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.07		1.07	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		9914	99914	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7419

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	1939		122	59		2120	21
22	SKILLED NURSING VISIT CHARGES	439466		27790	13270		480526	22
23	PHYSICAL THERAPY VISITS	1749		17	58		1824	23
24	PHYSICAL THERAPY VISIT CHARGES	399104		3893	13100		416097	24
25	OCCUPATIONAL THERAPY VISITS	64					64	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	15766					15766	26
27	SPEECH PATHOLOGY VISITS	155		1			156	27
28	SPEECH PATHOLOGY VISIT CHARGES	38005		247			38252	28
29	MEDICAL SOCIAL SERVICE VISITS							29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES							30
31	HOME HEALTH AIDE VISITS	29			1		30	31
32	HOME HEALTH AIDE VISIT CHARGES	3358			110		3468	32
33	TOTAL VISITS	3936		140	118		4194	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	895699		31930	26480		954109	35
36	TOTAL NUMBER OF EPISODES	266		47	8		321	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	24263		2166	624		27053	38

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								2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC								4
5	RVB								5
6	RVA								6
6.01	RVX							5	6.01
6.02	RVL							7	6.02
7	RHC								7
8	RHB							14	8
9	RHA							128	9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC								10
11	RMB								11
12	RMA								12
12.01	RMX							62	12.01
12.02	RML							358	12.02
13	RLB								13
14	RLA								14
15	SE3							5	15
16	SE2							6	16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA							6	20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								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							591	46

RHC I
 COMPONENT NO: 14-3473

WORKSHEET S-8

PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER
 PROVIDER STATISTICAL DATA

CHECK APPLICABLE BOX: [XX] RHC [] FQHC

CLINIC ADDRESS AND IDENTIFICATION:

1 STREET: 1007 US ROUTE 45 1
 1.01 CITY: ELDORADO STATE: IL ZIP CODE: 62930 COUNTY: SALINE 1.01
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER 'R' FOR RURAL OR 'U' FOR URBAN 2

SOURCE OF FEDERAL FUNDS:

GRANT AWARD
 1

DATE
 2

3 COMMUNITY HEALTH CENTER (SECTION 330(d), PHS ACT) / / 3
 4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT) / / 4
 5 HEALTH SERVICES FOR HOMELESS (SECTION 340(d), PHS ACT) / / 5
 6 APPALACHIAN REGIONAL COMMISSION / / 6
 7 LOOK-ALIKES / / 7
 8 OTHER / / 8

PHYSICIAN INFORMATION:

PHYSICIAN NAME

BILLING NO.

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT 9

PHYSICIAN NAME

HOURS

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD 10

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? NO 11
 IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2
 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12 CLINIC			8	5	8	5	8	5	8	5	8	5		

(1) ENTER CLINIC HRS OF OPERATION ON LNE 12 & OTHER TYPE OPERATIONS ON SUBSCRIPTS OF LNE 12 (BOTH TYPE & HRS OF OPERATION)
 LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400.

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? NO 13
 14 IS THIS A CONSOLIDATED COST REPORT AS DEFINED IN CMS PUB 27, SECTION 508(D)? NO 14
 IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS IN THIS COST REPORT.
 LIST THE NAMES OF ALL PROVIDERS AND NUMBERS BELOW.
 15 PROVIDER NAME: PROVIDER NUMBER: - V XVIII XIX 15
 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS? IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF MEDICARE VISITS PERFORMED BY INTERNS AND RESIDENTS. NO 16
 17 HAS THE HOSPITAL'S BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 17
 IF YES, SEE INSTRUCTIONS.

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	2199284 17
17.01	GROSS MEDICAID REVENUES	15134771 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	17334055 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.464401 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	15134771 28
29	TOTAL GROSS MEDICAID COST	7028603 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	2199284 30
31	UNCOMPENSATED CARE COST	1021350 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	7028603 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		1927406	1927406	-1115409	811997	-86422	725575	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1109048	1109048		1109048	4
5	0500 EMPLOYEE BENEFITS	21851	4733779	4755630	-64404	4691226	-34193	4657033	5
6	0600 ADMINISTRATIVE & GENERAL	2254344	3897734	6152078	72357	6224435	-279531	5944904	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	408168	538630	946798		946798	83	946881	8
9	0900 LAUNDRY & LINEN SERVICE	45726	78696	124422		124422		124422	9
10	1000 HOUSEKEEPING	364507	80072	444579		444579		444579	10
11	1100 DIETARY	426609	271315	697924		697924	-114638	583286	11
12	1200 CAFETERIA								12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	224644	5646	230290		230290		230290	14
15	1500 CENTRAL SERVICES & SUPPLY	78647	968812	1047459	-976485	70974		70974	15
16	1600 PHARMACY	484503	2564098	3048601	-2529297	519304		519304	16
17	1700 MEDICAL RECORDS & LIBRARY	278591	147018	425609		425609	-335	425274	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2728074	621537	3349611	-331352	3018259	-442355	2575904	25
31	3100 SUBPROVIDER I	1630392	91235	1721627		1721627	-10713	1710914	31
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	395460	125199	520659	-94509	426150	184	426334	37
40	4000 ANESTHESIOLOGY	601327	29138	630465	-27	630438	-601327	29111	40
41	4100 RADIOLOGY-DIAGNOSTIC	348399	112340	460739	52707	513446		513446	41
44	4400 LABORATORY	631618	1074076	1705694	322837	2028531	-180	2028351	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48	4800 INTRAVENOUS THERAPY				79389	79389		79389	48
49	4900 RESPIRATORY THERAPY	369131	69899	439030	-301351	137679	-10180	127499	49
50	5000 PHYSICAL THERAPY	632870	21257	654127	-1470	652657	362	653019	50
53	5300 ELECTROCARDIOLOGY	58313	83390	141703	-7796	133907	-51854	82053	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				886431	886431		886431	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				152142	152142		152142	55.30
56	5600 DRUGS CHARGED TO PATIENTS				2529189	2529189		2529189	56
58	5800 ASC (NON-DISTINCT PART)	450049	76859	526908	-4	526904	-53658	473246	58
59	3450 NUCLEAR MEDICINE	119289	198072	317361	-576	316785		316785	59
59.01	3230 CAT SCAN	180630	165148	345778		345778	34	345812	59.01
59.02	3630 ULTRASOUND	167663	17403	185066		185066		185066	59.02
59.03	3440 MAMMOGRAPHY	51339	65849	117188		117188		117188	59.03
59.04	3140 CARDIAC REHAB	69016	30825	99841		99841	-1820	98021	59.04
59.05	3190 FAITH CTR-CHEMOTHERAPY	118226	21803	140029		140029		140029	59.05
59.06	3950 ROUTINE ANCILLARY				331352	331352		331352	59.06
	OUTPATIENT SERVICE COST CENTERS								
61	6100 EMERGENCY	1800206	194463	1994669	-1409	1993260	-1078797	914463	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63	4950 DAY PSYCHIATRIC	725680	3752	729432		729432	-470069	259363	63
63.50	6310 RHC	1488555	227277	1715832	-73104	1642728		1642728	63.50
	OTHER REIMBURSABLE COST CENTERS								
71	7100 HOME HEALTH AGENCY	586729	129780	716509	-71438	645071	-19129	625942	71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	17740556	18572508	36313064	-33179	36279885	-3254538	33025347	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	29226	462	29688		29688		29688	96
98	9800 PHYSICIANS' PRIVATE OFFICES	50293	24657	74950	9912	84862		84862	98
98.01	9801 DIALYSIS								98.01
98.03	9802 ORTHO CLINIC				23267	23267		23267	98.03
101	TOTAL	17820075	18597627	36417702		36417702	-3254538	33163164	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY			
	1	2	3	4	OTHER	5	
1 DEPRECIATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4			1079448	1
2 DEPRECIATION	A	HOME HEALTH AGENCY	71			13435	2
3 DEPRECIATION	A	RHC	63.50			46066	3
4 DEPRECIATION	A	ORTHO CLINIC	98.03			23267	4
5 DEPRECIATION	A	PHYSICIANS' PRIVATE OFFICES	98			9912	5
6 MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55			566472	6
7	B	MEDICAL SUPPLIES CHARGED TO P	55			9	7
8	B	MEDICAL SUPPLIES CHARGED TO P	55			27	8
9	B	MEDICAL SUPPLIES CHARGED TO P	55			323	9
10	B	MEDICAL SUPPLIES CHARGED TO P	55			8881	10
11	B	MEDICAL SUPPLIES CHARGED TO P	55			301351	11
12	B	MEDICAL SUPPLIES CHARGED TO P	55			372	12
13	B	MEDICAL SUPPLIES CHARGED TO P	55			7796	13
14	B	MEDICAL SUPPLIES CHARGED TO P	55			108	14
15	B	MEDICAL SUPPLIES CHARGED TO P	55			4	15
16	B	MEDICAL SUPPLIES CHARGED TO P	55			576	16
17	B	MEDICAL SUPPLIES CHARGED TO P	55			22	17
18	B	MEDICAL SUPPLIES CHARGED TO P	55			490	18
19 BLOOD	B	LABORATORY	44			265233	19
20 IMPLANTABLE SUPPLIES	B	IMPL. DEV. CHARGED TO PATIENT	55.30			56510	20
21	B	IMPL. DEV. CHARGED TO PATIENT	55.30			94500	21
22	B	IMPL. DEV. CHARGED TO PATIENT	55.30			1098	22
23	B	IMPL. DEV. CHARGED TO PATIENT	55.30			34	23
24							24
25 DRUGS	C	DRUGS CHARGED TO PATIENTS	56			2529189	25
26 ROUTINE OP ANCILLARY SERVICES	H	ROUTINE ANCILLARY	59.06		269868	61484	26
27 HHA BILLER	I	ADMINISTRATIVE & GENERAL	6		78477	5906	27
28 MEDICAL STAFF DIRECTOR	M	ADMINISTRATIVE & GENERAL	6			1353	28
29 INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3			56719	29
30 INSURANCE	N	NEW CAP REL COSTS-MVBLE EQUIP	4			29600	30
31 IV THERAPY	O	INTRAVENOUS THERAPY	48		35188	53082	31
32 EPC BILLING & ADMITTING	Q	ADMINISTRATIVE & GENERAL	6		62745		32
33 EPC PHYSICIAN FRINGES	S	RHC	63.50			64404	33
34 EPC BUILDING	T	ADMINISTRATIVE & GENERAL	6			10195	34
35 EPC LAB	U	LABORATORY	44			1666	35
36 SUBTOTAL					446278	5289532	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		1079448	9 1
2 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		13435	9 2
3 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		46066	9 3
4 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		23267	9 4
5 DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		9912	9 5
6 MEDICAL SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		566472	6
7	B	OPERATING ROOM	37		9	7
8	B	ANESTHESIOLOGY	40		27	8
9	B	LABORATORY	44		323	9
10	B	INTRAVENOUS THERAPY	48		8881	10
11	B	RESPIRATORY THERAPY	49		301351	11
12	B	PHYSICAL THERAPY	50		372	12
13	B	ELECTROCARDIOLOGY	53		7796	13
14	B	PHARMACY	16		108	14
15	B	ASC (NON-DISTINCT PART)	58		4	15
16	B	NUCLEAR MEDICINE	59		576	16
17	B	EMERGENCY	61		22	17
18	B	HOME HEALTH AGENCY	71		490	18
19 BLOOD	B	CENTRAL SERVICES & SUPPLY	15		265233	19
20 IMPLANTABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		56510	20
21	B	OPERATING ROOM	37		94500	21
22	B	PHYSICAL THERAPY	50		1098	22
23	B	EMERGENCY	61		34	23
24						24
25 DRUGS	C	PHARMACY	16		2529189	25
26 ROUTINE OP ANCILLARY SERVICES	H	ADULTS & PEDIATRICS	25	269868	61484	26
27 HHA BILLER	I	HOME HEALTH AGENCY	71	78477	5906	27
28 MEDICAL STAFF DIRECTOR	M	EMERGENCY	61		1353	28
29 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		56719	12 29
30 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		29600	12 30
31 IV THERAPY	O	CENTRAL SERVICES & SUPPLY	15	35188	53082	31
32 EPC BILLING & ADMITTING	Q	RHC	63.50	62745		32
33 EPC PHYSICIAN FRINGES	S	EMPLOYEE BENEFITS	5		64404	33
34 EPC BUILDING	T	RHC	63.50		10195	34
35 EPC LAB	U	RHC	63.50		1666	35
36 SUBTOTAL				446278	5289532	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 EPC RADIOLOGY	U	RADIOLOGY-DIAGNOSTIC	41		4463	1
2 EPC LAB SALARIES	U	LABORATORY	44	26947		2
3 EPC XRAY SALARIES	U	RADIOLOGY-DIAGNOSTIC	41	41856		3
4 EPC LAB TRAVEL	U	LABORATORY	44		435	4
5 EPC XRAY TRAVEL	U	RADIOLOGY-DIAGNOSTIC	41		435	5
6 EPC XRAY SUPPLIES	U	RADIOLOGY-DIAGNOSTIC	41		1672	6
7 EPC LAB LICENSE AND PERMITS	U	LABORATORY	44		1113	7
8 EPC XRAY LICENSE AND PERMITS	U	RADIOLOGY-DIAGNOSTIC	41		110	8
9 EPC XRAY FILM	U	RADIOLOGY-DIAGNOSTIC	41		17	9
10 EPC XRAY MAINT AND REPAIR	U	RADIOLOGY-DIAGNOSTIC	41		4154	10
11 EPC LAB MAINT AND REPAIR	U	LABORATORY	44		752	11
12 EPC LAB PURCHASED SERVICE	U	LABORATORY	44		27014	12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				515081	5329697	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 6	DECREASE			Wkst A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1 EPC RADIOLOGY	U	RHC	63.50		4463	1
2 EPC LAB SALARIES	U	RHC	63.50	26947		2
3 EPC XRAY SALARIES	U	RHC	63.50	41856		3
4 EPC LAB TRAVEL	U	RHC	63.50		435	4
5 EPC XRAY TRAVEL	U	RHC	63.50		435	5
6 EPC XRAY SUPPLIES	U	RHC	63.50		1672	6
7 EPC LAB LICENSE AND PERMITS	U	RHC	63.50		1113	7
8 EPC XRAY LICENSE AND PERMITS	U	RHC	63.50		110	8
9 EPC XRAY FILM	U	RHC	63.50		17	9
10 EPC XRAY MAINT AND REPAIR	U	RHC	63.50		4154	10
11 EPC LAB MAINT AND REPAIR	U	RHC	63.50		752	11
12 EPC LAB PURCHASED SERVICE	U	RHC	63.50		27014	12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				515081	5329697	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	420001					420001		1
2 LAND IMPROVEMENTS	398025	11974		11974		409999		2
3 BUILDINGS AND FIXTURES	19099206				161073	18938133		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	9558881	538275		538275		10097156		6
7 SUBTOTAL	29476113	550249		550249	161073	29865289		7
8 RECONCILING ITEMS								8
9 TOTAL	29476113	550249		550249	161073	29865289		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	19348132		19348132	.657088				3
4 NEW CAP REL COSTS-MVBLE EQUIP	10097156		10097156	.342912				4
5 TOTAL	29445288		29445288	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	535700		133156	56719			725575 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1079448			29600			1109048 4
5 TOTAL	1615148		133156	86319			1834623 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	1706356		221050				1927406 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	1706356		221050				1927406 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-88039	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-4245	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2090058			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-95354	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-335	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-5184	ADMINISTRATIVE & GENERAL	6	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES		1472	NEW CAP REL COSTS-BLDG & FIXT	3	9 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 LIFELINE	A	-18156	HOME HEALTH AGENCY	71	37
38 PHYSICIAN RECRUITMENT	A	-19233	ADMINISTRATIVE & GENERAL	6	38
38.01 PHYSICIAN LOANS	A	-31275	ADMINISTRATIVE & GENERAL	6	38.01
39 CRNA WAGES	A	-601327	ANESTHESIOLOGY	40	39
39.01 CRNA BENEFITS	A	-11967	EMPLOYEE BENEFITS	5	39.01
40 EMERGENCY ROOM PHYS BENEFITS	A	-9800	EMPLOYEE BENEFITS	5	40
41 PSYCH PHYSICIAN FRINGES	A	-11891	EMPLOYEE BENEFITS	5	41
41.01 PSYCH PHYSICIAN TRAVEL	A	-13544	ADMINISTRATIVE & GENERAL	6	41.01
42 DR ENCISO REVENUES	B	-8410	DAY PSYCHIATRIC	63	42
43 ER MD MISC EXPENSE	A	-18538	EMERGENCY	61	43
44 AMORTIZATION OF BOND COSTS	A	145	NEW CAP REL COSTS-BLDG & FIXT	3	11 44
45 LAB	B	-180	LABORATORY	44	45
46 HHC SCREENINGS	B	-973	HOME HEALTH AGENCY	71	46
47 OTHER INCOME	B	-74713	ADMINISTRATIVE & GENERAL	6	47
48					48
49 MISSIONS EXPENSE	A	-280	ADMINISTRATIVE & GENERAL	6	49
49.02 CAPITALIZED INTEREST	A	83	OPERATION OF PLANT	8	49.02
49.03 CAPITALIZED INTEREST	A	362	PHYSICAL THERAPY	50	49.03
49.04 CAPITALIZED INTEREST	A	245	ASC (NON-DISTINCT PART)	58	49.04
49.05 CAPITALIZED INTEREST	A	215	EMERGENCY	61	49.05
49.06 CAPITALIZED INTEREST	A	34	CAT SCAN	59.01	49.06
49.07 CAPITALIZED INTEREST	A	184	OPERATING ROOM	37	49.07
49.20 PHYSICIAN BILLING WAGES	A	-2858	ADMINISTRATIVE & GENERAL	6	49.20
49.21 PHYSICIAN BILLING FRINGE BENEFIT	A	-235	EMPLOYEE BENEFITS	5	49.21
49.22 DONATED MEALS	A	-19284	DIETARY	11	49.22
49.24 COMM RELATIONS	A	-12120	ADMINISTRATIVE & GENERAL	6	49.24
49.25 ALCOHOL	A	-42	ADMINISTRATIVE & GENERAL	6	49.25
49.26 IHA LOBBYING	A	-13753	ADMINISTRATIVE & GENERAL	6	49.26
49.27 AHA LOBBYING	A	-3856	ADMINISTRATIVE & GENERAL	6	49.27
49.28 ADVERTISING	A	-84435	ADMINISTRATIVE & GENERAL	6	49.28

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC
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
11/24/2010 07:52

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
49.32 MISC INCOME	A	-2900	RESPIRATORY THERAPY	49	49.32
49.34 DUE - ROTARY CLUB	A	-300	EMPLOYEE BENEFITS	5	49.34
49.35 OTHER ADMIN DUES	A	-400	ADMINISTRATIVE & GENERAL	6	49.35
49.37 PENALTIES	A	-3050	ADMINISTRATIVE & GENERAL	6	49.37
49.38 INSURANCE SETTLEMENTS	A	-463	ADMINISTRATIVE & GENERAL	6	49.38
49.39 IHREF CONTRIBUTION EXPENSE	A	-10080	ADMINISTRATIVE & GENERAL	6	49.39
50 TOTAL		-3254538			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						2
3						3
4						4
5	TOTALS					5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						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.	1	2	3	4	5	6	7	8	9		
1	31	SUBPROVIDER I		MEDICAL FEES	25450		25450	138700	221	14737	737
2	63	DAY PSYCHIATRIC		SALARIED-DR	461659	461659					
3	61	EMERGENCY		SALARIED-DR	936171	936171					
4	44	LABORATORY		MEDICAL FEES	6000		6000	208000	60	6000	300
5	53	ELECTROCARDIOLOGY		MEDICAL FEES	51854	51854					
6	59.04	CARDIAC REHAB		MEDICAL FEES DIRECT	28709		28709	159800	350	26889	1344
7	61	EMERGENCY		MEDICAL FEES #47	124303	124303					
8	25	ADULTS & PEDIATRICS		HOSPITALISTS MEDICA	292355	292355					
9	25	ADULTS & PEDIATRICS		HOSPITALISTS PURC S	150000	150000					
10	49	RESPIRATORY THERAPY		RESP THER MEDICAL F	7280	7280					
11	58	ASC (NON-DISTINCT PART)		SALARIED-DR	53903	53903					
101		TOTAL	2137684		2077525	60159		631	47626	2381	

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	31	SUBPROVIDER I	MEDICAL FEES				14737	10713	10713
2	63	DAY PSYCHIATRIC	SALARIED-DR						461659
3	61	EMERGENCY	SALARIED-DR						936171
4	44	LABORATORY	MEDICAL FEES				6000		
5	53	ELECTROCARDIOLOGY	MEDICAL FEES						51854
6	59.04	CARDIAC REHAB	MEDICAL FEES DIRECT				26889	1820	1820
7	61	EMERGENCY	MEDICAL FEES #47						124303
8	25	ADULTS & PEDIATRICS	HOSPITALISTS MEDICA						292355
9	25	ADULTS & PEDIATRICS	HOSPITALISTS PURC S						150000
10	49	RESPIRATORY THERAPY	RESP THER MEDICAL F						7280
11	58	ASC (NON-DISTINCT PART)	SALARIED-DR						53903
101		TOTAL					47626	12533	2090058

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	723724							10
11 DIETARY		966667						11
12 CAFETERIA		495405	524478					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION				7192				14
15 CENTRAL SERVICES & SUPPLY				3915	198418			15
16 PHARMACY	17870			16356		1032310		16
17 MEDICAL RECORDS & LIBRARY				23623			727435	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	241529	302386	126600	153196			66535	5632835 25
31 SUBPROVIDER I	97131	150884	94855	114781			58050	3688223 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	46980		19161	23187			13993	1066628 37
40 ANESTHESIOLOGY							11316	57003 40
41 RADIOLOGY-DIAGNOSTIC			21143				19762	1147431 41
44 LABORATORY	21905		40274				114944	3106721 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
48 INTRAVENOUS THERAPY			2603				3937	121228 48
49 RESPIRATORY THERAPY	20175		20703				29859	429618 49
50 PHYSICAL THERAPY	21905		27496				27998	1341380 50
53 ELECTROCARDIOLOGY			3725				9345	160899 53
55 MEDICAL SUPPLIES CHARGED TO PAT					184363		42185	1351557 55
55.30 IMPL. DEV. CHARGED TO PATIENT					12026		2750	207866 55.30
56 DRUGS CHARGED TO PATIENTS							108919	4351137 56
58 ASC (NON-DISTINCT PART)	78684		18729	22663		1032310	29642	1179856 58
59 NUCLEAR MEDICINE			4640				15024	533876 59
59.01 CAT SCAN			9200				107537	798368 59.01
59.02 ULTRASOUND			7114				18122	399159 59.02
59.03 MAMMOGRAPHY			2643				4963	321550 59.03
59.04 CARDIAC REHAB			3301				4032	182158 59.04
59.05 FAITH CTR-CHEMOTHERAPY			5052				3864	267474 59.05
59.06 ROUTINE ANCILLARY			13899	16818			6581	564609 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	100301		37488	45363			21277	1800033 61
62 OBSERVATION BEDS (NON-DISTINCT								
63 DAY PSYCHIATRIC			10392	12575			6800	590858 63
63.50 RHC	59662							2314334 63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	17582				1974			1019405 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	723724	948675	520104	388583	198363	1032310	727435	32634206 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			4374					75372 96
98 PHYSICIANS' PRIVATE OFFICES		17992			55			348580 98
98.01 DIALYSIS								75477 98.01
98.03 ORTHO CLINIC								29529 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	723724	966667	524478	388583	198418	1032310	727435	33163164 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	5632835		25
31 SUBPROVIDER I	3688223		31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1066628		37
40 ANESTHESIOLOGY	57003		40
41 RADIOLOGY-DIAGNOSTIC	1147431		41
44 LABORATORY	3106721		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	121228		48
49 RESPIRATORY THERAPY	429618		49
50 PHYSICAL THERAPY	1341380		50
53 ELECTROCARDIOLOGY	160899		53
55 MEDICAL SUPPLIES CHARGED TO PAT	1351557		55
55.30 IMPL. DEV. CHARGED TO PATIENT	207866		55.30
56 DRUGS CHARGED TO PATIENTS	4351137		56
58 ASC (NON-DISTINCT PART)	1179856		58
59 NUCLEAR MEDICINE	533876		59
59.01 CAT SCAN	798368		59.01
59.02 ULTRASOUND	399159		59.02
59.03 MAMMOGRAPHY	321550		59.03
59.04 CARDIAC REHAB	182158		59.04
59.05 FAITH CTR-CHEMOTHERAPY	267474		59.05
59.06 ROUTINE ANCILLARY	564609		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	1800033		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 DAY PSYCHIATRIC	590858		63
63.50 RHC	2314334		63.50
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY	1019405		71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	32634206		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	75372		96
98 PHYSICIANS' PRIVATE OFFICES	348580		98
98.01 DIALYSIS	75477		98.01
98.03 ORTHO CLINIC	29529		98.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	33163164		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		5451	392	5843	5843				5
6 ADMINISTRATIVE & GENERAL	3980	108526	233964	346470	934	347404			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1196	27757	13857	42810	160	14835	57805		8
9 LAUNDRY & LINEN SERVICE		13557	7159	20716	18	2119	1078	23931	9
10 HOUSEKEEPING		4706	21	4727	143	7485	374		10
11 DIETARY		15772	5306	21078	167	9804	1255		11
12 CAFETERIA		9035		9035		120	719		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION			139	139	88	3995			14
15 CENTRAL SERVICES & SUPPLY		6074	42345	48419	31	1914	483		15
16 PHARMACY		9637	91537	101174	189	10259	767		16
17 MEDICAL RECORDS & LIBRARY		11811	12425	24236	109	7132	940		17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	750	104485	71241	176476	959	46777	8309	7690	25
31 SUBPROVIDER I	987	95563	9369	105919	637	30904	7601	3788	31
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	2700	63406	31049	97155	155	8564	5044	2324	37
40 ANESTHESIOLOGY			6887	6887		479			40
41 RADIOLOGY-DIAGNOSTIC		40630	137177	177807	136	10635	3232	1267	41
44 LABORATORY	267	23735	22753	46755	247	30205	1888		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
48 INTRAVENOUS THERAPY					14	1201			48
49 RESPIRATORY THERAPY	18436	9453	8367	36256	144	3463	752	1034	49
50 PHYSICAL THERAPY	1795	48062	10975	60832	247	12092	3823	1679	50
53 ELECTROCARDIOLOGY	25420	4104	5830	35354	23	1465	326		53
55 MEDICAL SUPPLIES CHARGED TO PAT						11785			55
55.30 IMPL. DEV. CHARGED TO PATIENT						2023			55.30
56 DRUGS CHARGED TO PATIENTS						33626			56
58 ASC (NON-DISTINCT PART)		42325	67006	109331	176	9612	3367	3149	58
59 NUCLEAR MEDICINE		3971	41096	45067	47	5306	316		59
59.01 CAT SCAN		4635	123165	127800	71	7046	369		59.01
59.02 ULTRASOUND		5135	44235	49370	66	3812	408		59.02
59.03 MAMMOGRAPHY		3093	106320	109413	20	3226	246		59.03
59.04 CARDIAC REHAB		4186	7586	11772	27	1746	333		59.04
59.05 FAITH CTR-CHEMOTHERAPY		9525	2665	12190	46	2514	758		59.05
59.06 ROUTINE ANCILLARY					105	5524			59.06
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		19845	4630	24475	338	16067	1579	2426	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63 DAY PSYCHIATRIC	379	24501	1136	26016	150	5378	1949		63
63.50 RHC	1044			1044	162	23562		574	63.50
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	18156			18156	203	10474			71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	75110	718980	1108632	1902722	5812	345149	45916	23931	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		6595	416	7011	11	609	525		96
98 PHYSICIANS' PRIVATE OFFICES					20	1337	8283		98
98.01 DIALYSIS							3081		98.01
98.03 ORTHO CLINIC						309			98.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	75110	725575	1109048	1909733	5843	347404	57805	23931	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	10	11	12	14	15	16	17	25
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	12729							10
11 DIETARY		32304						11
12 CAFETERIA		16556	26430					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			362	4584				14
15 CENTRAL SERVICES & SUPPLY			197		51044			15
16 PHARMACY	314		824			113527		16
17 MEDICAL RECORDS & LIBRARY			1190				33607	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	4250	10105	6380	1808			3073	265827 25
31 SUBPROVIDER I	1708	5042	4780	1354			2681	164414 31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	826		966	274			646	115954 37
40 ANESTHESIOLOGY							523	7889 40
41 RADIOLOGY-DIAGNOSTIC			1065				913	195055 41
44 LABORATORY	385		2030				5316	86826 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
48 INTRAVENOUS THERAPY			131				182	1528 48
49 RESPIRATORY THERAPY	355		1043				1379	44426 49
50 PHYSICAL THERAPY	385		1386				1293	81737 50
53 ELECTROCARDIOLOGY			188				432	37788 53
55 MEDICAL SUPPLIES CHARGED TO PAT					47428		1949	61162 55
55.30 IMPL. DEV. CHARGED TO PATIENT					3094		127	5244 55.30
56 DRUGS CHARGED TO PATIENTS							5031	152184 56
58 ASC (NON-DISTINCT PART)	1384		944	267		113527	1369	129599 58
59 NUCLEAR MEDICINE			234				694	51664 59
59.01 CAT SCAN			464				4967	140717 59.01
59.02 ULTRASOUND			359				837	54852 59.02
59.03 MAMMOGRAPHY			133				229	113267 59.03
59.04 CARDIAC REHAB			166				186	14230 59.04
59.05 FAITH CTR-CHEMOTHERAPY			255				179	15942 59.05
59.06 ROUTINE ANCILLARY			700	198			304	6831 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1764		1889	535			983	50056 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63 DAY PSYCHIATRIC			524	148			314	34479 63
63.50 RHC	1049							26391 63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	309				508			29650 71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	12729	31703	26210	4584	51030	113527	33607	1887712 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			220					8376 96
98 PHYSICIANS' PRIVATE OFFICES		601			14			10255 98
98.01 DIALYSIS								3081 98.01
98.03 ORTHO CLINIC								309 98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	12729	32304	26430	4584	51044	113527	33607	1909733 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	265827		25
31 SUBPROVIDER I	164414		31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	115954		37
40 ANESTHESIOLOGY	7889		40
41 RADIOLOGY-DIAGNOSTIC	195055		41
44 LABORATORY	86826		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	1528		48
49 RESPIRATORY THERAPY	44426		49
50 PHYSICAL THERAPY	81737		50
53 ELECTROCARDIOLOGY	37788		53
55 MEDICAL SUPPLIES CHARGED TO PAT	61162		55
55.30 IMPL. DEV. CHARGED TO PATIENT	5244		55.30
56 DRUGS CHARGED TO PATIENTS	152184		56
58 ASC (NON-DISTINCT PART)	129599		58
59 NUCLEAR MEDICINE	51664		59
59.01 CAT SCAN	140717		59.01
59.02 ULTRASOUND	54852		59.02
59.03 MAMMOGRAPHY	113267		59.03
59.04 CARDIAC REHAB	14230		59.04
59.05 FAITH CTR-CHEMOTHERAPY	15942		59.05
59.06 ROUTINE ANCILLARY	6831		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	50056		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63 DAY PSYCHIATRIC	34479		63
63.50 RHC	26391		63.50
OTHER REIMBURSABLE COST CENTERS			
71 HOME HEALTH AGENCY	29650		71
SPECIAL PURPOSE COST CENTERS			
95 SUBTOTALS	1887712		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	8376		96
98 PHYSICIANS' PRIVATE OFFICES	10255		98
98.01 DIALYSIS	3081		98.01
98.03 ORTHO CLINIC	309		98.03
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	1909733		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		ACCUM COST	SQUARE FEET	POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	71075							3
4 NEW CAP REL COSTS-MVBLE EQUIP		1079447						4
5 EMPLOYEE BENEFITS	534	382	14946910					5
6 ADMINISTRATIVE & GENERAL	10631	227719	2389553	-7032846	26130318			6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2719	13487	408168		1115828	71185		8
9 LAUNDRY & LINEN SERVICE	1328	6968	45726		159403	1328	20025	9
10 HOUSEKEEPING	461	20	364507		563019	461		10
11 DIETARY	1545	5164	426609		737450	1545		11
12 CAFETERIA	885				9035	885		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		135	224644		300510			14
15 CENTRAL SERVICES & SUPPLY	595	41215	78647		143928	595		15
16 PHARMACY	944	89094	484503		771625	944		16
17 MEDICAL RECORDS & LIBRARY	1157	12093	278591		536420	1157		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10235	69340	2458206		3518493	10235	6435	25
31 SUBPROVIDER I	9361	9119	1630392		2324468	9361	3170	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	6211	30220	395460		644158	6211	1945	37
40 ANESTHESIOLOGY		6703			35998			40
41 RADIOLOGY-DIAGNOSTIC	3980	133516	348399		799941	3980	1060	41
44 LABORATORY	2325	22146	631618		2271880	2325		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY			35188		90366			48
49 RESPIRATORY THERAPY	926	8144	369131		260474	926	865	49
50 PHYSICAL THERAPY	4708	10682	632870		909488	4708	1405	50
53 ELECTROCARDIOLOGY	402	5674	58313		110178	402		53
55 MEDICAL SUPPLIES CHARGED TO P					886431			55
55.30 IMPL. DEV. CHARGED TO PATIENT					152142			55.30
56 DRUGS CHARGED TO PATIENTS					2529189			56
58 ASC (NON-DISTINCT PART)	4146	65218	450049		722976	4146	2635	58
59 NUCLEAR MEDICINE	389	39999	119289		399066	389		59
59.01 CAT SCAN	454	119878	180630		529962	454		59.01
59.02 ULTRASOUND	503	43054	167663		286741	503		59.02
59.03 MAMMOGRAPHY	303	103482	51339		242617	303		59.03
59.04 CARDIAC REHAB	410	7384	69016		131323	410		59.04
59.05 FAITH CTR-CHEMOTHERAPY	933	2594	118226		189101	933		59.05
59.06 ROUTINE ANCILLARY			269688		415485			59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1944	4506	864035		1208485	1944	2030	61
62 OBSERVATION BEDS (NON-DISTINC								62
63 DAY PSYCHIATRIC	2400	1106	383002		404482	2400		63
63.50 RHC			415050		1772208		480	63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY			518879		787813			71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	70429	1079042	14867391	-7032846	25960683	56545	20025	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	646	405	29226		45816	646		96
98 PHYSICIANS' PRIVATE OFFICES			50293		100552	10200		98
98.01 DIALYSIS						3794		98.01
98.03 ORTHO CLINIC					23267			98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	725575	1109048	4662876		7032846	1416148	228725	103
104 UNIT COST MULT-WS B PT I		1.027422				19.893910		104
104 UNIT COST MULT-WS B PT I	10.208582		.311963		.269145		11.421973	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			5843		347404	57805	23931	107
108 UNIT COST MULT-WS B PT III						.812039		108
108 UNIT COST MULT-WS B PT III			.000391		.013295		1.195056	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	HOURS OF SERVICE 10	MEALS SERVED 11	MEALS SERVED 12	DIRECT NRSING HRS 14	COSTED REQUIS. 15	COSTED REQUIS. 16	GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	2511							10
11 DIETARY		123681						11
12 CAFETERIA		63385	472488					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			6479	289292				14
15 CENTRAL SERVICES & SUPPLY			3527		4183812			15
16 PHARMACY	62		14735			2529189		16
17 MEDICAL RECORDS & LIBRARY			21281				67069868	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	838	38689	114051	114051			6134516	25
31 SUBPROVIDER I	337	19305	85452	85452			5352216	31
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	163		17262	17262			1290144	37
40 ANESTHESIOLOGY							1043332	40
41 RADIOLOGY-DIAGNOSTIC			19047				1822042	41
44 LABORATORY	76		36282				10598106	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY			2345				362968	48
49 RESPIRATORY THERAPY	70		18651				2753014	49
50 PHYSICAL THERAPY	76		24770				2581442	50
53 ELECTROCARDIOLOGY			3356				861605	53
55 MEDICAL SUPPLIES CHARGED TO P					3887445		3889479	55
55.30 IMPL. DEV. CHARGED TO PATIENT					253570		253569	55.30
56 DRUGS CHARGED TO PATIENTS						2529189	10042340	56
58 ASC (NON-DISTINCT PART)	273		16872	16872			2733006	58
59 NUCLEAR MEDICINE			4180				1385182	59
59.01 CAT SCAN			8288				9914909	59.01
59.02 ULTRASOUND			6409				1670801	59.02
59.03 MAMMOGRAPHY			2381				457614	59.03
59.04 CARDIAC REHAB			2974				371757	59.04
59.05 FAITH CTR-CHEMOTHERAPY			4551				356304	59.05
59.06 ROUTINE ANCILLARY			12521	12521			606809	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	348		33772	33772			1961742	61
62 OBSERVATION BEDS (NON-DISTINC								62
63 DAY PSYCHIATRIC			9362	9362			626971	63
63.50 RHC	207							63.50
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	61				41630			71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	2511	121379	468548	289292	4182645	2529189	67069868	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			3940					96
98 PHYSICIANS' PRIVATE OFFICES		2302			1167			98
98.01 DIALYSIS								98.01
98.03 ORTHO CLINIC								98.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	723724	966667	524478	388583	198418	1032310	727435	103
104 UNIT COST MULT-WS B PT I	288.221426		1.110035		.047425		.010846	104
104 UNIT COST MULT-WS B PT I		7.815808		1.343221		.408159		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	12729	32304	26430	4584	51044	113527	33607	107
108 UNIT COST MULT-WS B PT III	5.069295		.055938		.012200		.000501	108
108 UNIT COST MULT-WS B PT III		.261188		.015846		.044887		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	5632835		5632835		5632835	25
31 SUBPROVIDER I	3688223		3688223	10713	3698936	31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1066628		1066628		1066628	37
40 ANESTHESIOLOGY	57003		57003		57003	40
41 RADIOLOGY-DIAGNOSTIC	1147431		1147431		1147431	41
44 LABORATORY	3106721		3106721		3106721	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	121228		121228		121228	48
49 RESPIRATORY THERAPY	429618		429618		429618	49
50 PHYSICAL THERAPY	1341380		1341380		1341380	50
53 ELECTROCARDIOLOGY	160899		160899		160899	53
55 MEDICAL SUPPLIES CHARGED TO	1351557		1351557		1351557	55
55.30 IMPL. DEV. CHARGED TO PATIE	207866		207866		207866	55.30
56 DRUGS CHARGED TO PATIENTS	4351137		4351137		4351137	56
58 ASC (NON-DISTINCT PART)	1179856		1179856		1179856	58
59 NUCLEAR MEDICINE	533876		533876		533876	59
59.01 CAT SCAN	798368		798368		798368	59.01
59.02 ULTRASOUND	399159		399159		399159	59.02
59.03 MAMMOGRAPHY	321550		321550		321550	59.03
59.04 CARDIAC REHAB	182158		182158	1820	183978	59.04
59.05 FAITH CTR-CHEMOTHERAPY	267474		267474		267474	59.05
59.06 ROUTINE ANCILLARY	564609		564609		564609	59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1800033		1800033		1800033	61
62 OBSERVATION BEDS (NON-DISTI	574639		574639		574639	62
63 DAY PSYCHIATRIC	590858		590858		590858	63
63.50 RHC	2314334		2314334		2314334	63.50
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	32189440		32189440	12533	32201973	101
102 LESS OBSERVATION BEDS	574639		574639		574639	102
103 TOTAL	31614801		31614801	12533	31627334	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	5155146		5155146			25
31 SUBPROVIDER I	5352216		5352216			31
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	206846	1083298	1290144	.826751	.826751	.826751 37
40 ANESTHESIOLOGY	221853	821479	1043332	.054636	.054636	.054636 40
41 RADIOLOGY-DIAGNOSTIC	338270	1483773	1822043	.629750	.629750	.629750 41
44 LABORATORY	2958494	7639612	10598106	.293139	.293139	.293139 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
48 INTRAVENOUS THERAPY	228918	134050	362968	.333991	.333991	.333991 48
49 RESPIRATORY THERAPY	1844591	908423	2753014	.156054	.156054	.156054 49
50 PHYSICAL THERAPY	600539	1980903	2581442	.519624	.519624	.519624 50
53 ELECTROCARDIOLOGY	182840	678765	861605	.186743	.186743	.186743 53
55 MEDICAL SUPPLIES CHARGED TO	2241081	1648398	3889479	.347490	.347490	.347490 55
55.30 IMPL. DEV. CHARGED TO PATIE	13592	239977	253569	.819761	.819761	.819761 55.30
56 DRUGS CHARGED TO PATIENTS	2942129	7100211	10042340	.433279	.433279	.433279 56
58 ASC (NON-DISTINCT PART)	309362	2423644	2733006	.431706	.431706	.431706 58
59 NUCLEAR MEDICINE	48638	1336544	1385182	.385419	.385419	.385419 59
59.01 CAT SCAN	1250535	8664375	9914910	.080522	.080522	.080522 59.01
59.02 ULTRASOUND	493997	1176804	1670801	.238903	.238903	.238903 59.02
59.03 MAMMOGRAPHY	407	457207	457614	.702666	.702666	.702666 59.03
59.04 CARDIAC REHAB	1902	369855	371757	.489992	.489992	.489888 59.04
59.05 FAITH CTR-CHEMOTHERAPY	834	355470	356304	.750690	.750690	.750690 59.05
59.06 ROUTINE ANCILLARY	463734	143074	606808	.930457	.930457	.930457 59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	230304	1731438	1961742	.917569	.917569	.917569 61
62 OBSERVATION BEDS (NON-DISTI	44712	327850	372562	1.542398	1.542398	1.542398 62
63 DAY PSYCHIATRIC	11992	614979	626971	.942401	.942401	.942401 63
63.50 RHC		1613511	1613511	1.434347	1.434347	1.434347 63.50
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	25142932	42933640	68076572			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	25142932	42933640	68076572			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				265827	5100	260727
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				164414		164414
33 NURSERY						
101 TOTAL				430241		425141

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	7515	4666			34.69	161864
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5741	1921			28.64	55017
33 NURSERY						
101 TOTAL	13256	6587				216881

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0210) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		115954	1290144	181315			.089877	16296 37
40 ANESTHESIOLOGY		7889	1043332	144613			.007561	1093 40
41 RADIOLOGY-DIAGNOSTIC		195055	1822043	323837			.107053	34668 41
44 LABORATORY		86826	10598106	1905365			.008193	15611 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		1528	362968	176011			.004210	741 48
49 RESPIRATORY THERAPY		44426	2753014	1744171			.016137	28146 49
50 PHYSICAL THERAPY		81737	2581442	246875			.031663	7817 50
53 ELECTROCARDIOLOGY		37788	861605	141399			.043858	6201 53
55 MEDICAL SUPPLIES CHARGED TO P		61162	3889479	768278			.015725	12081 55
55.30 IMPL. DEV. CHARGED TO PATIENT		5244	253569				.020681	55.30
56 DRUGS CHARGED TO PATIENTS		152184	10042340	1624430			.015154	24617 56
58 ASC (NON-DISTINCT PART)		129599	2733006	208411			.047420	9883 58
59 NUCLEAR MEDICINE		51664	1385182	20841			.037298	777 59
59.01 CAT SCAN		140717	9914910	1123564			.014192	15946 59.01
59.02 ULTRASOUND		54852	1670801	293690			.032830	9642 59.02
59.03 MAMMOGRAPHY		113267	457614				.247516	59.03
59.04 CARDIAC REHAB		14230	371757	1902			.038278	73 59.04
59.05 FAITH CTR-CHEMOTHERAPY		15942	356304	752			.044743	34 59.05
59.06 ROUTINE ANCILLARY		6831	606808	359898			.011257	4051 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		50056	1961742	154215			.025516	3935 61
62 OBSERVATION BEDS (NON-DISTINC		27604	372562	17949			.074092	1330 62
63 DAY PSYCHIATRIC		34479	626971				.054993	63
63.50 RHC			1613511					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1429034	55955699	9437516				192942 101

APPORIONMENT 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 ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					7515		4666	25
26 INTENSIVE CARE UNIT								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					5741		1921	31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					13256		6587	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0210) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
63.50 RHC							63.50
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 (14-0210) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1290144			181315		177499 37
40 ANESTHESIOLOGY		1043332			144613		166555 40
41 RADIOLOGY-DIAGNOSTIC		1822043			323837		194077 41
44 LABORATORY		10598106			1905365		113114 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		362968			176011		19658 48
49 RESPIRATORY THERAPY		2753014			1744171		211470 49
50 PHYSICAL THERAPY		2581442			246875		1079 50
53 ELECTROCARDIOLOGY		861605			141399		102879 53
55 MEDICAL SUPPLIES CHARGED TO P		3889479			768278		276474 55
55.30 IMPL. DEV. CHARGED TO PATIENT		253569					80255 55.30
56 DRUGS CHARGED TO PATIENTS		10042340			1624430		1621587 56
58 ASC (NON-DISTINCT PART)		2733006			208411		541391 58
59 NUCLEAR MEDICINE		1385182			20841		291178 59
59.01 CAT SCAN		9914910			1123564		1312666 59.01
59.02 ULTRASOUND		1670801			293690		128746 59.02
59.03 MAMMOGRAPHY		457614					457614 59.03
59.04 CARDIAC REHAB		371757			1902		122920 59.04
59.05 FAITH CTR-CHEMOTHERAPY		356304			752		66908 59.05
59.06 ROUTINE ANCILLARY		606808			359898		28191 59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1961742			154215		266536 61
62 OBSERVATION BEDS (NON-DISTINC		372562			17949		39601 62
63 DAY PSYCHIATRIC		626971					38331 63
63.50 RHC		1613511					1613511 63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		55955699			9437516		5801115 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0210) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	185019				37
40 ANESTHESIOLOGY	150988				40
41 RADIOLOGY-DIAGNOSTIC	198043				41
44 LABORATORY	145123				44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY	28808				48
49 RESPIRATORY THERAPY	190656				49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY	105724				53
55 MEDICAL SUPPLIES CHARGED TO P	300708				55
55.30 IMPL. DEV. CHARGED TO PATIENT	86584				55.30
56 DRUGS CHARGED TO PATIENTS	2254317				56
58 ASC (NON-DISTINCT PART)	521177				58
59 NUCLEAR MEDICINE	232946				59
59.01 CAT SCAN	1394658				59.01
59.02 ULTRASOUND	140133				59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB	122660				59.04
59.05 FAITH CTR-CHEMOTHERAPY	122542				59.05
59.06 ROUTINE ANCILLARY	36768				59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	315326				61
62 OBSERVATION BEDS (NON-DISTINC	89351				62
63 DAY PSYCHIATRIC	69312				63
63.50 RHC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	6690843				101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0210) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
37 ANCILLARY SERVICE COST CENTERS							
40 OPERATING ROOM	.826751	.826751	.826751				37
41 ANESTHESIOLOGY	.054636	.054636	.054636				40
44 RADIOLOGY-DIAGNOSTIC	.629750	.629750	.629750				41
44 LABORATORY	.293139	.293139	.293139				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY	.333991	.333991	.333991				48
49 RESPIRATORY THERAPY	.156054	.156054	.156054				49
50 PHYSICAL THERAPY	.519624	.519624	.519624				50
53 ELECTROCARDIOLOGY	.186743	.186743	.186743				53
55 MEDICAL SUPPLIES CHARGED TO PAT	.347490	.347490	.347490				55
55.30 IMPL. DEV. CHARGED TO PATIENT	.819761	.819761	.819761				55.30
56 DRUGS CHARGED TO PATIENTS	.433279	.433279	.433279				56
58 ASC (NON-DISTINCT PART)	.431706	.431706	.431706				58
59 NUCLEAR MEDICINE	.385419	.385419	.385419				59
59.01 CAT SCAN	.080522	.080522	.080522				59.01
59.02 ULTRASOUND	.238903	.238903	.238903				59.02
59.03 MAMMOGRAPHY	.702666	.702666	.702666				59.03
59.04 CARDIAC REHAB	.489992	.489992	.489992				59.04
59.05 FAITH CTR-CHEMOTHERAPY	.750690	.750690	.750690				59.05
59.06 ROUTINE ANCILLARY	.930457	.930457	.930457				59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	.917569	.917569	.917569				61
62 OBSERVATION BEDS (NON-DISTINCT	1.542398	1.542398	1.542398				62
63 DAY PSYCHIATRIC	.942401	.942401	.942401				63
63.50 RHC	1.434347	1.434347	1.434347				63.50
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.433279	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		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 (14-0210) [] 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 SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		177499		185019				37
40 ANESTHESIOLOGY		166555		150988				40
41 RADIOLOGY-DIAGNOSTIC		194077	189	198043				41
44 LABORATORY		113114	569	145123				44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
48 INTRAVENOUS THERAPY		19658		28808				48
49 RESPIRATORY THERAPY		211470		190656				49
50 PHYSICAL THERAPY		1079						50
53 ELECTROCARDIOLOGY		102879		105724				53
55 MEDICAL SUPPLIES CHARGED TO PA		276474		300708				55
55.30 IMPL. DEV. CHARGED TO PATIENT		80255		86584				55.30
56 DRUGS CHARGED TO PATIENTS		1621587		2254317				56
58 ASC (NON-DISTINCT PART)		541391		521177				58
59 NUCLEAR MEDICINE		291178		232946				59
59.01 CAT SCAN		1312666		1394658				59.01
59.02 ULTRASOUND		128746		140133				59.02
59.03 MAMMOGRAPHY								59.03
59.04 CARDIAC REHAB		122920		122660				59.04
59.05 FAITH CTR-CHEMOTHERAPY		66908		122542				59.05
59.06 ROUTINE ANCILLARY		28191		36768				59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		266536		315326				61
62 OBSERVATION BEDS (NON-DISTINCT		39601		89351				62
63 DAY PSYCHIATRIC		38331		69312				63
63.50 RHC								63.50
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		5801115	758	6690843				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		5801115	758	6690843				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0210) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		146747		152965			37
40 ANESTHESIOLOGY		9100		8249			40
41 RADIOLOGY-DIAGNOSTIC		122220	119	124718			41
44 LABORATORY		33158	167	42541			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
48 INTRAVENOUS THERAPY		6566		9622			48
49 RESPIRATORY THERAPY		33001		29753			49
50 PHYSICAL THERAPY		561					50
53 ELECTROCARDIOLOGY		19212		19743			53
55 MEDICAL SUPPLIES CHARGED TO PAT		96072		104493			55
55.30 IMPL. DEV. CHARGED TO PATIENT		65790		70978			55.30
56 DRUGS CHARGED TO PATIENTS		702600		976748			56
58 ASC (NON-DISTINCT PART)		233722		224995			58
59 NUCLEAR MEDICINE		112226		89782			59
59.01 CAT SCAN		105698		112301			59.01
59.02 ULTRASOUND		30758		33478			59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB		60230		60102			59.04
59.05 FAITH CTR-CHEMOTHERAPY		50227		91991			59.05
59.06 ROUTINE ANCILLARY		26231		34211			59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		244565		289333			61
62 OBSERVATION BEDS (NON-DISTINCT		61081		137815			62
63 DAY PSYCHIATRIC		36123		65320			63
63.50 RHC							63.50
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		2195888	286	2679138			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		2195888	286	2679138			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-S210) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		115954	1290144				.089877	37
40 ANESTHESIOLOGY		7889	1043332	13932			.007561	105 40
41 RADIOLOGY-DIAGNOSTIC		195055	1822043	8736			.107053	935 41
44 LABORATORY		86826	10598106	98280			.008193	805 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		1528	362968	886			.004210	4 48
49 RESPIRATORY THERAPY		44426	2753014	55901			.016137	902 49
50 PHYSICAL THERAPY		81737	2581442	9715			.031663	308 50
53 ELECTROCARDIOLOGY		37788	861605	6861			.043858	301 53
55 MEDICAL SUPPLIES CHARGED TO P		61162	3889479	24764			.015725	389 55
55.30 IMPL. DEV. CHARGED TO PATIENT		5244	253569				.020681	55.30
56 DRUGS CHARGED TO PATIENTS		152184	10042340	282805			.015154	4286 56
58 ASC (NON-DISTINCT PART)		129599	2733006				.047420	58
59 NUCLEAR MEDICINE		51664	1385182	2032			.037298	76 59
59.01 CAT SCAN		140717	9914910	56500			.014192	802 59.01
59.02 ULTRASOUND		54852	1670801				.032830	59.02
59.03 MAMMOGRAPHY		113267	457614				.247516	59.03
59.04 CARDIAC REHAB		14230	371757				.038278	59.04
59.05 FAITH CTR-CHEMOTHERAPY		15942	356304				.044743	59.05
59.06 ROUTINE ANCILLARY		6831	606808	919			.011257	10 59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		50056	1961742	12385			.025516	316 61
62 OBSERVATION BEDS (NON-DISTINC		27604	372562				.074092	62
63 DAY PSYCHIATRIC		34479	626971	1240			.054993	68 63
63.50 RHC			1613511					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1429034	55955699	574956				9307 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-S210) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
63.50 RHC							63.50
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-S210) [] 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			CHARGES	COST TO	RATIO OF COST	
	COSTS	CHARGES	CHARGES	TO	TO	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1290144					37
40 ANESTHESIOLOGY		1043332			13932		40
41 RADIOLOGY-DIAGNOSTIC		1822043			8736		41
44 LABORATORY		10598106			98280		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		362968			886		48
49 RESPIRATORY THERAPY		2753014			55901		49
50 PHYSICAL THERAPY		2581442			9715		50
53 ELECTROCARDIOLOGY		861605			6861		53
55 MEDICAL SUPPLIES CHARGED TO P		3889479			24764		55
55.30 IMPL. DEV. CHARGED TO PATIENT		253569					55.30
56 DRUGS CHARGED TO PATIENTS		10042340			282805		56
58 ASC (NON-DISTINCT PART)		2733006					58
59 NUCLEAR MEDICINE		1385182			2032		59
59.01 CAT SCAN		9914910			56500		59.01
59.02 ULTRASOUND		1670801					59.02
59.03 MAMMOGRAPHY		457614					59.03
59.04 CARDIAC REHAB		371757					59.04
59.05 FAITH CTR-CHEMOTHERAPY		356304					59.05
59.06 ROUTINE ANCILLARY		606808			919		59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1961742			12385		61
62 OBSERVATION BEDS (NON-DISTINC		372562					62
63 DAY PSYCHIATRIC		626971			1240		63
63.50 RHC		1613511					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		55955699			574956		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-S210) [] 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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				265827	5100	260727	25
26 INTENSIVE CARE UNIT							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				164414		164414	31
33 NURSERY							33
101 TOTAL				430241		425141	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	7515	727			34.69	25220	25
26 INTENSIVE CARE UNIT							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	5741	1856			28.64	53156	31
33 NURSERY							33
101 TOTAL	13256	2583				78376	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0210) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		115954	1290144				.089877	37
40 ANESTHESIOLOGY		7889	1043332				.007561	40
41 RADIOLOGY-DIAGNOSTIC		195055	1822043				.107053	41
44 LABORATORY		86826	10598106				.008193	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		1528	362968				.004210	48
49 RESPIRATORY THERAPY		44426	2753014				.016137	49
50 PHYSICAL THERAPY		81737	2581442				.031663	50
53 ELECTROCARDIOLOGY		37788	861605				.043858	53
55 MEDICAL SUPPLIES CHARGED TO P		61162	3889479				.015725	55
55.30 IMPL. DEV. CHARGED TO PATIENT		5244	253569				.020681	55.30
56 DRUGS CHARGED TO PATIENTS		152184	10042340				.015154	56
58 ASC (NON-DISTINCT PART)		129599	2733006				.047420	58
59 NUCLEAR MEDICINE		51664	1385182				.037298	59
59.01 CAT SCAN		140717	9914910				.014192	59.01
59.02 ULTRASOUND		54852	1670801				.032830	59.02
59.03 MAMMOGRAPHY		113267	457614				.247516	59.03
59.04 CARDIAC REHAB		14230	371757				.038278	59.04
59.05 FAITH CTR-CHEMOTHERAPY		15942	356304				.044743	59.05
59.06 ROUTINE ANCILLARY		6831	606808				.011257	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		50056	1961742				.025516	61
62 OBSERVATION BEDS (NON-DISTINC		27604	372562				.074092	62
63 DAY PSYCHIATRIC		34479	626971				.054993	63
63.50 RHC			1613511					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1429034	55955699					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					PROGRAM
		COST	COST	AMOUNT	COSTS	PATIENT	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					7515		727	25
26	INTENSIVE CARE UNIT								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					5741		1856	31
33	NURSERY								33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					13256		2583	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0210) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
63.50 RHC							63.50
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 (14-0210) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1290144					37
40 ANESTHESIOLOGY		1043332					40
41 RADIOLOGY-DIAGNOSTIC		1822043					41
44 LABORATORY		10598106					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		362968					48
49 RESPIRATORY THERAPY		2753014					49
50 PHYSICAL THERAPY		2581442					50
53 ELECTROCARDIOLOGY		861605					53
55 MEDICAL SUPPLIES CHARGED TO P		3889479					55
55.30 IMPL. DEV. CHARGED TO PATIENT		253569					55.30
56 DRUGS CHARGED TO PATIENTS		10042340					56
58 ASC (NON-DISTINCT PART)		2733006					58
59 NUCLEAR MEDICINE		1385182					59
59.01 CAT SCAN		9914910					59.01
59.02 ULTRASOUND		1670801					59.02
59.03 MAMMOGRAPHY		457614					59.03
59.04 CARDIAC REHAB		371757					59.04
59.05 FAITH CTR-CHEMOTHERAPY		356304					59.05
59.06 ROUTINE ANCILLARY		606808					59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1961742					61
62 OBSERVATION BEDS (NON-DISTINC		372562					62
63 DAY PSYCHIATRIC		626971					63
63.50 RHC		1613511					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		55955699					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0210) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S210) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		115954	1290144				.089877	37
40 ANESTHESIOLOGY		7889	1043332				.007561	40
41 RADIOLOGY-DIAGNOSTIC		195055	1822043				.107053	41
44 LABORATORY		86826	10598106				.008193	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
48 INTRAVENOUS THERAPY		1528	362968				.004210	48
49 RESPIRATORY THERAPY		44426	2753014				.016137	49
50 PHYSICAL THERAPY		81737	2581442				.031663	50
53 ELECTROCARDIOLOGY		37788	861605				.043858	53
55 MEDICAL SUPPLIES CHARGED TO P		61162	3889479				.015725	55
55.30 IMPL. DEV. CHARGED TO PATIENT		5244	253569				.020681	55.30
56 DRUGS CHARGED TO PATIENTS		152184	10042340				.015154	56
58 ASC (NON-DISTINCT PART)		129599	2733006				.047420	58
59 NUCLEAR MEDICINE		51664	1385182				.037298	59
59.01 CAT SCAN		140717	9914910				.014192	59.01
59.02 ULTRASOUND		54852	1670801				.032830	59.02
59.03 MAMMOGRAPHY		113267	457614				.247516	59.03
59.04 CARDIAC REHAB		14230	371757				.038278	59.04
59.05 FAITH CTR-CHEMOTHERAPY		15942	356304				.044743	59.05
59.06 ROUTINE ANCILLARY		6831	606808				.011257	59.06
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		50056	1961742				.025516	61
62 OBSERVATION BEDS (NON-DISTINC		27604	372562				.074092	62
63 DAY PSYCHIATRIC		34479	626971				.054993	63
63.50 RHC			1613511					63.50
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		1429034	55955699					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S210) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 NUCLEAR MEDICINE							59
59.01 CAT SCAN							59.01
59.02 ULTRASOUND							59.02
59.03 MAMMOGRAPHY							59.03
59.04 CARDIAC REHAB							59.04
59.05 FAITH CTR-CHEMOTHERAPY							59.05
59.06 ROUTINE ANCILLARY							59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 DAY PSYCHIATRIC							63
63.50 RHC							63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S210) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1290144					37
40 ANESTHESIOLOGY		1043332					40
41 RADIOLOGY-DIAGNOSTIC		1822043					41
44 LABORATORY		10598106					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
48 INTRAVENOUS THERAPY		362968					48
49 RESPIRATORY THERAPY		2753014					49
50 PHYSICAL THERAPY		2581442					50
53 ELECTROCARDIOLOGY		861605					53
55 MEDICAL SUPPLIES CHARGED TO P		3889479					55
55.30 IMPL. DEV. CHARGED TO PATIENT		253569					55.30
56 DRUGS CHARGED TO PATIENTS		10042340					56
58 ASC (NON-DISTINCT PART)		2733006					58
59 NUCLEAR MEDICINE		1385182					59
59.01 CAT SCAN		9914910					59.01
59.02 ULTRASOUND		1670801					59.02
59.03 MAMMOGRAPHY		457614					59.03
59.04 CARDIAC REHAB		371757					59.04
59.05 FAITH CTR-CHEMOTHERAPY		356304					59.05
59.06 ROUTINE ANCILLARY		606808					59.06
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1961742					61
62 OBSERVATION BEDS (NON-DISTINC		372562					62
63 DAY PSYCHIATRIC		626971					63
63.50 RHC		1613511					63.50
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		55955699					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S210) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
48 INTRAVENOUS THERAPY						48
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS						56
58 ASC (NON-DISTINCT PART)						58
59 NUCLEAR MEDICINE						59
59.01 CAT SCAN						59.01
59.02 ULTRASOUND						59.02
59.03 MAMMOGRAPHY						59.03
59.04 CARDIAC REHAB						59.04
59.05 FAITH CTR-CHEMOTHERAPY						59.05
59.06 ROUTINE ANCILLARY						59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63 DAY PSYCHIATRIC						63
63.50 RHC						63.50
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

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	SNF	
	(PPS) (14-0210)	(PPS) (14-S210)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8119	5741					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7515	5741					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	862						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6653	5741					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	300						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	291						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	6						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4666	1921					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	300						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	291						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) (14-0210)	SUB I (PPS) (14-S210)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	107.32						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5632835	3698936					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	54153						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	52528						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	751						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	644						25
26 TOTAL SWING-BED COST	108076						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5524759	3698936					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5406725	5735652					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	537041						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4869684	5735652					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.021831	.644902					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	623.02						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	731.95	999.07					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	5524759	3698936					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) (14-0210)	SUB I (PPS) (14-S210)	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	735.16	644.30				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3430257	1237700				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3430257	1237700				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0210)	SUB I (PPS) (14-S210)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	3140938	200279				48
49 TOTAL PROGRAM INPATIENT COSTS	6571195	1437979				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	161864	55017				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	192942	9307				51
52 TOTAL PROGRAM EXCLUDABLE COST	354806	64324				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	6216389	1373655				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) (14-0210)	SUB I (PPS) (14-S210)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET REPORT UPDATED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60	54153					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61	52528					MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62	106681					TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0210)(14-S210)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	765	19			83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	735.16	644.30			84
85 OBSERVATION BED COST	562397	12242			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		5524759		562397		86
87 NEW CAPITAL-RELATED COST	265827	5524759	.048116	562397	27060	87
88 NON PHYSICIAN ANESTHETIST		5524759		562397		88
89 MEDICAL EDUCATION		5524759		562397		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS	HOSPITAL	SUB I	SUB II	SUB III	SUB IV	NF	
	(OTHER) (14-0210)	(OTHER) (14-S210)					
	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	8119	5741					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	7515	5741					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	862						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6653	5741					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	300						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	291						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	7						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	6						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	727	1856					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 [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51						18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32						19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	107.32						20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5632835	3688223					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	54153						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	52528						23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	751						24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	644						25
26 TOTAL SWING-BED COST	108076						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5524759	3688223					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5406725	5735652					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	537041						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4869684	5735652					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.021831	.643035					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	623.02						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	731.95	999.07					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	5524759	3688223					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	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	735.16	642.44				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	534461	1192369				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	534461	1192369				41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	534461	1192369				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	25220	53156				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	25220	53156				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		320				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC
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
11/24/2010 07:52

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC
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
11/24/2010 07:52

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0210)	SUB I (OTHER) (14-S210)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	765	19	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	735.16	644.30	84
85 OBSERVATION BED COST	562397	12242	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0210) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3411010		25
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.826751	181315	149902	37
40 ANESTHESIOLOGY	.054636	144613	7901	40
41 RADIOLOGY-DIAGNOSTIC	.629750	323837	203936	41
44 LABORATORY	.293139	1905365	558537	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.333991	176011	58786	48
49 RESPIRATORY THERAPY	.156054	1744171	272185	49
50 PHYSICAL THERAPY	.519624	246875	128282	50
53 ELECTROCARDIOLOGY	.186743	141399	26405	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.347490	768278	266969	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.819761			55.30
56 DRUGS CHARGED TO PATIENTS	.433279	1624430	703831	56
58 ASC (NON-DISTINCT PART)	.431706	208411	89972	58
59 NUCLEAR MEDICINE	.385419	20841	8033	59
59.01 CAT SCAN	.080522	1123564	90472	59.01
59.02 ULTRASOUND	.238903	293690	70163	59.02
59.03 MAMMOGRAPHY	.702666			59.03
59.04 CARDIAC REHAB	.494888	1902	941	59.04
59.05 FAITH CTR-CHEMOTHERAPY	.750690	752	565	59.05
59.06 ROUTINE ANCILLARY	.930457	359898	334870	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.917569	154215	141503	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.542398	17949	27685	62
63 DAY PSYCHIATRIC	.942401			63
63.50 RHC	1.434347			63.50
101 TOTAL		9437516	3140938	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9437516		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-S210)	<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
31 SUBPROVIDER I		1796271		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.826751			37
40 ANESTHESIOLOGY	.054636	13932	761	40
41 RADIOLOGY-DIAGNOSTIC	.629750	8736	5501	41
44 LABORATORY	.293139	98280	28810	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.333991	886	296	48
49 RESPIRATORY THERAPY	.156054	55901	8724	49
50 PHYSICAL THERAPY	.519624	9715	5048	50
53 ELECTROCARDIOLOGY	.186743	6861	1281	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.347490	24764	8605	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.819761			55.30
56 DRUGS CHARGED TO PATIENTS	.433279	282805	122533	56
58 ASC (NON-DISTINCT PART)	.431706			58
59 NUCLEAR MEDICINE	.385419	2032	783	59
59.01 CAT SCAN	.080522	56500	4549	59.01
59.02 ULTRASOUND	.238903			59.02
59.03 MAMMOGRAPHY	.702666			59.03
59.04 CARDIAC REHAB	.494888			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.750690			59.05
59.06 ROUTINE ANCILLARY	.930457	919	855	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.917569	12385	11364	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.542398			62
63 DAY PSYCHIATRIC	.942401	1240	1169	63
63.50 RHC	1.434347			63.50
101 TOTAL		574956	200279	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		574956		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 type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-U210)	<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
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.826751			37
40 ANESTHESIOLOGY	.054636			40
41 RADIOLOGY-DIAGNOSTIC	.629750	5697	3588	41
44 LABORATORY	.293139	47482	13919	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
48 INTRAVENOUS THERAPY	.333991	2394	800	48
49 RESPIRATORY THERAPY	.156054	44519	6947	49
50 PHYSICAL THERAPY	.519624	230627	119839	50
53 ELECTROCARDIOLOGY	.186743	5275	985	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.347490	69437	24129	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.819761			55.30
56 DRUGS CHARGED TO PATIENTS	.433279	84913	36791	56
58 ASC (NON-DISTINCT PART)	.431706			58
59 NUCLEAR MEDICINE	.385419			59
59.01 CAT SCAN	.080522			59.01
59.02 ULTRASOUND	.238903			59.02
59.03 MAMMOGRAPHY	.702666			59.03
59.04 CARDIAC REHAB	.489992			59.04
59.05 FAITH CTR-CHEMOTHERAPY	.750690			59.05
59.06 ROUTINE ANCILLARY	.930457	4351	4048	59.06
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.917569			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.542398			62
63 DAY PSYCHIATRIC	.942401			63
63.50 RHC	1.434347			63.50
101 TOTAL		494695	211046	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		494695		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0210)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.826751		37
40 ANESTHESIOLOGY	.054636		40
41 RADIOLOGY-DIAGNOSTIC	.629750		41
44 LABORATORY	.293139		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.333991		48
49 RESPIRATORY THERAPY	.156054		49
50 PHYSICAL THERAPY	.519624		50
53 ELECTROCARDIOLOGY	.186743		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.347490		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.819761		55.30
56 DRUGS CHARGED TO PATIENTS	.433279		56
58 ASC (NON-DISTINCT PART)	.431706		58
59 NUCLEAR MEDICINE	.385419		59
59.01 CAT SCAN	.080522		59.01
59.02 ULTRASOUND	.238903		59.02
59.03 MAMMOGRAPHY	.702666		59.03
59.04 CARDIAC REHAB	.489992		59.04
59.05 FAITH CTR-CHEMOTHERAPY	.750690		59.05
59.06 ROUTINE ANCILLARY	.930457		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.917569		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.542398		62
63 DAY PSYCHIATRIC	.942401		63
63.50 RHC	1.434347		63.50
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S210)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.826751		37
40 ANESTHESIOLOGY	.054636		40
41 RADIOLOGY-DIAGNOSTIC	.629750		41
44 LABORATORY	.293139		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
48 INTRAVENOUS THERAPY	.333991		48
49 RESPIRATORY THERAPY	.156054		49
50 PHYSICAL THERAPY	.519624		50
53 ELECTROCARDIOLOGY	.186743		53
55 MEDICAL SUPPLIES CHARGED TO PAT	.347490		55
55.30 IMPL. DEV. CHARGED TO PATIENT	.819761		55.30
56 DRUGS CHARGED TO PATIENTS	.433279		56
58 ASC (NON-DISTINCT PART)	.431706		58
59 NUCLEAR MEDICINE	.385419		59
59.01 CAT SCAN	.080522		59.01
59.02 ULTRASOUND	.238903		59.02
59.03 MAMMOGRAPHY	.702666		59.03
59.04 CARDIAC REHAB	.489992		59.04
59.05 FAITH CTR-CHEMOTHERAPY	.750690		59.05
59.06 ROUTINE ANCILLARY	.930457		59.06
OUTPATIENT SERVICE COST CENTERS			
61 EMERGENCY	.917569		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	1.542398		62
63 DAY PSYCHIATRIC	.942401		63
63.50 RHC	1.434347		63.50
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1307257					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1425776					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	3352447					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	7697					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	44.50					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00				0.00	3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0590					4
4.01	0.1063					4.01
4.02	0.1653					4.02
4.03	0.0349					4.03
4.04	212383					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	6305560					6
7	6948185					7
7.01						7.01
8	6948185					8
9	472189					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	7420374					16
17	2626					17
18	7417748					18
19	912204					19
20	12856					20
21	202733					21
21.01	141913					21.01
21.02	203733					21.02
22	6634601					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0210)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	6634601					26
27						27
28	6640400					28
28.01						28.01
29	-5799					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0210) 1	HOSPITAL (14-0210) 1.01	HOSPITAL (14-0210) 1.02	
1 MEDICAL AND OTHER SERVICES	286			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2195888	2679138		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1509305	1742298		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850	0.850		1.03
1.04 LINE 1.01 TIMES LINE 1.03	1866505	2277267		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	80.86	76.51		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	303620	454724		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	286			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	758			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	758			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	758			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	472			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	286			17
17.01 TOTAL PPS PAYMENTS	4009947			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0210) 1	HOSPITAL (14-0210) 1.01	HOSPITAL (14-0210) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	801180		18.01
19 SUBTOTAL	3209053		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	3209053		23
24 PRIMARY PAYER PAYMENTS	822		24
25 SUBTOTAL	3208231		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	134975		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	94483		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	134975		27.02
28 SUBTOTAL	3302714		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)	1073		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	3301641		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3085496		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	216145		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S210)	SUB I (14-S210)	SUB I (14-S210)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S210)	SUB I (14-S210)	SUB I (14-S210)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0210)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B			
	PART A		PART B			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4		
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5714300		2448528	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.		182000		624368	2	
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01				3.01	
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02	12/21/2009	11900	12/21/2009	12600	3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	12/21/2009	17700			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04	07/01/2010	714500			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		744100		12600	3.99
4 TOTAL INTERIM PAYMENTS			6640400		3085496	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		NONE		NONE	5.02
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51		NONE		NONE	5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT	PROGRAM TO					
(BALANCE DUE) BASED ON THE COST	PROVIDER .01				216145	6.01
REPORT.	PROVIDER TO .02		-5799			6.02
	PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY			6634601		3301641	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SWING BED SKILLED NURSING FACILITY (14-U210)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		204216		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		204216		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			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		204216		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
 SWING BEDS

SUPPLEMENTAL
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
	1	1	2	1	1	
		PART A (14-U210)		PART B (14-U210)		
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		209746			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES					3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		591			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		209746			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		209746			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		209746			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		5530			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		204216			15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL		204216			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		204216			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM					21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S210)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1494664				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	3192				1.09
1.10	NET IPF PPS ECT PAYMENTS	7141				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)	15.676712				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1504997				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	1504997				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1504997				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1504997				6
7	DEDUCTIBLES	170959				7
8	SUBTOTAL	1334038				8
9	COINSURANCE	4651				9
10	SUBTOTAL	1329387				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	245996				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	172197				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	245996				11.02
12	SUBTOTAL	1501584				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC
PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2010.09
11/24/2010 07:52

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S210)	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	1501584				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1446036				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	55548				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
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0210) (OTHER)	SUB I (14-S210) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	534461	1192369				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	534461	1192369				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	534461	1192369				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	534461	1192369				22
23	COST OF COVERED SERVICES	534461	1192369				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	534461	1192369				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	534461	1192369				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0210) (OTHER)	SUB I (14-S210) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	534461	1192369				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3141540			1
2	TEMPORARY INVESTMENTS	6488571			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	6156011			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1773061			6
7	INVENTORY	767885			7
8	PREPAID EXPENSES	1082229			8
9	OTHER CURRENT ASSETS	115599			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	15978774			11
FIXED ASSETS					
12	LAND	830000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	18938133			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	10097156			18
18.01	ACCUMULATED DEPRECIATION	-17003757			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	12861532			21
OTHER ASSETS					
22	INVESTMENTS	361404			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	311700			25
26	TOTAL OTHER ASSETS	673104			26
27	TOTAL ASSETS	29513410			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	992345			28
29	SALARIES, WAGES & FEES PAYABLE	2148328			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	217851			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	732820			35
36	TOTAL CURRENT LIABILITIES	4091344			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	5302561			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	42297			41
42	TOTAL LONG TERM LIABILITIES	5344858			42
43	TOTAL LIABILITIES	9436202			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	20077208			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	20077208			51
52	TOTAL LIABILITIES AND FUND BALANCES	29513410			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	22696361			1
2 NET INCOME (LOSS)	-2619153			2
3 TOTAL	20077208			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NEW ADDITION TRANSFER ACCOUNT				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	20077208			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 FONDATION LOSS FOR THE YEAR				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	20077208			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	5771198		5771198	1
4 SUBPROVIDER I	5342625		5342625	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	11113823		11113823	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	11113823		11113823	16
19 ANCILLARY SERVICES	13686183	41660893	55347076	17
20 OUTPATIENT SERVICES				18
21 18.50 RHC		1613511	1613511	18.50
22 19 HOME HEALTH AGENCY		1494147	1494147	19
23 20 AMBULANCE				20
24 21 CORF				21
25 22 ASC				22
26 23 HOSPICE				23
27 24 PHYSICIAN AND CRNA CHARGES	1511518	2208483	3720001	24
28 24.01 CLINIC REVENUE		270811	270811	24.01
29 24.02		2	2	24.02
30 25 TOTAL PATIENT REVENUES	26311524	47247847	73559371	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		36417702	26
27 ADD (SPECIFY)			27
28 BAD DEBT	2955975		28
29	2		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		2955977	33
34 DEDUCT (SPECIFY)			34
35 OVER/SHORT			35
36 MEDICAID TAX	-1226731		36
37			37
38			38
39 TOTAL DEDUCTIONS	-1226731		39
40 TOTAL OPERATING EXPENSES		38146948	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	73559371	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	39098957	2
3	NET PATIENT REVENUES	34460414	3
4	LESS - TOTAL OPERATING EXPENSES	38146948	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3686534	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	19149	6
7	INCOME FROM INVESTMENTS	95495	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	4245	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	95045	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	335	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	5184	21
22	RENTAL OF HOSPITAL SPACE	76108	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CLINIC RENT		24
24.01	DIALYSIS BUILDING RENT		24.01
24.02	HHC SCREENINGS	973	24.02
24.03	DIABETIC SKILLS		24.03
24.04	SCHOOL SCREENINGS		24.04
24.05	PULMONARY - OTHER REV		24.05
24.06	OTHER	2911	24.06
24.07	GRANTS	163539	24.07
24.08	FLEXIBLE SPENDING	1040	24.08
24.09	PSYCH INCOME		24.09
24.10	MISC	514001	24.10
24.14	HOLDING VALUE GAINS	355658	24.14
25	TOTAL OTHER INCOME	1333683	25
26	TOTAL	-2352851	26
27			27
27.01	OTHER		27.01
27.02	LOSS ON DISPOSAL OF ASSETS	1844	27.02
27.03	FOUNDATION EXPENSE	59458	27.03
27.04	LESS SETTLEMENT	205000	27.04
28			28
29			29
30	TOTAL OTHER EXPENSES	266302	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2619153	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	143877			3368	59916	207161 5
6 SKILLED NURSING CARE	267388		38718			306106 6
7 PHYSICAL THERAPY	119672		24171			143843 7
8 OCCUPATIONAL THERAPY	6337		1700			8037 8
9 SPEECH PATHOLOGY	13306		1381			14687 9
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	36150		525			36675 11
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	586730		66495	3368	59916	716509 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7419

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	-71438	135723	-19129	116594	5
6 SKILLED NURSING CARE		306106		306106	6
7 PHYSICAL THERAPY		143843		143843	7
8 OCCUPATIONAL THERAPY		8037		8037	8
9 SPEECH PATHOLOGY		14687		14687	9
10 MEDICAL SOCIAL SERVICES					10
11 HOME HEALTH AIDE		36675		36675	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-71438	645071	-19129	625942	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7419

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	116594					116594	116594	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	306106					306106	70190	376296
7 PHYSICAL THERAPY	143843					143843	32842	176685
8 OCCUPATIONAL THERAPY	8037					8037	1835	9872
9 SPEECH PATHOLOGY	14687					14687	3353	18040
10 MEDICAL SOCIAL SERVICES								10
11 HOME HEALTH AIDE	36675					36675	8374	45049
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	625942					625942		625942

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC
 PERIOD FROM 07/01/2009 TO 06/30/2010

KPMG LLP COMPUS-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2010.09
 11/24/2010 07:52

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-116594	510658	5
6 SKILLED NURSING CARE					1310	307416	6
7 PHYSICAL THERAPY						143843	7
8 OCCUPATIONAL THERAPY						8037	8
9 SPEECH PATHOLOGY						14687	9
10 MEDICAL SOCIAL SERVICES							10
11 HOME HEALTH AIDE						36675	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-115284	510658	24
25 COST TO BE ALLOC (PER W/S H)						116594	25
26 UNIT COST MULTIPLIER						.228321	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7419

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	47304			1
2 SKILLED NURSING CARE	596755	29040	625795	2
3 PHYSICAL THERAPY	258177	12563	270740	3
4 OCCUPATIONAL THERAPY	15371	748	16119	4
5 SPEECH PATHOLOGY	28860	1404	30264	5
6 MEDICAL SOCIAL SERVICES				6
7 HOME HEALTH AIDE	70964	3453	74417	7
8 SUPPLIES	1974	96	2070	8
9 DRUGS				9
9.20 COST OF ADMINISTERING VACC				9.20
10 DME				10
11 HOME DIALYSIS AIDE SERVICE				11
12 RESPIRATORY THERAPY				12
13 PRIVATE DUTY NURSING				13
14 CLINIC				14
15 HEALTH PROMOTION ACTIVITIE				15
16 DAY CARE PROGRAM				16
17 HOME DELIVERED MEALS PROGR				17
18 HOMEMAKER SERVICE				18
19 ALL OTHERS				19
19.50 TELEMEDICINE				19.50
20 TOTALS	1019405	47304	1019405	20
21 UNIT COST MULTIPLIER		.048662		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7419

WORKSHEET H-5
 PART II

HHA COST CENTER	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7419

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		625795		625795	3758	166.52	1
2	PHYSICAL THERAPY		270740		270740	2346	115.40	2
3	OCCUPATIONAL THERAPY		16119		16119	134	120.29	3
4	SPEECH PATHOLOGY		30264		30264	165	183.42	4
5	MEDICAL SOCIAL SERV							5
6	HOME HEALTH AIDE SERV		74417		74417	51	1459.16	6
7	TOTAL		1017335		1017335	6454		7
LIMITATION COST COMPUTATION			MSA					PROGRAM
PATIENT SERVICES			NO.					COST LIMITS
			1	2	3	4	5	
8	SKILLED NURSING CARE		9914					8
9	PHYSICAL THERAPY		9914					9
10	OCCUPATIONAL THERAPY		9914					10
11	SPEECH PATHOLOGY		9914					11
12	MEDICAL SOCIAL SERV		9914					12
13	HOME HEALTH AIDE SERV		9914					13
14	TOTAL		9914					14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL		
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES	RATIO	
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		2070	14466	16536	41630	.397214	15
16	COST OF DRUGS			813	813			16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA		
						NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					9914		17
18	PER BENEFICIARY COST LIMITATION					9914		18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7419

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	735995	247043		2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT 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(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	735995	247043		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	735995	247043		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	556923	202880	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	10578	5675	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7634	840	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	575135	209395	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	575135	209395	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	575135	209395	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	575135	209395	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	575135	209395	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	575135	209395	24
25 TOTAL INTERIM PAYMENTS	575135	211272	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM		-1877	26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7419

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		575135		211272	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		575135		211272	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			-1877	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		575135		209395	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0210)	HOSPITAL (14-0210)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	472101				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	88				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	472189				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
31 SUBPROVIDER I					31
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 NUCLEAR MEDICINE					59
59.01 CAT SCAN					59.01
59.02 ULTRASOUND					59.02
59.03 MAMMOGRAPHY					59.03
59.04 CARDIAC REHAB					59.04
59.05 FAITH CTR-CHEMOTHERAPY					59.05
59.06 ROUTINE ANCILLARY					59.06
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63 DAY PSYCHIATRIC					63
63.50 RHC					63.50
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
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 DIALYSIS					98.01
98.03 ORTHO CLINIC					98.03
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

RHC I
 COMPONENT NO: 14-3473

WORKSHEET M-1

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
 FEDERALLY QUALIFIED HEALTH CENTER COSTS

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

	COMPEN- SATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATIONS 4	RECLASSIFIED TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS								
1 PHYSICIAN	587580		587580	38433	626013		626013	1
2 PHYSICIAN ASSISTANT								2
3 NURSE PRACTITIONER	226076		226076	19525	245601		245601	3
4 VISITING NURSE								4
5 OTHER NURSE								5
6 CLINICAL PSYCHOLOGIST	70175		70175	4787	74962		74962	6
7 CLINICAL SOCIAL WORKER	30036		30036		30036		30036	7
8 LABORATORY TECHNICIAN								8
9 OTHER FACILITY HEALTH CARE STAFF COSTS								9
10 SUBTOTAL (SUM OF LINES 1-9)	913867		913867	62745	976612		976612	10
COSTS UNDER AGREEMENT								
11 PHYSICIAN SERVICES UNDER AGREEMENT								11
12 PHYSICIAN SUPERVISION UNDER AGREEMENT								12
13 OTHER COSTS UNDER AGREEMENT								13
14 SUBTOTAL (SUM OF LINES 11-13)								14
OTHER HEALTH CARE COSTS								
15 MEDICAL SUPPLIES		19955	19955	-1689	18266		18266	15
16 TRANSPORTATION (HEALTH CARE STAFF)		18555	18555		18555		18555	16
17 DEPRECIATION-MEDICAL EQUIPMENT				19631	19631		19631	17
18 PROFESSIONAL LIABILITY INSURANCE								18
19 OTHER HEALTH CARE COSTS								19
20 ALLOWABLE GME COSTS								20
21 SUBTOTAL (SUM OF LINES 15-20)		38510	38510	17942	56452		56452	21
22 TOTAL COSTS OF HEALTH CARE SERVICES	913867	38510	952377	80687	1033064		1033064	22
COSTS OTHER THAN RHC/FQHC SERVICES								
23 PHARMACY								23
24 DENTAL								24
25 OPTOMETRY								25
26 ALL OTHER NONREIMBURSABLE COSTS								26
27 NONALLOWABLE GME COSTS								27
28 TOTAL NONREIMBURSABLE COSTS								28
FACILITY OVERHEAD								
29 FACILITY COSTS		80299	80299	10006	90305		90305	29
30 ADMINISTRATIVE COSTS	574688	108468	683156	-163797	519359		519359	30
31 TOTAL FACILITY OVERHEAD	574688	188767	763455	-153791	609664		609664	31
32 TOTAL FACILITY COSTS	1488555	227277	1715832	-73104	1642728		1642728	32

RHC I
 COMPONENT NO: 14-3473

WORKSHEET M-2

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

CHECK [XX] RHC
 APPLICABLE BOX: [] FQHC

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL	TOTAL VISITS	PRODUCTIVITY STANDARD	MINIMUM VISITS	GREATER OF COL. 2 OR COL. 4	
	1	2	3	4	5	
1 PHYSICIANS	2.29	7844	4200	9618		1
2 PHYSICIAN ASSISTANTS			2100			2
3 NURSE PRACTITIONERS	2.18	7360	2100	4578		3
4 SUBTOTAL	4.47	15204		14196	15204	4
5 VISITING NURSE						5
6 CLINICAL PSYCHOLOGIST	0.83	845			845	6
7 CLINICAL SOCIAL WORKER	0.57	986			986	7
8 TOTAL FTEs AND VISITS	5.87	17035			17035	8
9 PHYSICIAN SERVICES UNDER AGREEMENTS						9

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES

10 TOTAL COSTS OF HEALTH CARE SERVICES					1033064	10
11 TOTAL NONREIMBURSABLE COSTS						11
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD)					1033064	12
13 RATIO OF RHC/FQHC SERVICES					1.000000	13
14 TOTAL FACILITY OVERHEAD					609664	14
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY					671606	15
16 TOTAL OVERHEAD					1281270	16
17 ALLOWABLE GME OVERHEAD						17
18 SUBTRACT LINE 17 FROM LINE 16					1281270	18
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES					1281270	19
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES					2314334	20

RHC I
 COMPONENT NO: 14-3473

WORKSHEET M-3

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

CHECK [XX] RHC [] TITLE V
 APPLICABLE BOX: [] FQHC [XX] TITLE XVIII
 [] TITLE XIX

DETERMINATION OF RATE FOR RHC/FQHC SERVICES

1	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	2314334	1
2	COST OF VACCINES AND THEIR ADMINISTRATION		2
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	2314334	3
4	TOTAL VISITS	17035	4
5	PHYSICIANS VISITS UNDER AGREEMENT		5
6	TOTAL ADJUSTED VISITS	17035	6
7	ADJUSTED COST PER VISIT	135.86	7

CALCULATION OF LIMIT(1)
 PRIOR TO ON OR AFTER
 JANUARY 1 JANUARY 1 (SEE INSTR.)
 1 2 3

8	PER VISIT PAYMENT LIMIT	72.76	75.23	8
9	RATE FOR PROGRAM COVERED VISITS	135.86	135.86	9

CALCULATION OF SETTLEMENT

10	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES	2019	2083	10
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES	274301	282996	11
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES	276	134	12
13	PROGRAM COVERED COST FROM MENTAL HEALTH SERVICES	37497	18205	13
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES	23436	12516	14
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST			15
16	TOTAL PROGRAM COST		593249	16
16.01	PRIMARY PAYOR PAYMENTS		197	16.01
17	LESS: BENEFICIARY DEDUCTIBLE		57130	17
18	NET PROGRAM COST EXCLUDING VACCINES		535922	18
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE		428738	19
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION			20
21	TOTAL REIMBURSABLE PROGRAM COST		428738	21
22	REIMBURSABLE BAD DEBTS		8189	22
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		8189	22.01
23	OTHER ADJUSTMENTS			23
24	NET REIMBURSABLE AMOUNT		436927	24
25	INTERIM PAYMENTS		432760	25
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26	BALANCE DUE COMPONENT/PROGRAM		4167	26
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, CHAPTER I, SECTION 115.2			27

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDAR YEAR PROVIDERS USE COLUMN 2 ONLY.

RHC I
 COMPONENT NO: 14-3473

WORKSHEET M-4

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

CHECK [XX] RHC [] TITLE V
 APPLICABLE BOX: [] FQHC [XX] TITLE XVIII
 [] TITLE XIX

	PNEUMOCOCCAL 1	SEASONAL INFLUENZA 2	H1N1 VACCINE (SERVICES ON/AFTER 10/1/2009) 2.01	COMBINATION INFLUENZA & H1N1 IN SAME VISIT 2.02	
1 HEALTH CARE STAFF COSTS	976612	976612	976612	976612	1
2 RATIO OF PNEUMOCOCCAL AND INFLUNZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME					2
3 PNEUMOCOCCAL AND INFUENZA VACCINE HEALTH CARE STAFF COST					3
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFUENZA VACCINE					4
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE					5
6 TOTAL DIRECT COST OF THE FACILITY	1033064	1033064	1033064	1033064	6
7 TOTAL OVERHEAD	1281270	1281270	1281270	1281270	7
8 RATIO OF PNEUMOCOCCAL AND INFUENZA VACCINE DIRECT COST TO TOTAL DIECT COST					8
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE					9
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION					10
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS					11
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION					12
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO MEDICARE BENEFICIARIES					13
14 MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					14
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					15
16 TOTAL MEDICARE COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION					16

PROVIDER NO. 14-0210 HARRISBURG MEDICAL CENTER, INC
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
11/24/2010 07:52

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

RHC I
COMPONENT NO: 14-3473

WORKSHEET M-5

CHECK [XX] RHC
APPLICABLE BOX: [] FQHC

DESCRIPTION	PART B	
	1 MM/DD/YYYY	2 AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		432760
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 PROVIDER .51 TO .52 PROGRAM .53 .54	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	3.99
4 TOTAL INTERIM PAYMENTS		432760
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	4167 6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		436927

NAME OF INTERMEDIARY: _____
SIGNATURE OF AUTHORIZED PERSON: _____

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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	62.09		9.67				71.76	25
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	14.05	13.76					27.81	37
40 ANESTHESIOLOGY	13.86	15.96					29.82	40
41 RADIOLOGY-DIAGNOSTIC	17.77	10.65					28.42	41
44 LABORATORY	17.98	1.07					19.05	44
48 INTRAVENOUS THERAPY	48.49	5.42					53.91	48
49 RESPIRATORY THERAPY	63.35	7.68					71.03	49
50 PHYSICAL THERAPY	9.56	0.04					9.60	50
53 ELECTROCARDIOLOGY	16.41	11.94					28.35	53
55 MEDICAL SUPPLIES CHARGED TO PAT	19.75	7.11					26.86	55
55.30 IMPL. DEV. CHARGED TO PATIENT		31.65					31.65	55.30
56 DRUGS CHARGED TO PATIENTS	16.18	16.15					32.33	56
58 ASC (NON-DISTINCT PART)	7.63	19.81					27.44	58
59 NUCLEAR MEDICINE	1.50	21.02					22.52	59
59.01 CAT SCAN	11.33	13.24					24.57	59.01
59.02 ULTRASOUND	17.58	7.71					25.29	59.02
59.04 CARDIAC REHAB	0.51	33.06					33.57	59.04
59.05 FAITH CTR-CHEMOTHERAPY	0.21	18.78					18.99	59.05
59.06 ROUTINE ANCILLARY	59.31	4.65					63.96	59.06
61 EMERGENCY	7.86	13.59					21.45	61
62 OBSERVATION BEDS (NON-DISTINCT	4.82	10.63					15.45	62
63 DAY PSYCHIATRIC		6.11					6.11	63
101 TOTAL CHARGES	13.86	8.52					22.38	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	33.46		32.33				65.79 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
40 ANESTHESIOLOGY	1.34						1.34 40
41 RADIOLOGY-DIAGNOSTIC	0.48						0.48 41
44 LABORATORY	0.93						0.93 44
48 INTRAVENOUS THERAPY	0.24						0.24 48
49 RESPIRATORY THERAPY	2.03						2.03 49
50 PHYSICAL THERAPY	0.38						0.38 50
53 ELECTROCARDIOLOGY	0.80						0.80 53
55 MEDICAL SUPPLIES CHARGED TO PAT	0.64						0.64 55
56 DRUGS CHARGED TO PATIENTS	2.82						2.82 56
59 NUCLEAR MEDICINE	0.15						0.15 59
59.01 CAT SCAN	0.57						0.57 59.01
59.06 ROUTINE ANCILLARY	0.15						0.15 59.06
61 EMERGENCY	0.63						0.63 61
63 DAY PSYCHIATRIC	0.20						0.20 63
101 TOTAL CHARGES	0.84						0.84 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	725575	2.19	-725575	-4.60		3
4	NEW CAP REL COSTS-MVBLE EQUIP	1109048	3.34	-1109048	-7.03		4
5	EMPLOYEE BENEFITS	4657033	14.04	-4657033	-29.51		5
6	ADMINISTRATIVE & GENERAL	5944904	17.93	-5944904	-37.67		6
7	MAINTENANCE & REPAIRS						7
8	OPERATION OF PLANT	946881	2.86	-946881	-6.00		8
9	LAUNDRY & LINEN SERVICE	124422	.38	-124422	-.79		9
10	HOUSEKEEPING	444579	1.34	-444579	-2.82		10
11	DIETARY	583286	1.76	-583286	-3.70		11
12	CAFETERIA						12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	230290	.69	-230290	-1.46		14
15	CENTRAL SERVICES & SUPPLY	70974	.21	-70974	-.45		15
16	PHARMACY	519304	1.57	-519304	-3.29		16
17	MEDICAL RECORDS & LIBRARY	425274	1.28	-425274	-2.69		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	2575904	7.77	3056931	19.37	5632835	16.99
31	SUBPROVIDER I	1710914	5.16	1977309	12.53	3688223	11.12
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	426334	1.29	640294	4.06	1066628	3.22
40	ANESTHESIOLOGY	29111	.09	27892	.18	57003	.17
41	RADIOLOGY-DIAGNOSTIC	513446	1.55	633985	4.02	1147431	3.46
44	LABORATORY	2028351	6.12	1078370	6.83	3106721	9.37
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
48	INTRAVENOUS THERAPY	79389	.24	41839	.27	121228	.37
49	RESPIRATORY THERAPY	127499	.38	302119	1.91	429618	1.30
50	PHYSICAL THERAPY	653019	1.97	688361	4.36	1341380	4.04
53	ELECTROCARDIOLOGY	82053	.25	78846	.50	160899	.49
55	MEDICAL SUPPLIES CHARGED TO PAT	886431	2.67	465126	2.95	1351557	4.08
55.30	IMPL. DEV. CHARGED TO PATIENT	152142	.46	55724	.35	207866	.63
56	DRUGS CHARGED TO PATIENTS	2529189	7.63	1821948	11.54	4351137	13.12
58	ASC (NON-DISTINCT PART)	473246	1.43	706610	4.48	1179856	3.56
59	NUCLEAR MEDICINE	316785	.96	217091	1.38	533876	1.61
59.01	CAT SCAN	345812	1.04	452556	2.87	798368	2.41
59.02	ULTRASOUND	185066	.56	214093	1.36	399159	1.20
59.03	MAMMOGRAPHY	117188	.35	204362	1.29	321550	.97
59.04	CARDIAC REHAB	98021	.30	84137	.53	182158	.55
59.05	FAITH CTR-CHEMOTHERAPY	140029	.42	127445	.81	267474	.81
59.06	ROUTINE ANCILLARY	331352	1.00	233257	1.48	564609	1.70
61	EMERGENCY	914463	2.76	885570	5.61	1800033	5.43
62	OBSERVATION BEDS (NON-DISTINCT)						62

COST CENTER		--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
63	DAY PSYCHIATRIC	259363	.78	331495	2.10	590858	1.78	63
63.50	RHC	1642728	4.95	671606	4.26	2314334	6.98	63.50
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
71	HOME HEALTH AGENCY	625942	1.89	393463	2.49	1019405	3.07	71
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN	29688	.09	45684	.29	75372	.23	96
98	PHYSICIANS' PRIVATE OFFICES	84862	.26	263718	1.67	348580	1.05	98
98.01	DIALYSIS			75477	.48	75477	.23	98.01
98.03	ORTHO CLINIC	23267	.07	6262	.04	29529	.09	98.03
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	33163164	100.00	0	.00	33163164	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	115954	1290144	.089877	181315	16296	37
40 ANESTHESIOLOGY	7889	1043332	.007561	144613	1093	40
41 RADIOLOGY-DIAGNOSTIC	195055	1822043	.107053	323837	34668	41
44 LABORATORY	86826	10598106	.008193	1905365	15611	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
48 INTRAVENOUS THERAPY	1528	362968	.004210	176011	741	48
49 RESPIRATORY THERAPY	44426	2753014	.016137	1744171	28146	49
50 PHYSICAL THERAPY	81737	2581442	.031663	246875	7817	50
53 ELECTROCARDIOLOGY	37788	861605	.043858	141399	6201	53
55 MEDICAL SUPPLIES CHARGED TO PAT	61162	3889479	.015725	768278	12081	55
55.30 IMPL. DEV. CHARGED TO PATIENT	5244	253569	.020681			55.30
56 DRUGS CHARGED TO PATIENTS	152184	10042340	.015154	1624430	24617	56
58 ASC (NON-DISTINCT PART)	129599	2733006	.047420	208411	9883	58
59 NUCLEAR MEDICINE	51664	1385182	.037298	20841	777	59
59.01 CAT SCAN	140717	9914910	.014192	1123564	15946	59.01
59.02 ULTRASOUND	54852	1670801	.032830	293690	9642	59.02
59.03 MAMMOGRAPHY	113267	457614	.247516			59.03
59.04 CARDIAC REHAB	14230	371757	.038278	1902	73	59.04
59.05 FAITH CTR-CHEMOTHERAPY	15942	356304	.044743	752	34	59.05
59.06 ROUTINE ANCILLARY	6831	606808	.011257	359898	4051	59.06
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	50056	1961742	.025516	154215	3935	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	27604	372562	.074092	17949	1330	62
63 DAY PSYCHIATRIC	34479	626971	.054993			63
63.50 RHC		1613511				63.50
101 TOTAL	1429034	57569210		9437516	192942	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	260727	5100	265827	7515	34.69	4666	161864 25
101	TOTAL	260727	5100	265827			4666	161864 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							161864	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							192942	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							354806	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							1274	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							4666	
PER DISCHARGE CAPITAL COSTS							278.50	
PER DIEM CAPITAL COSTS							76.04	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	6216389
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	12848526
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.484

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1437979
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2371227
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.606

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	354806
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	4874465
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	12490879
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.390