

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA SAINT JOSEPH HOSPITAL (14-0217) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
	1	PART A 2	PART B 3	4
1	HOSPITAL			1
2	SUBPROVIDER I	844883	106559	2
2.01	SUBPROVIDER II	-12111	19	2.01
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	832772	106578	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: 77 NORTH AIRLITE ST P.O.BOX: 1
 1.01 CITY: ELGIN STATE: IL ZIP CODE: 60123 COUNTY: KANE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)				
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	PROVENA SAINT JOSEPH HOSPITAL	14-0217	09/01/1966	N	P	P	2
3	SUBPROVIDER I							3
3.01	SUBPROVIDER II	COMP REHAB UNIT	14-T217	09/01/1997	N	P	N	3.01
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2010 TO: 12/31/2010 17
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19
 20 SUBPROVIDER I 20
 20.01 SUBPROVIDER II 5 20.01

OTHER INFORMATION

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

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

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO. NO 21.06

21.07 DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). NO NO 21.07

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO		25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	0.00		25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.			
			PROGRAM CODE(2)	RESIDENT FTEs(3)
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31.02
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?		NO		35.01
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01
TITLE XIX INPATIENT HOSPITAL SERVICES					
38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

40.01 NAME: NATIONAL GOVERNMENT SERVICE FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER: 00131 40.01

40.02 STREET: P.O. BOX 7149 P.O.BOX: 1 40.02

40.03 CITY: STATE: IN ZIP CODE: 46207-7149 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02

45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03

46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47 HOSPITAL	N	N	N	N	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
48.01 SUBPROVIDER II	N	N	N	N	N	48.01
49 SKILLED NURSING FACILITY	N	N				49
50 HOME HEALTH AGENCY	N	N				50

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? NO 52

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. NO 52.01

53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53 53

53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

53.01 MDH PERIOD: BEGINNING: ENDING: 53.01

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 54

PREMIUMS: 1055247 PAID LOSSES: 98890 AND/OR SELF INSURANCE:

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55

	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? YES 57

58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. YES 58

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) NO 58.01

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) NO 59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (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		3202	520	5304	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		3202	520	5304	12
13	RPCH VISITS					13
14	SUBPROVIDER I			293	1203	14
14.01	SUBPROVIDER II		886		1071	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. 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	2	3	4	5	6		
1	TOTAL SALARIES	52072685	-1786673	50286012	1742698.00	28.86		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	5099299	81427	5180726	125448.00	41.30		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3471303		3471303	102125.00	33.99		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	1394205		1394205	2247.00	620.47	INC ON-CALL	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	7209509		7209509	132189.00	54.54	HO - WC	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	12089048		12089048			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	904908		904908			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	3547968	-1786673	1761295	77128.00	22.84		21
22	ADMINISTRATIVE & GENERAL	2883823		2883823	88792.00	32.48		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	2178155		2178155	20278.00	107.41		22.01
23	MAINTENANCE & REPAIRS	527266		527266	18697.00	28.20		23
24	OPERATION OF PLANT	834026		834026	38297.00	21.78		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	1071735		1071735	87342.00	12.27		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1107909	-454316	653593	49185.00	13.29		27
27.01	DIETARY UNDER CONTRACT	337872		337872	8440.00	40.03		27.01
28	CAFETERIA		454316	454316	34189.00	13.29		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	3103057		3103057	77478.00	40.05		30
31	CENTRAL SERVICES AND SUPPLY	589286		589286	34458.00	17.10		31
32	PHARMACY	1657657		1657657	40476.00	40.95		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1432455		1432455	56048.00	25.56		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	54588712	-1786673	52802039	1771416.00	29.81	1
2	EXCLUDED AREA SALARIES	5099299	81427	5180726	125448.00	41.30	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	49489413	-1868100	47621313	1645968.00	28.93	3
4	SUBTOTAL OTHER WAGES & REL COSTS	12075017		12075017	236561.00	51.04	4
5	SUBTOTAL WAGE-RELATED COSTS	12089048		12089048		25.39%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	73653478	-1868100	71785378	1882529.00	38.13	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	19271209	-1786673	17484536	630808.00	27.72	13

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	14144892 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	14144892 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.206843 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	81305480 28
29	TOTAL GROSS MEDICAID COST	16817469 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	37615221 30
31	UNCOMPENSATED CARE COST	7780445 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16817469 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		10334205	10334205	1068105	11402310	683086	12085396	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5294709	5294709		5294709	4
5	0500 EMPLOYEE BENEFITS	1026568	14002553	15029121		15029121	203518	15232639	5
5.01	0502 COMMUNICATIONS	173736	225531	399267		399267	-22491	376776	5.01
5.02	0505 PURCH, RCVING, STORING	433202	141907	575109		575109	-263070	312039	5.02
5.03	0501 ADMITTING	786020	47935	833955		833955		833955	5.03
5.04	0503 CASHIERING, A/R	1128442	14597845	15726287		15726287	-456387	15269900	5.04
6	0600 ADMINISTRATIVE & GENERAL	2883823	18355198	21239021		21239021	-21064915	174106	6
7	0700 MAINTENANCE & REPAIRS	527266	2729826	3257092		3257092		3257092	7
8	0800 OPERATION OF PLANT	834026	2580248	3414274		3414274		3414274	8
9	0900 LAUNDRY & LINEN SERVICE		416228	416228		416228		416228	9
10	1000 HOUSEKEEPING	1071735	161191	1232926		1232926		1232926	10
11	1100 DIETARY	1107909	1312398	2420307	-992487	1427820		1427820	11
12	1200 CAFETERIA				992487	992487	-575598	416889	12
14	1400 NURSING ADMINISTRATION	3103057	101379	3204436		3204436	-17955	3186481	14
15	1500 CENTRAL SERVICES & SUPPLY	589286	3057036	3646322	-2816224	830098		830098	15
16	1600 PHARMACY	1657657	7435273	9092930		9092930	-3894	9089036	16
17	1700 MEDICAL RECORDS & LIBRARY	1432455	1038154	2470609		2470609	-2485	2468124	17
24	2400 PARAMED ED PRGM-PARAMEDICAL EDU	229585	58846	288431	85768	374199	-106054	268145	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	8094893	499999	8594892	-8916	8585976	-51901	8534075	25
26	2600 INTENSIVE CARE UNIT	2468970	664953	3133923	-3539	3133984	-179439	2950945	26
31	3100 SUBPROVIDER I	1661191	94507	1755698		1755698		1755698	31
31.01	3101 SUBPROVIDER II	2733951	315068	3049019		3049019	-6206	3042813	31.01
33	3300 NURSERY								33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	2213087	3849414	6062501	-2808539	3253962		3253962	37
38	3800 RECOVERY ROOM	1855279	66752	1922031		1922031		1922031	38
39	3900 DELIVERY ROOM & LABOR ROOM								39
40	4000 ANESTHESIOLOGY	107053	899359	1006412	-51314	955098	-704915	250183	40
41	4100 RADIOLOGY-DIAGNOSTIC	4276336	5512021	9788357	-3317316	6471041	-23344	6447697	41
41.01	3650 VASCULAR LAB	449279	20837	470116		470116		470116	41.01
42	4200 RADIOLOGY-THERAPEUTIC	1248300	470201	1718510		1718510	-1490	1717020	42
44	4400 LABORATORY	42512	5234030	5276542	-165289	5111253	117821	5229074	44
46	4600 WHOLE BLOOD & PACKED RED BLOOD		773499	773499		773499		773499	46
49	4900 RESPIRATORY THERAPY	894581	238375	1132956	-2392	1130564	-949	1129615	49
50	5000 PHYSICAL THERAPY	1946366	82939	2029305	-16082	2013223		2013223	50
51	5100 OCCUPATIONAL THERAPY	585282	257892	843174	-1543	841631		841631	51
52	5200 SPEECH PATHOLOGY	230059	28359	258418	-569	257849		257849	52
53	5300 ELECTROCARDIOLOGY	682228	122090	804318		804318	-8060	796258	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				4785298	4785298		4785298	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4453445	4453445		4453445	55.30
56	5600 DRUGS CHARGED TO PATIENTS								56
57	5700 RENAL DIALYSIS		515674	515674		515674		515674	57
59	3950 OTH ANCILLARY SERVICE C								59
59.02	3550 PSYCH	410401	24168	434569		434569	-16466	418103	59.02
59.03	3951 OCCUPATIONAL HEALTH	459993	484767	944760		944760	-321086	623674	59.03
59.97	3997 CARDIAC REHABILITATION	122262	6440	128702		128702		128702	59.97
59.98	3998 HYPERBARIC OXYGEN THERAPY		762077	762077	-43864	718213		718213	59.98
59.99	3999 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS									
61	6100 EMERGENCY	3478169	2465615	5943784	-243429	5700355	-1238619	4461736	61
61.01	4950 C'VILL OUT	90943	119942	210885	4417	215302	-83115	132187	61.01
61.02	4951 LAKE HILL OUT								61.02
61.03	4952 NUTRITION COUNS.	342738	10559	353297		353297	-345	352952	61.03
61.04	6101 HUNTLEY OP	219473	289238	508711	17434	526145	-19038	507107	61.04
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
88	8800 INTEREST EXPENSE		6230160	6230160	-6230160				88
95	SUBTOTALS	51598113	106634697	158232810		158232810	-24163397	134069413	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES								98
100	7950 OTHER NONREIMBURSABLE C								100
100.01	7951 MOB	102788	292134	394922		394922		394922	100.01
100.02	7952 COMMUNITY WELLNESS	105474	15493	120967		120967		120967	100.02
100.03	7953 FUND DEVELOPMENT	266310	78681	344991		344991		344991	100.03
100.04	7954 PHYSICIAN PRACTICE MANAGEMENT		57111	57111		57111		57111	100.04
101	TOTAL	52072685	107078116	159150801		159150801	-24163397	134987404	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 CAFETERIA	A	CAFETERIA	12	454316	538171	1
2						2
3 NEW EQUIP DEPR	B	NEW CAP REL COSTS-MVBLE EQUIP	4		5294709	3
4	B					4
5 ADM AN ASSOCIATION	C					5
6						6
7 DIRECTLY ASSIGN DEPR OFFSITES	D	EMERGENCY	61		5330	7
8	D	C'VILL OUT	61.01		5018	8
9	D	HUNTLEY OP	61.04		17946	9
10						10
11 RECLASS MEDICAL SUPPLIES	E					11
12						12
13 RECLASS NURSING FLOAT TO NUR ADMIN	F					13
14						14
15 RECLASS ELECTRICITY	G					15
16						16
17 RECLASS INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3		6230160	17
18						18
19 EMS TRAINING COSTS	I	PARAMED ED PRGM-PARAMEDICAL E	24	81427	4341	19
20	I					20
21	I					21
22	I					22
23	I					23
24	I					24
25	I					25
26						26
27 RECLASS DEFERRED COMPENSATION	J	EMPLOYEE BENEFITS	5	102631		27
28						28
29 TREAT HOME OFFICE ALLOCATION AS OTH	K	EMPLOYEE BENEFITS	5		558696	29
30	K	PURCH, RCVING, STORING	5.02		323232	30
31	K	CASHIERING, A/R	5.04		1007376	31
32						32
33 RECLASS IMPLANTABLE SUPPLIES	L	IMPL. DEV. CHARGED TO PATIENT	55.30		4453445	33
34	L					34
35	L					35
36 SUBTOTAL				638374	18438424	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA	A	DIETARY	11	454316	538171	1
2						2
3 NEW EQUIP DEPR	B	NEW CAP REL COSTS-BLDG & FIXT	3		5133761	9 3
4	B	LABORATORY	44		160948	4
5 ADM AN ASSOCIATION	C					5
6						6
7 DIRECTLY ASSIGN DEPR OFFSITES	D	NEW CAP REL COSTS-BLDG & FIXT	3		28294	9 7
8	D					9 8
9	D					9 9
10						10
11 RECLASS MEDICAL SUPPLIES	E					11
12						12
13 RECLASS NURSING FLOAT TO NUR ADMI	F					13
14						14
15 RECLASS ELECTRICITY	G					15
16						16
17 RECLASS INTEREST EXPENSE	H	INTEREST EXPENSE	88		6230160	11 17
18						18
19 EMS TRAINING COSTS	I	ADULTS & PEDIATRICS	25	8916		19
20	I	INTENSIVE CARE UNIT	26	2658		20
21	I	OPERATING ROOM	37	2706		21
22	I	RADIOLOGY-DIAGNOSTIC	41	2572		22
23	I	LABORATORY	44		4341	23
24	I	RESPIRATORY THERAPY	49	2392		24
25	I	EMERGENCY	61	62183		25
26						26
27 RECLASS DEFERRED COMPENSATION	J	EMPLOYEE BENEFITS	5		102631	27
28						28
29 TREAT HOME OFFICE ALLOCATION AS	O	EMPLOYEE BENEFITS	5	558696		29
30	K	PURCH, RCVING, STORING	5.02	323232		30
31	K	CASHIERING, A/R	5.04	1007376		31
32						32
33 RECLASS IMPLANTABLE SUPPLIES	L	CENTRAL SERVICES & SUPPLY	15		281901	33
34	L	OPERATING ROOM	37		2074834	34
35	L	ANESTHESIOLOGY	40		75	35
36 SUBTOTAL				2425047	14555116	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	L				1
2	L				2
3	L				3
4					4
5 RECLASS BILLABLE SUPPLIES	M	MEDICAL SUPPLIES CHARGED TO P	55		4785298 5
6	M				6
7	M				7
8	M				8
9	M				9
10	M				10
11	M				11
12	M				12
13	M				13
14	M				14
15	M				15
16	M				16
17	M				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				638374	23223722 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	L	RADIOLOGY-DIAGNOSTIC	41		2094546	1
2	L					2
3	L	EMERGENCY	61		2089	3
4						4
5 RECLASS BILLABLE SUPPLIES	M	CENTRAL SERVICES & SUPPLY	15		2534323	5
6	M	INTENSIVE CARE UNIT	26		881	6
7	M	OPERATING ROOM	37		730999	7
8	M	ANESTHESIOLOGY	40		51239	8
9	M	RADIOLOGY-DIAGNOSTIC	41		1220198	9
10	M					10
11	M	PHYSICAL THERAPY	50		16082	11
12	M	OCCUPATIONAL THERAPY	51		1543	12
13	M	SPEECH PATHOLOGY	52		569	13
14	M	HYPERBARIC OXYGEN THERAPY	59.98		43864	14
15	M	EMERGENCY	61		184487	15
16	M	C'VILL OUT	61.01		601	16
17	M	HUNTLEY OP	61.04		512	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				2425047	21437049	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	2549055					2549055		1
2 LAND IMPROVEMENTS	5699515	39069		39069		5738584		2
3 BUILDINGS AND FIXTURES	146281502	48810		48810		146330312		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	2044735					2044735		5
6 MOVABLE EQUIPMENT	80862305	2238931		2238931	602990	82498246		6
7 SUBTOTAL	237437112	2326810		2326810	602990	239160932		7
8 RECONCILING ITEMS	1859625	112408		112408		1972033		8
9 TOTAL	235577487	2214402		2214402	602990	237188899		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	146330312		146330312	.633812				3
4 NEW CAP REL COSTS-MVBLE EQUIP	84542981		84542981	.366188				4
5 TOTAL	230873293		230873293	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	7680433		4404963				12085396 3
4 NEW CAP REL COSTS-MVBLE EQUIP	5294709						5294709 4
5 TOTAL	12975142		4404963				17380105 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	10334205						10334205 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	10334205						10334205 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			NEW CAP REL COSTS-BLDG & FIXT	3	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	-5075	PURCH, RCVING, STORING	5.02	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-22491	COMMUNICATIONS	5.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-2299250			12
13 SALE OF SCRAP, WASTE, ETC.	B	-1686	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-3785279			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-549090	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2085	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-7896	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	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 INTEREST INCOME	B	-140175	NEW CAP REL COSTS-BLDG & FIXT	3	11 37
37.01 OFFSET BAD DEBTS	A	-12263911	ADMINISTRATIVE & GENERAL	6	37.01
38					38
38.01 MISC REVENUE	B	-98	EMPLOYEE BENEFITS	5	38.01
38.02 MISC REVENUE	B	-84024	ADMINISTRATIVE & GENERAL	6	38.02
38.03 MISC REVENUE	B	-17955	NURSING ADMINISTRATION	14	38.03
38.05 MISC REVENUE	B	-1490	RADIOLOGY-THERAPEUTIC	42	38.05
38.06 MISC REVENUE	B	-90	CASHIERING, A/R	5.04	38.06
38.07 MISC REVENUE	B	-5976	CAFETERIA	12	38.07
38.08 MISC REVENUE	B	-400	MEDICAL RECORDS & LIBRARY	17	38.08
38.10 MISC REVENUE	B	-345	NUTRITION COUNS.	61.03	38.10
39 SISTER'S MEALS	A	-12636	CAFETERIA	12	39
39.10 PHP TRANSPORTATION/FOOD	B	-16466	PSYCH	59.02	39.10
40 EMS	B	-106054	PARAMED ED PRGM-PARAMEDICAL EDU	24	40
41 MISC REVENUE	B	-59547	EMERGENCY	61	41
41.01 MISC REVENUE	B	-3894	PHARMACY	16	41.01
41.02 MISC REVENUE	B	-1575	ELECTROCARDIOLOGY	53	41.02
42 EMPLOYEE ASSISTANCE PROGRAM	B	-152285	EMPLOYEE BENEFITS	5	42
43					43
44 RENT	B	-19038	HUNTLEY OP	61.04	44
45 RENT	B	-83115	C'VILL OUT	61.01	45
46					46
47 OFFSET PROVIDER TAX	A	-4429380	ADMINISTRATIVE & GENERAL	6	47
48 LOBBYING EXPENSES	A	-7320	ADMINISTRATIVE & GENERAL	6	48
49 OFFSET BILL TO OTHER MINISTRIES	A	-84771	ADMINISTRATIVE & GENERAL	6	49
50 TOTAL		-24163397			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	2508283		2508283	9 1
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	2347673	1991772	355901	2
3	5.04	CASHIERING, A/R	CBO	1079679	1535976	-456297	3
4	6	ADMINISTRATIVE & GENERAL	ADMINISTRATIVE & GENERAL	6956626	11152135	-4195509	4
4.01	16	PHARMACY	EMM	396	396		4.01
4.02	26	INTENSIVE CARE UNIT	EICU	370509	549948	-179439	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	PACS/CPACS	708348	708348		4.03
4.04	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST	4527006	6212028	-1685022	11 4.04
4.05	5.02	PURCH, RCVING, STORING	PURCHASING/MATERIALS MGMT	266621	524616	-257995	4.05
4.06	53	ELECTROCARDIOLOGY	EKG	139464	139464		4.06
4.07	44	LABORATORY	LAB	5176679	5051880	124799	4.07
5		TOTALS		24081284	27866563	-3785279	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		PROVENA HEALTH		HOME OFFICE	1
2	C		ALVERNO LAB	33.00	LABORATORY SERVICES	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	53	ELECTROCARDIOLOGY	EKG		15175	177200	102	8690	435
2	44	LABORATORY	LAB		30000	215700	222	23022	1151
3	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	21658	71658	225300	467	50584	2529
4	40	ANESTHESIOLOGY	ANESTH	704915	722075	200300	180	17334	867
5	31.01	SUBPROVIDER II	CRU	6206	83006	215700	1109	115005	5750
6	61	EMERGENCY	ER	1088633	1246033	177200	786	66961	3348
7	25	ADULTS & PEDIATRICS	PSYCH		57425	154100	412	30524	1526
8	33	NURSERY	NURSERY						
9	25	ADULTS & PEDIATRICS	LDR	25000	25000				
10	59.03	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH	321086	321086				
11	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY	2738	2738	177200	21	1789	89
101		TOTAL			2574196	406698	3299	313909	15695

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/29/2011 00:32

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	53	ELECTROCARDIOLOGY	EKG				8690	6485	6485
2	44	LABORATORY	LAB				23022	6978	6978
3	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY				50584		21658
4	40	ANESTHESIOLOGY	ANESTH				17334		704915
5	31.01	SUBPROVIDER II	CRU				115005		6206
6	61	EMERGENCY	ER				66961	90439	1179072
7	25	ADULTS & PEDIATRICS	PSYCH				30524	26901	26901
8	33	NURSERY	NURSERY						
9	25	ADULTS & PEDIATRICS	LDR						25000
10	59.03	OCCUPATIONAL HEALTH	OCCUPATIONAL HEALTH						321086
11	49	RESPIRATORY THERAPY	RESPIRATORY THERAPY				1789	949	949
101		TOTAL					313909	131752	2299250

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	COMMUNICAT	PURCHASING	ADMITTING	CASHIERING	
	FOR COST	BLDGS &	MOVABLE	BENEFITS					
	ALLOCATION	FIXTURES	EQUIPMENT		5.01	5.02	5.03	5.04	
	0	3	4	5					
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	12085396	12085396							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5294709		5294709						4
5 EMPLOYEE BENEFITS	15232639	67684	4123	15304446					5
5.01 COMMUNICATIONS	376776	59877	92752	52089	581494				5.01
5.02 PURCH, RCVING, STORING	312039	482179	73210	129881		1006395			5.02
5.03 ADMITTING	833955	156303	4998	235661	16153	1855	1248925		5.03
5.04 CASHIERING, A/R	15269900		12284	338325	21200	182		15641891	5.04
6 ADMINISTRATIVE & GENERAL	174106	1322962	443136	864617	90852	5103			6
7 MAINTENANCE & REPAIRS	3257092	1112057	51637	158083	1010	12726			7
8 OPERATION OF PLANT	3414274	93168	38575	250054	20191	6516			8
9 LAUNDRY & LINEN SERVICE	416228	81961			1010	571			9
10 HOUSEKEEPING	1232926		9609	321323	2019	10788			10
11 DIETARY	1427820	598885	70339	332169	13124	81011			11
12 CAFETERIA	416889				2019				12
14 NURSING ADMINISTRATION	3186481	12613	143286	930346	21200	2468	4	50	14
15 CENTRAL SERVICES & SUPPLY	830098	212358	225220	176677	5048	199628	39927	513149	15
16 PHARMACY	9089036	163923	8489	496992	7067	3510	78591	1010080	16
17 MEDICAL RECORDS & LIBRARY	2468124	195432	15295	429473	20191	5882			17
24 PARAMED ED PRGM-PARAMEDICAL EDU	268145		3030	68833	5048	1625			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	8534075	3029541	170179	2426982	85811	22345	110395	1418824	25
26 INTENSIVE CARE UNIT	2950945	256856	70975	740237	7067	4842	31850	216745	26
31 SUBPROVIDER I	1755698	439581	10787	498052		1070	16864		31
31.01 SUBPROVIDER II	3042813	390746	13284	819682	13124	6070	35867	460970	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3253962	421435	836286	663519	31296	205555	188855	2427217	37
38 RECOVERY ROOM	1922031	193814	25277	556242	6057	2508	49833	640475	38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY	250183	14653	31513	32096	3029	3650	23012	295763	40
41 RADIOLOGY-DIAGNOSTIC	6447697	536101	1404632	1282114	35334	285092	245078	3149515	41
41.01 VASCULAR LAB	470116		109906	134701	1010	1232	21756	279617	41.01
42 RADIOLOGY-THERAPEUTIC	1717020	609552	707031	374260	31296	5254	49834	640476	42
44 LABORATORY	5229074	350422	171735	12746	20191		127273	1635756	44
46 WHOLE BLOOD & PACKED RED BLOOD	773499	3118			1010	55549	3441	44219	46
49 RESPIRATORY THERAPY	1129615	33314	58864	268210	7067	16017	32076	412250	49
50 PHYSICAL THERAPY	2013223	57228	6016	583552	9086	3092	20872	268253	50
51 OCCUPATIONAL THERAPY	841631	2110	398	175477	1010	420	8486	109060	51
52 SPEECH PATHOLOGY	257849	2110	201	68975	1010	267	2402	30876	52
53 ELECTROCARDIOLOGY	796258	199839	157841	204543	7067	1775	28454	365694	53
55 MEDICAL SUPPLIES CHARGED TO PAT	4785298								55
55.30 IMPL. DEV. CHARGED TO PATIENT	4453445								55.30
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	515674						5392	69297	57
59 OTH ANCILLARY SERVICE C									59
59.02 PSYCH	418103	131874		123045	17162	29	9065	116500	59.02
59.03 OCCUPATIONAL HEALTH	623674	156303	2256	137913		2612	2132	27403	59.03
59.97 CARDIAC REHABILITATION	128702		53548	36656		339	1070	13752	59.97
59.98 HYPERBARIC OXYGEN THERAPY	718213		843			26796	16721	214903	59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	4461736	468886	138498	1042811	32305	26892	96414	1239137	61
61.01 C'VILL OUT	132187		53532	27266	1010	362	546	7013	61.01
61.02 LAKE HILL OUT									61.02
61.03 NUTRITION COUNS.	352952	59877	620	102758		154	724	9309	61.03
61.04 HUNTLEY OP	507107		36785	65802		386	1991	25588	61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	134069413	11916762	5256990	15162162	546160	1004173	1248925	15641891	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		33314			2019				96
98 PHYSICIANS' PRIVATE OFFICES			9329						98
100 OTHER NONREIMBURSABLE C									100
100.01MOB	394922		21381	30817	29277	17			100.01
100.02COMMUNITY WELLNESS	120967		18	31623		445			100.02
100.03FUND DEVELOPMENT	344991	135320	6991	79844	4038	1760			100.03
100.04PHYSICIAN PRACTICE MANAGEMENT	57111								100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	134987404	12085396	5294709	15304446	581494	1006395	1248925	15641891	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
		TRATIVE & GENERAL	TENANCE & REPAIRS	OF PLANT	& LINEN SERVICE	KEEPING			
	5A	6	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 PURCH, RCVING, STORING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING, A/R									5.04
6 ADMINISTRATIVE & GENERAL	2900776	2900776							6
7 MAINTENANCE & REPAIRS	4592605	100858	4693463						7
8 OPERATION OF PLANT	3822778	83952	49219	3955949					8
9 LAUNDRY & LINEN SERVICE	499770	10975	43299	36882	590926				9
10 HOUSEKEEPING	1576665	34625			45920	1657210			10
11 DIETARY	2523348	55415	316382	269493		45117	3209755		11
12 CAFETERIA	418908	9200				18924		447032	12
14 NURSING ADMINISTRATION	4296448	94354	6663	5676		7239		26415	14
15 CENTRAL SERVICES & SUPPLY	2202105	48360	112186	95559	4397	11505		11748	15
16 PHARMACY	10857688	238446	86598	73764		5497		13800	16
17 MEDICAL RECORDS & LIBRARY	3134397	68834	103244	87943		9402		19109	17
24 PARAMED ED PRGM-PARAMEDICAL EDU	346681	7613						10099	24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	15798152	346967	1600463	1363268	206168	676431	2027273	97561	25
26 INTENSIVE CARE UNIT	4279517	93982	135693	115583	25493	74194	117505	24798	26
31 SUBPROVIDER I	2722052	59779	232224	197807	3847		457359	19318	31
31.01 SUBPROVIDER II	4782556	105030	206425	175832	60080	87231	408135	32991	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8028125	176306	222638	189642	46815	215554		21834	37
38 RECOVERY ROOM	3396237	74585	102389	87215	40226	28146	8515	19103	38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY	653899	14360	7741	6594		10153		1441	40
41 RADIOLOGY-DIAGNOSTIC	13385563	293960	283214	241241	14242	131928		41000	41
41.01 VASCULAR LAB	1018338	22364			5550	4115		3866	41.01
42 RADIOLOGY-THERAPEUTIC	4134723	90803	322017	274293	24789	47611	9957	12577	42
44 LABORATORY	7547197	165744	185123	157687		32171		322	44
46 WHOLE BLOOD & PACKED RED BLOOD	880836	19344	1647	1403		1382			46
49 RESPIRATORY THERAPY	1957413	42987	17599	14991		8110		9971	49
50 PHYSICAL THERAPY	2961322	65034	30232	25752	4495	12376		18287	50
51 OCCUPATIONAL THERAPY	1138592	25005	1115	949		13547		5671	51
52 SPEECH PATHOLOGY	363690	7987	1115	949				1952	52
53 ELECTROCARDIOLOGY	1761471	38684	105572	89926	3844	4356		7627	53
55 MEDICAL SUPPLIES CHARGED TO PAT	4785298	105090							55
55.30 IMPL. DEV. CHARGED TO PATIENT	4453445	97802							55.30
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	590363	12965							57
59 OTH ANCILLARY SERVICE C									59
59.02 PSYCH	815778	17915	69667	59342		6038	17189	4795	59.02
59.03 OCCUPATIONAL HEALTH	952293	20913	82573	70335	2365			4517	59.03
59.97 CARDIAC REHABILITATION	234067	5140						1174	59.97
59.98 HYPERBARIC OXYGEN THERAPY	977476	21466			11730				59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	7506679	164854	247706	210995	88350	178728	32913	26804	61
61.01 C'VILL OUT	221916	4873							61.01
61.02 LAKE HILL OUT									61.02
61.03 NUTRITION COUNS.	526394	11560	31632	26944				3692	61.03
61.04 HUNTLEY OP	637659	14004							61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	133683220	2872135	4604376	3880065	588311	1629755	3078846	440472	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	35333	776	17599	14991		3905			96
98 PHYSICIANS' PRIVATE OFFICES	9329	205							98
100 OTHER NONREIMBURSABLE C							130909		100
100.01MOB	476414	10463			846	23550		2844	100.01
100.02COMMUNITY WELLNESS	153053	3361			1769			1216	100.02
100.03FUND DEVELOPMENT	572944	12582	71488	60893				2330	100.03
100.04PHYSICIAN PRACTICE MANAGEMENT	57111	1254						170	100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	134987404	2900776	4693463	3955949	590926	1657210	3209755	447032	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARAMEDICA PARAMEDICA 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 COMMUNICATIONS								5.01
5.02 PURCH, RCVING, STORING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING, A/R								5.04
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	4436795							14
15 CENTRAL SERVICES & SUPPLY	82050	2567910						15
16 PHARMACY		10865	11286658					16
17 MEDICAL RECORDS & LIBRARY		18207		3441136				17
24 PARAMED ED PRGM-PARAMEDICAL EDU	139167	5029	112		508701			24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1344463	69161	52559	1448290	58174	25088930	25088930	25
26 INTENSIVE CARE UNIT	341737	14791	16732	165817	14497	5420339	5420339	26
31 SUBPROVIDER I	266208	3311	51			3961956	3961956	31
31.01 SUBPROVIDER II	454641	18788	4503	444269		6780481	6780481	31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	300975	12550	195594	549495	14497	9974025	9974025	37
38 RECOVERY ROOM	263257	7764	6205			4033642	4033642	38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	19864		6519			720571	720571	40
41 RADIOLOGY-DIAGNOSTIC		145589	219341		14497	14770575	14770575	41
41.01 VASCULAR LAB		3815	613			1058661	1058661	41.01
42 RADIOLOGY-THERAPEUTIC	173319	16263	4765			5111117	5111117	42
44 LABORATORY			29		25649	8113922	8113922	44
46 WHOLE BLOOD & PACKED RED BLOOD						904612	904612	46
49 RESPIRATORY THERAPY	137410	49576			14497	2252554	2252554	49
50 PHYSICAL THERAPY		5994				3123492	3123492	50
51 OCCUPATIONAL THERAPY		958				1185837	1185837	51
52 SPEECH PATHOLOGY		699				376392	376392	52
53 ELECTROCARDIOLOGY	105105	5493	4320			2126398	2126398	53
55 MEDICAL SUPPLIES CHARGED TO PAT		1055557	254778			6200723	6200723	55
55.30 IMPL. DEV. CHARGED TO PATIENT		989903				5541150	5541150	55.30
56 DRUGS CHARGED TO PATIENTS			10345848			10345848	10345848	56
57 RENAL DIALYSIS						603328	603328	57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH	66072	88				1056884	1056884	59.02
59.03 OCCUPATIONAL HEALTH	77366	8085	404			1218851	1218851	59.03
59.97 CARDIAC REHABILITATION	16181	1051				257613	257613	59.97
59.98 HYPERBARIC OXYGEN THERAPY		73187	345			1084204	1084204	59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	509587	41762	173940	833265	366890	10382473	10382473	61
61.01 C'VILL OUT		987				227776	227776	61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.	51333	477				652032	652032	61.03
61.04 HUNTLEY OP		1082				652745	652745	61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	4348735	2561032	11286658	3441136	508701	133227131	133227131	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						72604	72604	96
98 PHYSICIANS' PRIVATE OFFICES						9534	9534	98
100 OTHER NONREIMBURSABLE C						130909	130909	100
100.01MOB	39198	53				553368	553368	100.01
100.02COMMUNITY WELLNESS	16754	1379				177532	177532	100.02
100.03FUND DEVELOPMENT	32108	5446				757791	757791	100.03
100.04PHYSICIAN PRACTICE MANAGEMENT						58535	58535	100.04
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	4436795	2567910	11286658	3441136	508701	134987404	134987404	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNICAT	PURCHASING	ADMITTING	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT	COST TO BE ALLOC	BENEFITS				
	0	3	4	4A	5	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS	865	67684	4123	72672	72672				5
5.01 COMMUNICATIONS	20482	59877	92752	173111	247	173358			5.01
5.02 PURCH, RCVING, STORING	4127	482179	73210	559516	617	2709	562842		5.02
5.03 ADMITTING	1693	156303	4998	162994	1119	4816	1038	169967	5.03
5.04 CASHIERING, A/R	5506		12284	17790	1607	6320	102		5.04
6 ADMINISTRATIVE & GENERAL	275744	1322962	443136	2041842	4107	27086	2854		6
7 MAINTENANCE & REPAIRS	323	1112057	51637	1164017	751	301	7117		7
8 OPERATION OF PLANT	61	93168	38575	131804	1188	6019	3644		8
9 LAUNDRY & LINEN SERVICE		81961		81961		301	319		9
10 HOUSEKEEPING			9609		1526	602	6033		10
11 DIETARY	1010	598885	70339	670234	1578	3913	45307		11
12 CAFETERIA						602			12
14 NURSING ADMINISTRATION	1018	12613	143286	156917	4419	6320	1380	1	14
15 CENTRAL SERVICES & SUPPLY	216696	212358	225220	654274	839	1505	111646	5426	15
16 PHARMACY	327992	163923	8489	500404	2361	2107	1963	10680	16
17 MEDICAL RECORDS & LIBRARY	2884	195432	15295	213611	2040	6019	3290		17
24 PARAMED ED PRGM-PARAMEDICAL EDU	2		3030	3032	327	1505	909		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1327	3029541	170179	3201047	11507	25582	12497	15002	25
26 INTENSIVE CARE UNIT	505	256856	70975	328336	3516	2107	2708	4328	26
31 SUBPROVIDER I		439581	10787	450368	2366		598	2292	31
31.01 SUBPROVIDER II	2032	390746	13284	406062	3893	3913	3395	4874	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	121192	421435	836286	1378913	3151	9330	114961	25665	37
38 RECOVERY ROOM		193814	25277	219091	2642	1806	1403	6772	38
39 DELIVERY ROOM & LABOR ROOM	137			137					39
40 ANESTHESIOLOGY	84	14653	31513	46250	152	903	2041	3127	40
41 RADIOLOGY-DIAGNOSTIC	148981	536101	1404632	2089714	6090	10534	159438	33549	41
41.01 VASCULAR LAB			109906	109906	640	301	689	2957	41.01
42 RADIOLOGY-THERAPEUTIC		609552	707031	1316583	1778	9330	2939	6772	42
44 LABORATORY		350422	171735	522157	61	6019		17296	44
46 WHOLE BLOOD & PACKED RED BLOOD		3118		3118		301	31067	468	46
49 RESPIRATORY THERAPY	4674	33314	58864	96852	1274	2107	8958	4359	49
50 PHYSICAL THERAPY	104	57228	6016	63348	2772	2709	1729	2836	50
51 OCCUPATIONAL THERAPY		2110	398	2508	833	301	235	1153	51
52 SPEECH PATHOLOGY		2110	201	2311	328	301	149	326	52
53 ELECTROCARDIOLOGY		199839	157841	357680	971	2107	992	3867	53
55 MEDICAL SUPPLIES CHARGED TO PAT									55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS								733	57
59 OTH ANCILLARY SERVICE C									59
59.02 PSYCH	40	131874		131914	584	5116	16	1232	59.02
59.03 OCCUPATIONAL HEALTH	187	156303	2256	158746	655		1461	290	59.03
59.97 CARDIAC REHABILITATION			53548	53548	174		190	145	59.97
59.98 HYPERBARIC OXYGEN THERAPY			843	843			14986	2272	59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	197891	468886	138498	805275	4953	9631	15040	13102	61
61.01 C'VILL OUT	190		53532	53722	130	301	203	74	61.01
61.02 LAKE HILL OUT									61.02
61.03 NUTRITION COUNS.		59877	620	60497	488		86	98	61.03
61.04 HUNTLEY OP	248335		36785	285120	313		216	271	61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	1584082	11916762	5256990	18757834	71997	162824	561599	169967	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		33314		33314		602			96
98 PHYSICIANS' PRIVATE OFFICES			9329	9329					98
100 OTHER NONREIMBURSABLE C									100
100.01MOB	161584		21381	182965	146	8728	10		100.01
100.02COMMUNITY WELLNESS			18	18	150		249		100.02
100.03FUND DEVELOPMENT		135320	6991	142311	379	1204	984		100.03
100.04PHYSICIAN PRACTICE MANAGEMENT									100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1745666	12085396	5294709	19125771	72672	173358	562842	169967	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CASHIERING	ADMINIS- TRATIVE & GENERAL	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	5.04	6	7	8	9	10	11	12	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
5.01 COMMUNICATIONS									5.01
5.02 PURCH, RCVING, STORING									5.02
5.03 ADMITTING									5.03
5.04 CASHIERING, A/R	25819								5.04
6 ADMINISTRATIVE & GENERAL		2075889							6
7 MAINTENANCE & REPAIRS		72177	1244363						7
8 OPERATION OF PLANT		60079	13049	215783					8
9 LAUNDRY & LINEN SERVICE		7854	11480	2012	103927				9
10 HOUSEKEEPING		24779			8076	50625			10
11 DIETARY		39657	83881	14700		1378	860648		11
12 CAFETERIA		6584				578		7764	12
14 NURSING ADMINISTRATION		67523	1767	310		221		459	14
15 CENTRAL SERVICES & SUPPLY	839	34608	29743	5212	773	351		204	15
16 PHARMACY	1652	170639	22959	4024		168		240	16
17 MEDICAL RECORDS & LIBRARY		49260	27373	4797		287		332	17
24 PARAMED ED PRGM-PARAMEDICAL EDU		5448						175	24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2321	248300	424327	74358	36259	20665	543584	1697	25
26 INTENSIVE CARE UNIT	355	67257	35976	6305	4484	2267	31507	431	26
31 SUBPROVIDER I		42780	61569	10790	677		122634	335	31
31.01 SUBPROVIDER II	754	75163	54729	9591	10566	2665	109435	573	31.01
33 NURSERY									33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3971	126170	59027	10344	8233	6585		379	37
38 RECOVERY ROOM	1048	53375	27146	4757	7075	860	2283	332	38
39 DELIVERY ROOM & LABOR ROOM									39
40 ANESTHESIOLOGY	484	10277	2052	360		310		25	40
41 RADIOLOGY-DIAGNOSTIC	5384	210368	75088	13159	2505	4030		712	41
41.01 VASCULAR LAB	457	16004			976	126		67	41.01
42 RADIOLOGY-THERAPEUTIC	1048	64981	85375	14962	4360	1454	2670	218	42
44 LABORATORY	2676	118612	49081	8601		983		6	44
46 WHOLE BLOOD & PACKED RED BLOOD	72	13843	437	77		42			46
49 RESPIRATORY THERAPY	674	30763	4666	818		248		173	49
50 PHYSICAL THERAPY	439	46540	8015	1405	790	378		318	50
51 OCCUPATIONAL THERAPY	178	17894	296	52		414		98	51
52 SPEECH PATHOLOGY	51	5716	296	52				34	52
53 ELECTROCARDIOLOGY	598	27683	27990	4905	676	133		132	53
55 MEDICAL SUPPLIES CHARGED TO PAT		75206							55
55.30 IMPL. DEV. CHARGED TO PATIENT		69990							55.30
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	113	9278							57
59 OTH ANCILLARY SERVICE C									59
59.02 PSYCH	191	12821	18471	3237		184	4609	83	59.02
59.03 OCCUPATIONAL HEALTH	45	14966	21892	3837	416			78	59.03
59.97 CARDIAC REHABILITATION	22	3679						20	59.97
59.98 HYPERBARIC OXYGEN THERAPY	352	15362			2063				59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2027	117975	65673	11509	15538	5460	8825	466	61
61.01 C'VILL OUT	11	3488							61.01
61.02 LAKE HILL OUT									61.02
61.03 NUTRITION COUNS.	15	8273	8386	1470				64	61.03
61.04 HUNTLEY OP	42	10021							61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
95 SUBTOTALS	25819	2055393	1220744	211644	103467	49787	825547	7651	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		555	4666	818		119			96
98 PHYSICIANS' PRIVATE OFFICES		147							98
100 OTHER NONREIMBURSABLE C							35101		100
100.01MOB		7487			149	719		49	100.01
100.02COMMUNITY WELLNESS		2405			311			21	100.02
100.03FUND DEVELOPMENT		9004	18953	3321				40	100.03
100.04PHYSICIAN PRACTICE MANAGEMENT		898						3	100.04
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	25819	2075889	1244363	215783	103927	50625	860648	7764	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARAMEDICA PARAMEDICA 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 COMMUNICATIONS								5.01
5.02 PURCH, RCVING, STORING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING, A/R								5.04
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
14 NURSING ADMINISTRATION	239317							14
15 CENTRAL SERVICES & SUPPLY	4426	849846						15
16 PHARMACY		3596	720793					16
17 MEDICAL RECORDS & LIBRARY		6026		313035				17
24 PARAMED ED PRGM-PARAMEDICAL EDU	7507	1664	7		20574			24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	72518	22889	3357	131749		4847659		25
26 INTENSIVE CARE UNIT	18433	4895	1069	15084		529058		26
31 SUBPROVIDER I	14359	1096	3			709867		31
31.01 SUBPROVIDER II	24523	6218	288	40414		757056		31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	16234	4153	12491	49987		1829594		37
38 RECOVERY ROOM	14200	2570	396			345756		38
39 DELIVERY ROOM & LABOR ROOM						137		39
40 ANESTHESIOLOGY	1071		416			67468		40
41 RADIOLOGY-DIAGNOSTIC		48182	14008			2672761		41
41.01 VASCULAR LAB		1262	39			133424		41.01
42 RADIOLOGY-THERAPEUTIC	9349	5382	304			1527505		42
44 LABORATORY			2			725494		44
46 WHOLE BLOOD & PACKED RED BLOOD						49425		46
49 RESPIRATORY THERAPY	7412	16407				174711		49
50 PHYSICAL THERAPY		1984				133263		50
51 OCCUPATIONAL THERAPY		317				24279		51
52 SPEECH PATHOLOGY		231				9795		52
53 ELECTROCARDIOLOGY	5669	1818	276			435497		53
55 MEDICAL SUPPLIES CHARGED TO PAT		349339	16271			440816		55
55.30 IMPL. DEV. CHARGED TO PATIENT		327604				397594		55.30
56 DRUGS CHARGED TO PATIENTS			660710			660710		56
57 RENAL DIALYSIS						10124		57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH	3564	29				182051		59.02
59.03 OCCUPATIONAL HEALTH	4173	2676	26			209261		59.03
59.97 CARDIAC REHABILITATION	873	348				58999		59.97
59.98 HYPERBARIC OXYGEN THERAPY		24221	22			60121		59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	27487	13821	11108	75801		1203691		61
61.01 C'VILL OUT		327				58256		61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.	2769	158				82304		61.03
61.04 HUNTLEY OP		358				296341		61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	234567	847571	720793	313035		18633017		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						40074		96
98 PHYSICIANS' PRIVATE OFFICES						9476		98
100 OTHER NONREIMBURSABLE C						35101		100
100.01MOB	2114	17				202384		100.01
100.02COMMUNITY WELLNESS	904	456				4514		100.02
100.03FUND DEVELOPMENT	1732	1802				179730		100.03
100.04PHYSICIAN PRACTICE MANAGEMENT						901		100.04
101 CROSS FOOT ADJUSTMENTS					20574	20574		101
102 NEGATIVE COST CENTER								102
103 TOTAL	239317	849846	720793	313035	20574	19125771		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNICAT (NUMBER PHONES)	PURCHASING PURCH REQUIS \$	ADMITTING GROSS REVENUE	
		3	4	5	5.01	5.02	5.03	
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	12085396	5294709	15304446	581494	1006395	1248925	103
104	UNIT COST MULT-WS B PT I		.993956		1009.538194		.001950	104
104	UNIT COST MULT-WS B PT I	23.444300		.299816		.071815		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			72672	173358	562842	169967	107
108	UNIT COST MULT-WS B PT III				300.968750		.000265	108
108	UNIT COST MULT-WS B PT III			.001424		.040164		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING GROSS REVENUE 5.04	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	
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
5.01 COMMUNICATIONS								5.01
5.02 PURCH, RCVING, STORING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING, A/R	624126893							5.04
6 ADMINISTRATIVE & GENERAL		-2900776	132086628					6
7 MAINTENANCE & REPAIRS			4592605	378955				7
8 OPERATION OF PLANT			3822778	3974	374981			8
9 LAUNDRY & LINEN SERVICE			499770	3496	3496	321319		9
10 HOUSEKEEPING			1576665			24969	55170	10
11 DIETARY			2523348	25545	25545		1502	11
12 CAFETERIA			418908				630	12
14 NURSING ADMINISTRATION	2012		4296448	538	538		241	14
15 CENTRAL SERVICES & SUPPLY	20475194		2202105	9058	9058	2391	383	15
16 PHARMACY	40303252		10857688	6992	6992		183	16
17 MEDICAL RECORDS & LIBRARY			3134397	8336	8336		313	17
24 PARAMED ED PRGM-PARAMEDICAL E			346681					24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	56612580		15798152	129223	129223	112105	22519	25
26 INTENSIVE CARE UNIT	8648368		4279517	10956	10956	13862	2470	26
31 SUBPROVIDER I			2722052	18750	18750	2092		31
31.01 SUBPROVIDER II	18393200		4782556	16667	16667	32669	2904	31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	96848482		8028125	17976	17976	25456	7176	37
38 RECOVERY ROOM	25555611		3396237	8267	8267	21873	937	38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY	11801258		653899	625	625		338	40
41 RADIOLOGY-DIAGNOSTIC	125667948		13385563	22867	22867	7744	4392	41
41.01 VASCULAR LAB	11157019		1018338			3018	137	41.01
42 RADIOLOGY-THERAPEUTIC	25555676		4134723	26000	26000	13479	1585	42
44 LABORATORY	65268394		7547197	14947	14947		1071	44
46 WHOLE BLOOD & PACKED RED BLOO	1764365		880836	133	133		46	46
49 RESPIRATORY THERAPY	16449210		1957413	1421	1421		270	49
50 PHYSICAL THERAPY	10703576		2961322	2441	2441	2444	412	50
51 OCCUPATIONAL THERAPY	4351615		1138592	90	90		451	51
52 SPEECH PATHOLOGY	1231967		363690	90	90			52
53 ELECTROCARDIOLOGY	14591590		1761471	8524	8524	2090	145	53
55 MEDICAL SUPPLIES CHARGED TO P			4785298					55
55.30 IMPL. DEV. CHARGED TO PATIENT			4453445					55.30
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS	2765033		590363					57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH	4648467		815778	5625	5625		201	59.02
59.03 OCCUPATIONAL HEALTH	1093396		952293	6667	6667	1286		59.03
59.97 CARDIAC REHABILITATION	548704		234067					59.97
59.98 HYPERBARIC OXYGEN THERAPY	8574843		977476			6378		59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	49442856		7506679	20000	20000	48041	5950	61
61.01 C'VILL OUT	279833		221916					61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.	371452		526394	2554	2554			61.03
61.04 HUNTLEY OP	1020992		637659					61.04
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	624126893	-2900776	130782444	371762	367788	319897	54256	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			35333	1421	1421		130	96
98 PHYSICIANS' PRIVATE OFFICES			9329					98
100 OTHER NONREIMBURSABLE C								100
100.01 MOB			476414			460	784	100.01
100.02 COMMUNITY WELLNESS			153053			962		100.02
100.03 FUND DEVELOPMENT			572944	5772	5772			100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT			57111					100.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CASHIERING GROSS REVENUE 5.04	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	15641891		2900776	4693463	3955949	590926	1657210	103
104	UNIT COST MULT-WS B PT I	.025062		.021961		10.549732		30.038245	104
104	UNIT COST MULT-WS B PT I				12.385278		1.839063		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	25819		2075889	1244363	215783	103927	50625	107
108	UNIT COST MULT-WS B PT III	.000041		.015716		.575450		.917618	108
108	UNIT COST MULT-WS B PT III				3.283670		.323439		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMEDICA PARAMEDICA (OTHER)	
	MEALS SERVED	HOURS	HOURS	COSTED REQUIS.	COSTED REQUIS.	TIME SPENT		
	11	12	14	15	16	17	24	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
5.01 COMMUNICATIONS								5.01
5.02 PURCH, RCVING, STORING								5.02
5.03 ADMITTING								5.03
5.04 CASHIERING, A/R								5.04
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY	142480							11
12 CAFETERIA		1311203						12
14 NURSING ADMINISTRATION		77478	944349					14
15 CENTRAL SERVICES & SUPPLY		34458	17464	11552721				15
16 PHARMACY		40476		48881	7757841			16
17 MEDICAL RECORDS & LIBRARY		56048		81911		18117		17
24 PARAMED ED PRGM-PARAMEDICAL E		29621	29621	22626	77		2737	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	89990	286162	286162	311146	36126	7625	313	25
26 INTENSIVE CARE UNIT	5216	72737	72737	66544	11501	873	78	26
31 SUBPROVIDER I	20302	56661	56661	14898	35			31
31.01 SUBPROVIDER II	18117	96768	96768	84526	3095	2339		31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		64041	64061	56460	134441	2893	78	37
38 RECOVERY ROOM	378	56033	56033	34930	4265			38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		4228	4228		4481			40
41 RADIOLOGY-DIAGNOSTIC		120259		654987	150763		78	41
41.01 VASCULAR LAB		11340		17162	421			41.01
42 RADIOLOGY-THERAPEUTIC	442	36890	36890	73167	3275			42
44 LABORATORY		944			20		138	44
46 WHOLE BLOOD & PACKED RED BLOO								46
49 RESPIRATORY THERAPY		29247	29247	223038			78	49
50 PHYSICAL THERAPY		53637		26967				50
51 OCCUPATIONAL THERAPY		16633		4310				51
52 SPEECH PATHOLOGY		5726		3143				52
53 ELECTROCARDIOLOGY		22371	22371	24711	2969			53
55 MEDICAL SUPPLIES CHARGED TO P				4748832	175121			55
55.30 IMPL. DEV. CHARGED TO PATIENT				4453445				55.30
56 DRUGS CHARGED TO PATIENTS					7111179			56
57 RENAL DIALYSIS								57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH	763	14063	14063	398				59.02
59.03 OCCUPATIONAL HEALTH		13248	16467	36375	278			59.03
59.97 CARDIAC REHABILITATION		3444	3444	4727				59.97
59.98 HYPERBARIC OXYGEN THERAPY				329257	237			59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	1461	78619	108463	187883	119557	4387	1974	61
61.01 C'VILL OUT				4441				61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		10829	10926	2147				61.03
61.04 HUNTLEY OP				4866				61.04
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	136669	1291961	925606	11521778	7757841	18117	2737	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C								96
98 PHYSICIANS' PRIVATE OFFICES								98
100 OTHER NONREIMBURSABLE C	5811							100
100.01 MOB		8343	8343	237				100.01
100.02 COMMUNITY WELLNESS		3566	3566	6203				100.02
100.03 FUND DEVELOPMENT		6834	6834	24503				100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT		499						100.04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMEDICA PARAMEDICA (OTHER)	
	MEALS SERVED 11	HOURS 12	HOURS 14	COSTED REQUIS. 15	COSTED REQUIS. 16	TIME SPENT 17	24	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3209755	447032	4436795	2567910	11286658	3441136	508701	103
104 UNIT COST MULT-WS B PT I	22.527758		4.698258		1.454871		185.860796	104
104 UNIT COST MULT-WS B PT I		.340933		.222278		189.939615		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	860648	7764	239317	849846	720793	313035	20574	107
108 UNIT COST MULT-WS B PT III	6.040483		.253420		.092912		7.516989	108
108 UNIT COST MULT-WS B PT III		.005921		.073562		17.278523		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	25088930		25088930	26901	25115831	25
26 INTENSIVE CARE UNIT	5420339		5420339		5420339	26
31 SUBPROVIDER I	3961956		3961956		3961956	31
31.01 SUBPROVIDER II	6780481		6780481		6780481	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	9974025		9974025		9974025	37
38 RECOVERY ROOM	4033642		4033642		4033642	38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY	720571		720571		720571	40
41 RADIOLOGY-DIAGNOSTIC	14770575		14770575		14770575	41
41.01 VASCULAR LAB	1058661		1058661		1058661	41.01
42 RADIOLOGY-THERAPEUTIC	5111117		5111117		5111117	42
44 LABORATORY	8113922		8113922	6978	8120900	44
46 WHOLE BLOOD & PACKED RED BL	904612		904612		904612	46
49 RESPIRATORY THERAPY	2252554		2252554	949	2253503	49
50 PHYSICAL THERAPY	3123492		3123492		3123492	50
51 OCCUPATIONAL THERAPY	1185837		1185837		1185837	51
52 SPEECH PATHOLOGY	376392		376392		376392	52
53 ELECTROCARDIOLOGY	2126398		2126398	6485	2132883	53
55 MEDICAL SUPPLIES CHARGED TO	6200723		6200723		6200723	55
55.30 IMPL. DEV. CHARGED TO PATIE	5541150		5541150		5541150	55.30
56 DRUGS CHARGED TO PATIENTS	10345848		10345848		10345848	56
57 RENAL DIALYSIS	603328		603328		603328	57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	1056884		1056884		1056884	59.02
59.03 OCCUPATIONAL HEALTH	1218851		1218851		1218851	59.03
59.97 CARDIAC REHABILITATION	257613		257613		257613	59.97
59.98 HYPERBARIC OXYGEN THERAPY	1084204		1084204		1084204	59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	10382473		10382473	90439	10472912	61
61.01 C'VILL OUT	227776		227776		227776	61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	652032		652032		652032	61.03
61.04 HUNTLEY OP	652745		652745		652745	61.04
62 OBSERVATION BEDS (NON-DISTI	3954897		3954897		3954897	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	137182028		137182028	131752	137313780	101
102 LESS OBSERVATION BEDS	3954897		3954897		3954897	102
103 TOTAL	133227131		133227131	131752	133358883	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	42204949		42204949			25
26 INTENSIVE CARE UNIT	16241186		16241186			26
31 SUBPROVIDER I	8648368		8648368			31
31.01 SUBPROVIDER II	18393200		18393200			31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	37359107	39114289	76473396	.130425	.130425	.130425 37
38 RECOVERY ROOM	10627897	14927714	25555611	.157838	.157838	.157838 38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY	6407613	5393645	11801258	.061059	.061059	.061059 40
41 RADIOLOGY-DIAGNOSTIC	38564853	79490776	118055629	.125115	.125115	.125115 41
41.01 VASCULAR LAB	3161115	7995904	11157019	.094887	.094887	.094887 41.01
42 RADIOLOGY-THERAPEUTIC	1714170	23787506	25501676	.200423	.200423	.200423 42
44 LABORATORY	31184120	34084274	65268394	.124316	.124316	.124423 44
46 WHOLE BLOOD & PACKED RED BL	1337028	423765	1760793	.513753	.513753	.513753 46
49 RESPIRATORY THERAPY	12415599	889424	13305023	.169301	.169301	.169372 49
50 PHYSICAL THERAPY	6471208	4214475	10685683	.292306	.292306	.292306 50
51 OCCUPATIONAL THERAPY	4312542	39073	4351615	.272505	.272505	.272505 51
52 SPEECH PATHOLOGY	1224134	7833	1231967	.305521	.305521	.305521 52
53 ELECTROCARDIOLOGY	6661585	7930005	14591590	.145728	.145728	.146172 53
55 MEDICAL SUPPLIES CHARGED TO	20942446	13211021	34153467	.181555	.181555	.181555 55
55.30 IMPL. DEV. CHARGED TO PATIE	12416936	5893443	18310379	.302623	.302623	.302623 55.30
56 DRUGS CHARGED TO PATIENTS	22924578	16943196	39867774	.259504	.259504	.259504 56
57 RENAL DIALYSIS	2710587	54446	2765033	.218199	.218199	.218199 57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	3374113	1274354	4648467	.227362	.227362	.227362 59.02
59.03 OCCUPATIONAL HEALTH		1093396	1093396	1.114739	1.114739	1.114739 59.03
59.97 CARDIAC REHABILITATION	654	548050	548704	.469494	.469494	.469494 59.97
59.98 HYPERBARIC OXYGEN THERAPY	103056	8352126	8455182	.128230	.128230	.128230 59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	12164394	37121363	49285757	.210659	.210659	.212494 61
61.01 C'VILL OUT	972	277466	278438	.818049	.818049	.818049 61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	144	305738	305882	2.131646	2.131646	2.131646 61.03
61.04 HUNTLEY OP	978	1017774	1018752	.640730	.640730	.640730 61.04
62 OBSERVATION BEDS (NON-DISTI	3682948	14457496	18140444	.218015	.218015	.218015 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	325250480	318848552	644099032			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	325250480	318848552	644099032			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				4847659		4847659
26 INTENSIVE CARE UNIT				529058		529058
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				709867		709867
31.01 SUBPROVIDER II				757056		757056
33 NURSERY						
101 TOTAL				6843640		6843640

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	25434	14950			190.60	2849470
26 INTENSIVE CARE UNIT	3315	2125			159.60	339150
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	6163				115.18	
31.01 SUBPROVIDER II	10654	8844			71.06	628455
33 NURSERY						
101 TOTAL	45566	25919				3817075

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] 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		1829594	76473396	18813485			.023925	450113 37
38 RECOVERY ROOM		345756	25555611	5298753			.013530	71692 38
39 DELIVERY ROOM & LABOR ROOM		137						39
40 ANESTHESIOLOGY		67468	11801258	3060266			.005717	17496 40
41 RADIOLOGY-DIAGNOSTIC		2672761	118055629	24613814			.022640	557257 41
41.01 VASCULAR LAB		133424	11157019	1787766			.011959	21380 41.01
42 RADIOLOGY-THERAPEUTIC		1527505	25501676	484537			.059898	29023 42
44 LABORATORY		725494	65268394	18239295			.011116	202748 44
46 WHOLE BLOOD & PACKED RED BLOO		49425	1760793	814133			.028070	22853 46
49 RESPIRATORY THERAPY		174711	13305023	7555896			.013131	99216 49
50 PHYSICAL THERAPY		133263	10685683	1464411			.012471	18263 50
51 OCCUPATIONAL THERAPY		24279	4351615	559738			.005579	3123 51
52 SPEECH PATHOLOGY		9795	1231967	284426			.007951	2261 52
53 ELECTROCARDIOLOGY		435497	14591590	4400413			.029846	131335 53
55 MEDICAL SUPPLIES CHARGED TO P		440816	34153467	11565180			.012907	149272 55
55.30 IMPL. DEV. CHARGED TO PATIENT		397594	18310379	7508344			.021714	163036 55.30
56 DRUGS CHARGED TO PATIENTS		660710	39867774	11329740			.016573	187768 56
57 RENAL DIALYSIS		10124	2765033	1607400			.003661	5885 57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		182051	4648467	753770			.039164	29521 59.02
59.03 OCCUPATIONAL HEALTH		209261	1093396				.191386	59.03
59.97 CARDIAC REHABILITATION		58999	548704	653			.107524	70 59.97
59.98 HYPERBARIC OXYGEN THERAPY		60121	8455182	97293			.007111	692 59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1203691	49285757	6512123			.024423	159046 61
61.01 C'VILL OUT		58256	278438				.209224	61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		82304	305882	144			.269071	39 61.03
61.04 HUNTLEY OP		296341	1018752				.290886	61.04
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		763343	18140444	2114523			.042080	88979 62
101 TOTAL		12552720	558611329	128866103				2411068 101

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/29/2011 00:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	COSTS	AMOUNT	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			58174			58174	25
26 INTENSIVE CARE UNIT			14497			14497	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I							31
31.01 SUBPROVIDER II							31.01
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			72671			72671	101

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH HOSPITAL
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/29/2011 00:32

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	25434	2.29	14950	34236	25
26 INTENSIVE CARE UNIT	3315	4.37	2125	9286	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	6163				31
31.01 SUBPROVIDER II	10654		8844		31.01
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	45566		25919	43522	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM				14497			14497	37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC				14497			14497	41
41.01 VASCULAR LAB								41.01
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY				25649			25649	44
46 WHOLE BLOOD & PACKED RED BLOO								46
49 RESPIRATORY THERAPY				14497			14497	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
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
57 RENAL DIALYSIS								57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH								59.02
59.03 OCCUPATIONAL HEALTH								59.03
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY				366890			366890	61
61.01 C'VILL OUT								61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.								61.03
61.04 HUNTLEY OP								61.04
62 OBSERVATION BEDS (NON-DISTINC				9160			9160	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				445190			445190	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] 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			CHARGES	RATIO OF COST	PROGRAM		
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	14497	76473396	.000190	.000190	18813485	3575	13514901	37
38 RECOVERY ROOM		25555611			5298753		4649299	38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		11801258			3060266		1353133	40
41 RADIOLOGY-DIAGNOSTIC	14497	118055629	.000123	.000123	24613814	3027	23159570	41
41.01 VASCULAR LAB		11157019			1787766		1724181	41.01
42 RADIOLOGY-THERAPEUTIC		25501676			484537		12134962	42
44 LABORATORY	25649	65268394	.000393	.000393	18239295	7168	1224302	44
46 WHOLE BLOOD & PACKED RED BLOO		1760793			814133		108451	46
49 RESPIRATORY THERAPY	14497	13305023	.001090	.001090	7555896	8236	227969	49
50 PHYSICAL THERAPY		10685683			1464411		7900	50
51 OCCUPATIONAL THERAPY		4351615			559738		785	51
52 SPEECH PATHOLOGY		1231967			284426		7833	52
53 ELECTROCARDIOLOGY		14591590			4400413		2420076	53
55 MEDICAL SUPPLIES CHARGED TO P		34153467			11565180		5439514	55
55.30 IMPL. DEV. CHARGED TO PATIENT		18310379			7508344		2867207	55.30
56 DRUGS CHARGED TO PATIENTS		39867774			11329740		6102687	56
57 RENAL DIALYSIS		2765033			1607400		34235	57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		4648467			753770		25447	59.02
59.03 OCCUPATIONAL HEALTH		1093396						59.03
59.97 CARDIAC REHABILITATION		548704			653		277098	59.97
59.98 HYPERBARIC OXYGEN THERAPY		8455182			97293		3748758	59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	366890	49285757	.007444	.007444	6512123	48476	5818724	61
61.01 C'VILL OUT		278438						61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		305882			144		73364	61.03
61.04 HUNTLEY OP		1018752						61.04
62 OBSERVATION BEDS (NON-DISTINC	9160	18140444	.000505	.000505	2114523	1068	3933976	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	445190	558611329			128866103	71550	88854372	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0217) [] 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			2568		37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC			2849		41
41.01 VASCULAR LAB					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY			481		44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY			248		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
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
57 RENAL DIALYSIS					57
59 OTH ANCILLARY SERVICE C					59
59.02 PSYCH					59.02
59.03 OCCUPATIONAL HEALTH					59.03
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			43315		61
61.01 C'VILL OUT					61.01
61.02 LAKE HILL OUT					61.02
61.03 NUTRITION COUNS.					61.03
61.04 HUNTLEY OP					61.04
62 OBSERVATION BEDS (NON-DISTINC			1987		62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			51448		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0217) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.130425	.130425	.130425			37
39 RECOVERY ROOM	.157838	.157838	.157838			38
40 DELIVERY ROOM & LABOR ROOM						39
41 ANESTHESIOLOGY	.061059	.061059	.061059			40
42 RADIOLOGY-DIAGNOSTIC	.125115	.125115	.125115			41
41.01 VASCULAR LAB	.094887	.094887	.094887			41.01
42 RADIOLOGY-THERAPEUTIC	.200423	.200423	.200423			42
44 LABORATORY	.124316	.124316	.124316			44
46 WHOLE BLOOD & PACKED RED BLOOD	.513753	.513753	.513753			46
49 RESPIRATORY THERAPY	.169301	.169301	.169301			49
50 PHYSICAL THERAPY	.292306	.292306	.292306			50
51 OCCUPATIONAL THERAPY	.272505	.272505	.272505			51
52 SPEECH PATHOLOGY	.305521	.305521	.305521			52
53 ELECTROCARDIOLOGY	.145728	.145728	.145728			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.181555	.181555	.181555			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.302623	.302623	.302623			55.30
56 DRUGS CHARGED TO PATIENTS	.259504	.259504	.259504			56
57 RENAL DIALYSIS	.218199	.218199	.218199			57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	.227362	.227362	.227362			59.02
59.03 OCCUPATIONAL HEALTH	1.114739	1.114739	1.114739			59.03
59.97 CARDIAC REHABILITATION	.469494	.469494	.469494			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.128230	.128230	.128230			59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.210659	.210659	.210659			61
61.01 C'VILL OUT	.818049	.818049	.818049			61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	2.131646	2.131646	2.131646			61.03
61.04 HUNTLEY OP	.640730	.640730	.640730			61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.218015	.218015	.218015			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.259504	1
2 PROGRAM VACCINE CHARGES		2	21133	2
2.01 PROGRAM VACCINE CHARGES		3		2.01
3 PROGRAM COSTS		3	5484	3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0217) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		13514901						37
38 OPERATING ROOM		4649299						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		1353133						40
41 RADIOLOGY-DIAGNOSTIC		23159570						41
41.01 VASCULAR LAB		1724181						41.01
42 RADIOLOGY-THERAPEUTIC		12134962						42
44 LABORATORY		1224302						44
46 WHOLE BLOOD & PACKED RED BLOOD		108451						46
49 RESPIRATORY THERAPY		227969						49
50 PHYSICAL THERAPY		7900						50
51 OCCUPATIONAL THERAPY		785						51
52 SPEECH PATHOLOGY		7833						52
53 ELECTROCARDIOLOGY		2420076						53
55 MEDICAL SUPPLIES CHARGED TO PA		5439514	198					55
55.30 IMPL. DEV. CHARGED TO PATIENT		2867207						55.30
56 DRUGS CHARGED TO PATIENTS		6102687						56
57 RENAL DIALYSIS		34235						57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		25447						59.02
59.03 OCCUPATIONAL HEALTH								59.03
59.97 CARDIAC REHABILITATION		277098						59.97
59.98 HYPERBARIC OXYGEN THERAPY		3748758						59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		5818724						61
61.01 C'VILL OUT								61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		73364						61.03
61.04 HUNTLEY OP								61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		3933976						62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		88854372	198					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		88854372	198					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0217) [] 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		1762681					37
38 RECOVERY ROOM		733836					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		82621					40
41 RADIOLOGY-DIAGNOSTIC		2897610					41
41.01 VASCULAR LAB		163602					41.01
42 RADIOLOGY-THERAPEUTIC		2432125					42
44 LABORATORY		152200					44
46 WHOLE BLOOD & PACKED RED BLOOD		55717					46
49 RESPIRATORY THERAPY		38595					49
50 PHYSICAL THERAPY		2309					50
51 OCCUPATIONAL THERAPY		214					51
52 SPEECH PATHOLOGY		2393					52
53 ELECTROCARDIOLOGY		352673					53
55 MEDICAL SUPPLIES CHARGED TO PAT		987571	36				55
55.30 IMPL. DEV. CHARGED TO PATIENT		867683					55.30
56 DRUGS CHARGED TO PATIENTS		1583672					56
57 RENAL DIALYSIS		7470					57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH		5786					59.02
59.03 OCCUPATIONAL HEALTH							59.03
59.97 CARDIAC REHABILITATION		130096					59.97
59.98 HYPERBARIC OXYGEN THERAPY		480703					59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		1225767					61
61.01 C'VILL OUT							61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.		156386					61.03
61.04 HUNTLEY OP							61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS		857666					62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		14979376	36				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		14979376	36				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 [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T217)

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		1829594	76473396	89157			.023925	2133 37
38 RECOVERY ROOM		345756	25555611	42064			.013530	569 38
39 DELIVERY ROOM & LABOR ROOM		137						39
40 ANESTHESIOLOGY		67468	11801258	4571			.005717	26 40
41 RADIOLOGY-DIAGNOSTIC		2672761	118055629	722574			.022640	16359 41
41.01 VASCULAR LAB		133424	11157019	255662			.011959	3057 41.01
42 RADIOLOGY-THERAPEUTIC		1527505	25501676	112298			.059898	6726 42
44 LABORATORY		725494	65268394	2164763			.011116	24064 44
46 WHOLE BLOOD & PACKED RED BLOO		49425	1760793	11896			.028070	334 46
49 RESPIRATORY THERAPY		174711	13305023	1658493			.013131	21778 49
50 PHYSICAL THERAPY		133263	10685683	3591657			.012471	44792 50
51 OCCUPATIONAL THERAPY		24279	4351615	2931410			.005579	16354 51
52 SPEECH PATHOLOGY		9795	1231967	685831			.007951	5453 52
53 ELECTROCARDIOLOGY		435497	14591590	133737			.029846	3992 53
55 MEDICAL SUPPLIES CHARGED TO P		440816	34153467	1168268			.012907	15079 55
55.30 IMPL. DEV. CHARGED TO PATIENT		397594	18310379	37587			.021714	816 55.30
56 DRUGS CHARGED TO PATIENTS		660710	39867774	2943559			.016573	48784 56
57 RENAL DIALYSIS		10124	2765033	288900			.003661	1058 57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH		182051	4648467				.039164	59.02
59.03 OCCUPATIONAL HEALTH		209261	1093396				.191386	59.03
59.97 CARDIAC REHABILITATION		58999	548704				.107524	59.97
59.98 HYPERBARIC OXYGEN THERAPY		60121	8455182	308			.007111	2 59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		1203691	49285757	87349			.024423	2133 61
61.01 C'VILL OUT		58256	278438				.209224	61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.		82304	305882				.269071	61.03
61.04 HUNTLEY OP		296341	1018752				.290886	61.04
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		763343	18140444				.042080	62
101 TOTAL		12552720	558611329	16930084				213509 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T217) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				14497			14497 37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				14497			14497 41
41.01 VASCULAR LAB							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				25649			25649 44
46 WHOLE BLOOD & PACKED RED BLOO							46
49 RESPIRATORY THERAPY				14497			14497 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
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
57 RENAL DIALYSIS							57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH							59.02
59.03 OCCUPATIONAL HEALTH							59.03
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				366890			366890 61
61.01 C'VILL OUT							61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.							61.03
61.04 HUNTLEY OP							61.04
62 OBSERVATION BEDS (NON-DISTINC				9160			9160 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				445190			445190 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T217) [] 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	14497	76473396	.000190	.000190	89157	17	37
38 RECOVERY ROOM		25555611			42064		38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		11801258			4571		40
41 RADIOLOGY-DIAGNOSTIC	14497	118055629	.000123	.000123	722574	89	41
41.01 VASCULAR LAB		11157019			255662		41.01
42 RADIOLOGY-THERAPEUTIC		25501676			112298		42
44 LABORATORY	25649	65268394	.000393	.000393	2164763	851	44
46 WHOLE BLOOD & PACKED RED BLOO		1760793			11896		46
49 RESPIRATORY THERAPY	14497	13305023	.001090	.001090	1658493	1808	49
50 PHYSICAL THERAPY		10685683			3591657		50
51 OCCUPATIONAL THERAPY		4351615			2931410		51
52 SPEECH PATHOLOGY		1231967			685831		52
53 ELECTROCARDIOLOGY		14591590			133737		53
55 MEDICAL SUPPLIES CHARGED TO P		34153467			1168268		55
55.30 IMPL. DEV. CHARGED TO PATIENT		18310379			37587		55.30
56 DRUGS CHARGED TO PATIENTS		39867774			2943559		56
57 RENAL DIALYSIS		2765033			288900		57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH		4648467					59.02
59.03 OCCUPATIONAL HEALTH		1093396					59.03
59.97 CARDIAC REHABILITATION		548704					59.97
59.98 HYPERBARIC OXYGEN THERAPY		8455182			308		59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	366890	49285757	.007444	.007444	87349	650	336 61
61.01 C'VILL OUT		278438					61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.		305882					61.03
61.04 HUNTLEY OP		1018752					61.04
62 OBSERVATION BEDS (NON-DISTINC	9160	18140444	.000505	.000505			62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	445190	558611329			16930084	3415	336 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T217) [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 VASCULAR LAB					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
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
57 RENAL DIALYSIS					57
59 OTH ANCILLARY SERVICE C					59
59.02 PSYCH					59.02
59.03 OCCUPATIONAL HEALTH					59.03
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY			3		61
61.01 C'VILL OUT					61.01
61.02 LAKE HILL OUT					61.02
61.03 NUTRITION COUNS.					61.03
61.04 HUNTLEY OP					61.04
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			3		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T217) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.130425	.130425	.130425			37
39 RECOVERY ROOM	.157838	.157838	.157838			38
40 DELIVERY ROOM & LABOR ROOM						39
41 ANESTHESIOLOGY	.061059	.061059	.061059			40
42 RADIOLOGY-DIAGNOSTIC	.125115	.125115	.125115			41
41.01 VASCULAR LAB	.094887	.094887	.094887			41.01
42 RADIOLOGY-THERAPEUTIC	.200423	.200423	.200423			42
44 LABORATORY	.124316	.124316	.124316			44
46 WHOLE BLOOD & PACKED RED BLOOD	.513753	.513753	.513753			46
49 RESPIRATORY THERAPY	.169301	.169301	.169301			49
50 PHYSICAL THERAPY	.292306	.292306	.292306			50
51 OCCUPATIONAL THERAPY	.272505	.272505	.272505			51
52 SPEECH PATHOLOGY	.305521	.305521	.305521			52
53 ELECTROCARDIOLOGY	.145728	.145728	.145728			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.181555	.181555	.181555			55
55.30 IMPL. DEV. CHARGED TO PATIENT	.302623	.302623	.302623			55.30
56 DRUGS CHARGED TO PATIENTS	.259504	.259504	.259504			56
57 RENAL DIALYSIS	.218199	.218199	.218199			57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	.227362	.227362	.227362			59.02
59.03 OCCUPATIONAL HEALTH	1.114739	1.114739	1.114739			59.03
59.97 CARDIAC REHABILITATION	.469494	.469494	.469494			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.128230	.128230	.128230			59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.210659	.210659	.210659			61
61.01 C'VILL OUT	.818049	.818049	.818049			61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	2.131646	2.131646	2.131646			61.03
61.04 HUNTLEY OP	.640730	.640730	.640730			61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.218015	.218015	.218015			62
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.259504	1
2 PROGRAM VACCINE CHARGES	2	566	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	147	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T217) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 VASCULAR LAB								41.01
42 RADIOLOGY-THERAPEUTIC								42
44 LABORATORY								44
46 WHOLE BLOOD & PACKED RED BLOOD								46
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
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
57 RENAL DIALYSIS								57
59 OTH ANCILLARY SERVICE C								59
59.02 PSYCH								59.02
59.03 OCCUPATIONAL HEALTH								59.03
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		336						61
61.01 C'VILL OUT								61.01
61.02 LAKE HILL OUT								61.02
61.03 NUTRITION COUNS.								61.03
61.04 HUNTLEY OP								61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		336						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		336						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T217) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 VASCULAR LAB							41.01
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH							59.02
59.03 OCCUPATIONAL HEALTH							59.03
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY			71				61
61.01 C'VILL OUT							61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.							61.03
61.04 HUNTLEY OP							61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			71				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			71				104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0217)	SUB I	SUB II (PPS) (14-T217)	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	25434		10654			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	25434		10654			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25434		10654			4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	14950		8844			9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS						15
16 TITLE V OR XIX NURSERY DAYS						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0217)	SUB I	SUB II (PPS) (14-T217)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25115831		6780481				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25115831		6780481				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	67094503		18393200				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	67094503		18393200				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.374335		.368641				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2637.98		1726.41				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	25115831		6780481				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) (14-0217)	SUB I	SUB II (PPS) (14-T217)	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	987.49		636.43			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14762976		5628587			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	14762976		5628587			41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	5420339	3315	1635.09	2125	3474566	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0217)	SUB I	SUB II (PPS) (14-T217)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	21793380		3858832			48
49 TOTAL PROGRAM INPATIENT COSTS	40030922		9487419			49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	3232142		628455			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2482618		216924			51
52 TOTAL PROGRAM EXCLUDABLE COST	5714760		845379			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	34316162		8642040			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) (14-0217)	SUB I 1	SUB II (PPS) (14-T217)	SUB III 1	SUB IV 1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

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)
 (14-0217) (14-T217)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4005	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	987.49	84
85 OBSERVATION BED COST	3954897	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL 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		25115831		3954897		86
87 NEW CAPITAL-RELATED COST	4847659	25115831	.193012	3954897	763343	87
88 NON PHYSICIAN ANESTHETIST		25115831		3954897		88
89 NURSING SCHOOL		25115831		3954897		89
89.01 ALLIED HEALTH	58174	25115831	.002316	3954897	9160	89.01
89.02 ALL OTHER		25115831		3954897		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0217) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		28487329		25
26 INTENSIVE CARE UNIT		10185773		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.130425	18813485	2453749	37
38 RECOVERY ROOM	.157838	5298753	836345	38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY	.061059	3060266	186857	40
41 RADIOLOGY-DIAGNOSTIC	.125115	24613814	3079557	41
41.01 VASCULAR LAB	.094887	1787766	169636	41.01
42 RADIOLOGY-THERAPEUTIC	.200423	484537	97112	42
44 LABORATORY	.124423	18239295	2269388	44
46 WHOLE BLOOD & PACKED RED BLOOD	.513753	814133	418263	46
49 RESPIRATORY THERAPY	.169372	7555896	1279757	49
50 PHYSICAL THERAPY	.292306	1464411	428056	50
51 OCCUPATIONAL THERAPY	.272505	559738	152531	51
52 SPEECH PATHOLOGY	.305521	284426	86898	52
53 ELECTROCARDIOLOGY	.146172	4400413	643217	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.181555	11565180	2099716	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.302623	7508344	2272198	55.30
56 DRUGS CHARGED TO PATIENTS	.259504	11329740	2940113	56
57 RENAL DIALYSIS	.218199	1607400	350733	57
59 OTH ANCILLARY SERVICE C				59
59.02 PSYCH	.227362	753770	171379	59.02
59.03 OCCUPATIONAL HEALTH	1.114739			59.03
59.97 CARDIAC REHABILITATION	.469494	653	307	59.97
59.98 HYPERBARIC OXYGEN THERAPY	.128230	97293	12476	59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.212494	6512123	1383787	61
61.01 C'VILL OUT	.818049			61.01
61.02 LAKE HILL OUT				61.02
61.03 NUTRITION COUNS.	2.131646	144	307	61.03
61.04 HUNTLEY OP	.640730			61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.218015	2114523	460998	62
101 TOTAL		128866103	21793380	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		128866103		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 checked="" type="checkbox"/> SUB II (14-T217)	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		15316822		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.130425	89157	11628	37
38 RECOVERY ROOM	.157838	42064	6639	38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY	.061059	4571	279	40
41 RADIOLOGY-DIAGNOSTIC	.125115	722574	90405	41
41.01 VASCULAR LAB	.094887	255662	24259	41.01
42 RADIOLOGY-THERAPEUTIC	.200423	112298	22507	42
44 LABORATORY	.124423	2164763	269346	44
46 WHOLE BLOOD & PACKED RED BLOOD	.513753	11896	6112	46
49 RESPIRATORY THERAPY	.169372	1658493	280902	49
50 PHYSICAL THERAPY	.292306	3591657	1049863	50
51 OCCUPATIONAL THERAPY	.272505	2931410	798824	51
52 SPEECH PATHOLOGY	.305521	685831	209536	52
53 ELECTROCARDIOLOGY	.146172	133737	19549	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.181555	1168268	212105	55
55.30 IMPL. DEV. CHARGED TO PATIENT	.302623	37587	11375	55.30
56 DRUGS CHARGED TO PATIENTS	.259504	2943559	763865	56
57 RENAL DIALYSIS	.218199	288900	63038	57
59 OTH ANCILLARY SERVICE C				59
59.02 PSYCH	.227362			59.02
59.03 OCCUPATIONAL HEALTH	1.114739			59.03
59.97 CARDIAC REHABILITATION	.469494			59.97
59.98 HYPERBARIC OXYGEN THERAPY	.128230	308	39	59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.212494	87349	18561	61
61.01 C'VILL OUT	.818049			61.01
61.02 LAKE HILL OUT				61.02
61.03 NUTRITION COUNS.	2.131646			61.03
61.04 HUNTLEY OP	.640730			61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.218015			62
101 TOTAL		16930084	3858832	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		16930084		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0217)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	19687608					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6562536					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	450402					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	150134					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	1107552					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	103.03					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 (14-0217)	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	0.0216					4
4.01	0.0992					4.01
4.02	0.1208					4.02
4.03	0.0305					4.03
4.04	800629					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	28158325					6
7						7
7.01						7.01
8	28158325					8
9	2405278					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	43522					14
15	71550					15
16	30678675					16
17	26562					17
18	30652113					18
19	2259636					19
20	161556					20
21	430734					21
21.01	301514					21.01
21.02	281507					21.02
22	28532435					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0217)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	28532435					26
27						27
28	27687552					28
28.01						28.01
29	844883					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 (14-0217) 1	HOSPITAL (14-0217) 1.01	HOSPITAL (14-0217) 1.02	
1 MEDICAL AND OTHER SERVICES	5520			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14927928			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11516427			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	51448			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	5520			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	21331			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	21331			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	21331			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	15811			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5520			17
17.01 TOTAL PPS PAYMENTS	11567875			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0217) 1	HOSPITAL (14-0217) 1.01	HOSPITAL (14-0217) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	2640100		18.01
19 SUBTOTAL	8933295		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	8933295		23
24 PRIMARY PAYER PAYMENTS	1714		24
25 SUBTOTAL	8931581		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	374950		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	262465		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	294122		27.02
28 SUBTOTAL	9194046		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)	-20		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	9194066		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9087507		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	106559		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T217) 1	SUB II (14-T217) 1.01	SUB II (14-T217) 1.02	
1 MEDICAL AND OTHER SERVICES	147			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	68			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	183			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	3			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	147			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	566			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	566			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	566			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	419			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	147			17
17.01 TOTAL PPS PAYMENTS	186			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T217) 1	SUB II (14-T217) 1.01	SUB II (14-T217) 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	333		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	333		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	333		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	333		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	333		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	314		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	19		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0217)

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		27643741		9056964	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	43811	01/07/2011	30543	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	43811		30543	3.99
4 TOTAL INTERIM PAYMENTS		27687552		9087507	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				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	844883		106559	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		28532435		9194066	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T217)

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		12216947		314	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	1379		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	1379			3.99
4 TOTAL INTERIM PAYMENTS		12218326		314	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO PROGRAM .02		-12111	19	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		12206215		333	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T217)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		12184885			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0198			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		110712			1.04
1.05	OUTLIER PAYMENTS		26378			1.05
1.06	TOTAL PPS PAYMENTS		12321975			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		29.189041			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		12321975			4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL		12321975			6
7	DEDUCTIBLES		70368			7
8	SUBTOTAL		12251607			8
9	COINSURANCE		50325			9
10	SUBTOTAL		12201282			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		2168			11
11.01	REDUCED REIMBURSABLE BAD DEBTS		1518			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL		12202800			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I	SUB II (14-T217)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)			3415			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			12206215			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS			12218326			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM			-12111			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						53

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	2068517			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE	95000			3
4	ACCOUNTS RECEIVABLE	21563503			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4580047			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2467542			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	30774609			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	131947498			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	131947498			21
OTHER ASSETS					
22	INVESTMENTS	441100			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	3233876			25
26	TOTAL OTHER ASSETS	3674976			26
27	TOTAL ASSETS	166397083			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10894374			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS	18461121			33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES				35
36	TOTAL CURRENT LIABILITIES	29355495			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	1101464			41
42	TOTAL LONG TERM LIABILITIES	1101464			42
43	TOTAL LIABILITIES	30456959			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	135940124			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	135940124			51
52	TOTAL LIABILITIES AND FUND BALANCES	166397083			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	141586000			1
2 NET INCOME (LOSS)	-11695399			2
3 TOTAL	129890601			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	6049521			4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	6049521			10
11 SUBTOTAL	135940122			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	135940122			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	51275156		51275156	2
2.01 SUBPROVIDER I				4
4 SUBPROVIDER II	18393200		18393200	5
5 SWING BED - SNF				6
6 SWING BED - NF				7
7 SKILLED NURSING FACILITY				8
8 NURSING FACILITY				9
9 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES	69668356		69668356	11
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
11 INTENSIVE CARE UNIT	16283648		16283648	13
12 CORONARY CARE UNIT				14
13 BURN INTENSIVE CARE UNIT				15
14 SURGICAL INTENSIVE CARE UNIT				16
15 OTHER SPECIAL CARE (SPECIFY)				17
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	16283648		16283648	18
16 TOTAL INPATIENT ROUTINE CARE SERVICES	85952004		85952004	19
17 ANCILLARY SERVICES	239298444		239298444	20
18 OUTPATIENT SERVICES		318850402	318850402	21
19 HOME HEALTH AGENCY				22
20 AMBULANCE				23
21 CORF				24
22 ASC				25
23 HOSPICE				
24 TOTAL PATIENT REVENUES	325250448	318850402	644100850	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		159150801	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		159150801	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	644100850	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	498064274	2
3	NET PATIENT REVENUES	146036576	3
4	LESS - TOTAL OPERATING EXPENSES	159150801	4
5	NET INCOME FROM SERVICE TO PATIENTS	-13114225	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	33441	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	5075	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	555066	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	2175	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	120869	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	7896	21
22	RENTAL OF HOSPITAL SPACE	296496	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	INVESTMENT INCOME	152499	24
24.01	UNRESTRICTED DONATIONS		24.01
24.02	MISCELLANEOUS REVENUE	109542	24.02
24.03	NET ASSETS RELEASED FROM	12523	24.03
24.04	OVER AND SHORT	3692	24.04
24.05	SISTERS MAINTENANCE	7425	24.05
24.06	EMPLOYEE ASSISTANCE	152285	24.06
24.07	PARISH NURSING	82111	24.07
24.08	MEALS ON WHEELS	20549	24.08
24.09	OTHER NON OPERATING EXPENSE	-251631	24.09
24.10	GAIN LOSS ON DISPOSAL	57549	24.10
24.11	RECYCLING	1686	24.11
24.12	OTHER MISCELLANEOUS REVENUE	49578	24.12
25	TOTAL OTHER INCOME	1418826	25
26	TOTAL	-11695399	26
27	INVESTMENT INCOME		27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-11695399	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0217) (14-0217)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	2153995			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	197864			3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	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
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0216			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0992			5.01
5.02	SUM OF LINES 5 AND 5.01	0.1208			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0248			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	53419			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2405278			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 COMMUNICATIONS					5.01
5.02 PURCH, RCVING, STORING					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING, A/R					5.04
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
24 PARAMED ED PRGM-PARAMEDICAL ED					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 VASCULAR LAB					41.01
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
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
57 RENAL DIALYSIS					57
59 OTH ANCILLARY SERVICE C					59
59.02 PSYCH					59.02
59.03 OCCUPATIONAL HEALTH					59.03
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
61.01 C'VILL OUT					61.01
61.02 LAKE HILL OUT					61.02
61.03 NUTRITION COUNS.					61.03
61.04 HUNTLEY OP					61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
95 SPECIAL PURPOSE COST CENTERS					
SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
98 PHYSICIANS' PRIVATE OFFICES					98
100 OTHER NONREIMBURSABLE C					100
100.01 MOB					100.01
100.02 COMMUNITY WELLNESS					100.02
100.03 FUND DEVELOPMENT					100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT					100.04

PROVIDER NO. 14-0217 PROVENA SAINT JOSEPH HOSPITAL
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/29/2011 00:32

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	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25 ADULTS & PEDIATRICS	58.78		9.42				68.20	25
26 INTENSIVE CARE UNIT	64.10		2.50				66.60	26
UTILIZATION PERCENTAGES BASED ON CHARGES								
37 OPERATING ROOM	24.60	17.67					42.27	37
38 RECOVERY ROOM	20.73	18.19					38.92	38
40 ANESTHESIOLOGY	25.93	11.47					37.40	40
41 RADIOLOGY-DIAGNOSTIC	20.85	19.62					40.47	41
41.01 VASCULAR LAB	16.02	15.45					31.47	41.01
42 RADIOLOGY-THERAPEUTIC	1.90	47.58					49.48	42
44 LABORATORY	27.95	1.88					29.83	44
46 WHOLE BLOOD & PACKED RED BLOOD	46.24	6.16					52.40	46
49 RESPIRATORY THERAPY	56.79	1.71					58.50	49
50 PHYSICAL THERAPY	13.70	0.07					13.77	50
51 OCCUPATIONAL THERAPY	12.86	0.02					12.88	51
52 SPEECH PATHOLOGY	23.09	0.64					23.73	52
53 ELECTROCARDIOLOGY	30.16	16.59					46.75	53
55 MEDICAL SUPPLIES CHARGED TO PAT	33.86	15.93					49.79	55
55.30 IMPL. DEV. CHARGED TO PATIENT	41.01	15.66					56.67	55.30
56 DRUGS CHARGED TO PATIENTS	28.42	15.31					43.73	56
57 RENAL DIALYSIS	58.13	1.24					59.37	57
59.02 PSYCH	16.22	0.55					16.77	59.02
59.97 CARDIAC REHABILITATION	0.12	50.50					50.62	59.97
59.98 HYPERBARIC OXYGEN THERAPY	1.15	44.34					45.49	59.98
61 EMERGENCY	13.21	11.81					25.02	61
61.03 NUTRITION COUNS.	0.05	23.98					24.03	61.03
62 OBSERVATION BEDS (NON-DISTINCT	11.66	21.69					33.35	62
101 TOTAL CHARGES	20.01	13.80					33.81	101

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

SUBPROVIDER II

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							
31.01 SUBPROVIDER II	83.01						83.01 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.12						0.12 37
38 RECOVERY ROOM	0.16						0.16 38
40 ANESTHESIOLOGY	0.04						0.04 40
41 RADIOLOGY-DIAGNOSTIC	0.61						0.61 41
41.01 VASCULAR LAB	2.29						2.29 41.01
42 RADIOLOGY-THERAPEUTIC	0.44						0.44 42
44 LABORATORY	3.32						3.32 44
46 WHOLE BLOOD & PACKED RED BLOOD	0.68						0.68 46
49 RESPIRATORY THERAPY	12.47						12.47 49
50 PHYSICAL THERAPY	33.61						33.61 50
51 OCCUPATIONAL THERAPY	67.36						67.36 51
52 SPEECH PATHOLOGY	55.67						55.67 52
53 ELECTROCARDIOLOGY	0.92						0.92 53
55 MEDICAL SUPPLIES CHARGED TO PAT	3.42						3.42 55
55.30 IMPL. DEV. CHARGED TO PATIENT	0.21						0.21 55.30
56 DRUGS CHARGED TO PATIENTS	7.38						7.38 56
57 RENAL DIALYSIS	10.45						10.45 57
61 EMERGENCY	0.18						0.18 61
101 TOTAL CHARGES	2.63						2.63 101

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	12085396	8.95	-12085396	-15.99		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5294709	3.92	-5294709	-7.00		4
5	EMPLOYEE BENEFITS	15232639	11.28	-15232639	-20.15		5
5.01	COMMUNICATIONS	376776	.28	-376776	-.50		5.01
5.02	PURCH, RCVING, STORING	312039	.23	-312039	-.41		5.02
5.03	ADMITTING	833955	.62	-833955	-1.10		5.03
5.04	CASHIERING, A/R	15269900	11.31	-15269900	-20.20		5.04
6	ADMINISTRATIVE & GENERAL	174106	.13	-174106	-.23		6
7	MAINTENANCE & REPAIRS	3257092	2.41	-3257092	-4.31		7
8	OPERATION OF PLANT	3414274	2.53	-3414274	-4.52		8
9	LAUNDRY & LINEN SERVICE	416228	.31	-416228	-.55		9
10	HOUSEKEEPING	1232926	.91	-1232926	-1.63		10
11	DIETARY	1427820	1.06	-1427820	-1.89		11
12	CAFETERIA	416889	.31	-416889	-.55		12
14	NURSING ADMINISTRATION	3186481	2.36	-3186481	-4.22		14
15	CENTRAL SERVICES & SUPPLY	830098	.61	-830098	-1.10		15
16	PHARMACY	9089036	6.73	-9089036	-12.02		16
17	MEDICAL RECORDS & LIBRARY	2468124	1.83	-2468124	-3.27		17
24	PARAMED ED PRGM-PARAMEDICAL EDU	268145	.20	-268145	-.35		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	8534075	6.32	16554855	21.90	25088930	18.59
26	INTENSIVE CARE UNIT	2950945	2.19	2469394	3.27	5420339	4.02
31	SUBPROVIDER I	1755698	1.30	2206258	2.92	3961956	2.94
31.01	SUBPROVIDER II	3042813	2.25	3737668	4.94	6780481	5.02
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3253962	2.41	6720063	8.89	9974025	7.39
38	RECOVERY ROOM	1922031	1.42	2111611	2.79	4033642	2.99
39	DELIVERY ROOM & LABOR ROOM						39
40	ANESTHESIOLOGY	250183	.19	470388	.62	720571	.53
41	RADIOLOGY-DIAGNOSTIC	6447697	4.78	8322878	11.01	14770575	10.94
41.01	VASCULAR LAB	470116	.35	588545	.78	1058661	.78
42	RADIOLOGY-THERAPEUTIC	1717020	1.27	3394097	4.49	5111117	3.79
44	LABORATORY	5229074	3.87	2884848	3.82	8113922	6.01
46	WHOLE BLOOD & PACKED RED BLOOD	773499	.57	131113	.17	904612	.67
49	RESPIRATORY THERAPY	1129615	.84	1122939	1.49	2252554	1.67
50	PHYSICAL THERAPY	2013223	1.49	1110269	1.47	3123492	2.31
51	OCCUPATIONAL THERAPY	841631	.62	344206	.46	1185837	.88
52	SPEECH PATHOLOGY	257849	.19	118543	.16	376392	.28
53	ELECTROCARDIOLOGY	796258	.59	1330140	1.76	2126398	1.58
55	MEDICAL SUPPLIES CHARGED TO PAT	4785298	3.54	1415425	1.87	6200723	4.59
55.30	IMPL. DEV. CHARGED TO PATIENT	4453445	3.30	1087705	1.44	5541150	4.10
56	DRUGS CHARGED TO PATIENTS			10345848	13.69	10345848	7.66
57	RENAL DIALYSIS	515674	.38	87654	.12	603328	.45

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
59 OTH ANCILLARY SERVICE C							59
59.02 PSYCH	418103	.31	638781	.85	1056884	.78	59.02
59.03 OCCUPATIONAL HEALTH	623674	.46	595177	.79	1218851	.90	59.03
59.97 CARDIAC REHABILITATION	128702	.10	128911	.17	257613	.19	59.97
59.98 HYPERBARIC OXYGEN THERAPY	718213	.53	365991	.48	1084204	.80	59.98
59.99 LITHOTRIPSY							59.99
61 EMERGENCY	4461736	3.31	5920737	7.83	10382473	7.69	61
61.01 C'VILL OUT	132187	.10	95589	.13	227776	.17	61.01
61.02 LAKE HILL OUT							61.02
61.03 NUTRITION COUNS.	352952	.26	299080	.40	652032	.48	61.03
61.04 HUNTLEY OP	507107	.38	145638	.19	652745	.48	61.04
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
96 GIFT, FLOWER, COFFEE SHOP & CAN			72604	.10	72604	.05	96
98 PHYSICIANS' PRIVATE OFFICES			9534	.01	9534	.01	98
100 OTHER NONREIMBURSABLE C			130909	.17	130909	.10	100
100.01 MOB	394922	.29	158446	.21	553368	.41	100.01
100.02 COMMUNITY WELLNESS	120967	.09	56565	.07	177532	.13	100.02
100.03 FUND DEVELOPMENT	344991	.26	412800	.55	757791	.56	100.03
100.04 PHYSICIAN PRACTICE MANAGEMENT	57111	.04	1424		58535	.04	100.04
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	134987404	100.00	0	.00	134987404	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	1829594	76473396	.023925	18813485	450113	37
38 RECOVERY ROOM	345756	25555611	.013530	5298753	71692	38
39 DELIVERY ROOM & LABOR ROOM	137					39
40 ANESTHESIOLOGY	67468	11801258	.005717	3060266	17496	40
41 RADIOLOGY-DIAGNOSTIC	2672761	118055629	.022640	24613814	557257	41
41.01 VASCULAR LAB	133424	11157019	.011959	1787766	21380	41.01
42 RADIOLOGY-THERAPEUTIC	1527505	25501676	.059898	484537	29023	42
44 LABORATORY	725494	65268394	.011116	18239295	202748	44
46 WHOLE BLOOD & PACKED RED BLOOD	49425	1760793	.028070	814133	22853	46
49 RESPIRATORY THERAPY	174711	13305023	.013131	7555896	99216	49
50 PHYSICAL THERAPY	133263	10685683	.012471	1464411	18263	50
51 OCCUPATIONAL THERAPY	24279	4351615	.005579	559738	3123	51
52 SPEECH PATHOLOGY	9795	1231967	.007951	284426	2261	52
53 ELECTROCARDIOLOGY	435497	14591590	.029846	4400413	131335	53
55 MEDICAL SUPPLIES CHARGED TO PAT	440816	34153467	.012907	11565180	149272	55
55.30 IMPL. DEV. CHARGED TO PATIENT	397594	18310379	.021714	7508344	163036	55.30
56 DRUGS CHARGED TO PATIENTS	660710	39867774	.016573	11329740	187768	56
57 RENAL DIALYSIS	10124	2765033	.003661	1607400	5885	57
59 OTH ANCILLARY SERVICE C						59
59.02 PSYCH	182051	4648467	.039164	753770	29521	59.02
59.03 OCCUPATIONAL HEALTH	209261	1093396	.191386			59.03
59.97 CARDIAC REHABILITATION	58999	548704	.107524	653	70	59.97
59.98 HYPERBARIC OXYGEN THERAPY	60121	8455182	.007111	97293	692	59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	1203691	49285757	.024423	6512123	159046	61
61.01 C'VILL OUT	58256	278438	.209224			61.01
61.02 LAKE HILL OUT						61.02
61.03 NUTRITION COUNS.	82304	305882	.269071	144	39	61.03
61.04 HUNTLEY OP	296341	1018752	.290886			61.04
62 OBSERVATION BEDS (NON-DISTINCT	763343	18140444	.042080	2114523	88979	62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	12552720	558611329		128866103	2411068	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	4847659		4847659	25434	190.60	14950	2849470 25
26	INTENSIVE CARE UNIT	529058		529058	3315	159.60	2125	339150 26
101	TOTAL	5376717		5376717			17075	3188620 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							3188620	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2411068	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							5599688	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							3202	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							17075	
PER DISCHARGE CAPITAL COSTS							1748.81	
PER DIEM CAPITAL COSTS							327.95	

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)	34316162
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	167539205
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.205

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	9484004
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	32198562
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.295

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)	5599688
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.033

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 (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5999)	14915565
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)	88803619
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.168