

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT JOSEPH HOSPITAL (14-0224) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | TITLE XVIII | | TITLE XIX | |
|------|------------------------------------|-------------|--------|-----------|------|
| | | PART A | PART B | | |
| 1 | HOSPITAL | 405557 | 482894 | | 1 |
| 2 | SUBPROVIDER I | 170468 | -7 | | 2 |
| 2.01 | SUBPROVIDER II | 96316 | 11 | | 2.01 |
| 3 | SWING BED - SNF | | | | 3 |
| 4 | SWING BED - NF | | | | 4 |
| 5 | SKILLED NURSING FACILITY | 1146 | | | 5 |
| 6 | NURSING FACILITY | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | 7 |
| 8 | OUTPATIENT REHABILITATION PROVIDER | | | | 8 |
| 9 | HEALTH CLINIC | | | | 9 |
| 100 | TOTAL | 673487 | 482898 | | 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: 2900 NORTH LAKE SHORE DRIVE
 1.01 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60657

COUNTY: COOK

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NUMBER 2 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) | | | |
|------------------------------|--|-------------------------|------------------------|--------------------------------|------------|----------|-------|
| | | | | V 4 | XVIII 5 | XIX 6 | |
| 2 | HOSPITAL | 14-0224 | 07/01/1966 | N | P | O | 2 |
| 3 | SUBPROVIDER I | 14-S224 | 07/01/1985 | N | P | O | 3 |
| 3.01 | SUBPROVIDER II | 14-T224 | 07/01/1985 | N | P | O | 3.01 |
| 4 | SWING BEDS - SNF | | | | | | 4 |
| 5 | SWING BEDS - NF | | | | | | 5 |
| 6 | HOSPITAL-BASED SNF | 14-5568 | 01/28/1987 | N | P | N | 6 |
| 7 | HOSPITAL-BASED NF | | | | | | 7 |
| 8 | HOSPITAL-BASED OLTC | | | | | | 8 |
| 9 | HOSPITAL-BASED HHA | | | | | | 9 |
| 11 | SEPARATELY CERTIFIED ASC | | | | | | 11 |
| 12 | HOSPITAL-BASED HOSPICE | | | | | | 12 |
| 14 | HOSP-BASED RHC | | | | | | 14 |
| 15 | OUTPATIENT REHABILITATION PROVID | | | | | | 15 |
| 16 | RENAL DIALYSIS | | | | | | 16 |
| 17 | COST REPORTING PERIOD (MM/DD/YYYY) | FROM: 07/01/2009 | TO: 06/30/2010 | | | | 17 |
| 18 | TYPE OF CONTROL | | | 1 | 2 | | 18 |
| TYPE OF HOSPITAL/SUBPROVIDER | | | | | | | |
| 19 | HOSPITAL | | | 1 | | | 19 |
| 20 | SUBPROVIDER I | | | 4 | | | 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. | | | | | | 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. | | | | | | 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. | | | | | | 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. | | | | | | 21.05 |
| 21.06 | DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. | | | | | | 21.06 |
| 21.07 | DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). | | | | | | 21.07 |
| 21.08 | WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. | | | | | | 21.08 |
| 22 | ARE YOU CLASSIFIED AS A REFERRAL CENTER? | | | | | | 22 |
| 23 | DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW | | | | | | 23 |
| 23.01 | IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.01 |
| 23.02 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.02 |
| 23.03 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.03 |
| 23.04 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.04 |
| 23.05 | IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. | | | | | | 23.05 |
| 23.06 | IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.06 |
| 23.07 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.07 |
| 24 | IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. | | | | | | 24 |
| 24.01 | IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. | | | | | | 24.01 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

| | | | | | |
|--|---|------|--------|--------|-------|
| 25 | IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? | YES | | | 25 |
| 25.01 | IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? | YES | | | 25.01 |
| 25.02 | IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. | YES | | | 25.02 |
| 25.03 | AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. | NO | | | 25.03 |
| 25.04 | ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 | NO | | | 25.04 |
| 25.05 | HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) | YES | YES | | 25.05 |
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) | NO | NO | | 25.06 |
| 26 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | | 26 |
| 26.01 | ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING: | | | | 26.01 |
| 26.03 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA. | | | | 26.03 |
| 26.04 | IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING: | | | | 26.04 |
| 27 | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2. | NO | | | 27 |
| 28 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02. | NO | | | 28 |
| 28.01 | IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st | 100 | 1.0790 | 1.0790 | 28.01 |
| 28.02 | ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY. | 1 | 1600 | 16974 | 28.02 |
| <p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p> | | | | | |
| 28.03 | STAFFING | 0.00 | NO | | 28.03 |
| 28.04 | RECRUITMENT | 0.00 | NO | | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES | 0.00 | NO | | 28.05 |
| 28.06 | TRAINING | 0.00 | NO | | 28.06 |
| 28.07 | OTHER (SPECIFY) | | NO | | 28.07 |
| 29 | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | NO | | | 29 |
| 30 | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff. | NO | | | 30 |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70. | | | | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? | | | | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000) | | | | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II. | | | | 30.04 |
| 31 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | NO | | | 31 |
| 31.01 | IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | NO | | | 31.01 |
| 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 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32 IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. NO 32
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. NO 33
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? NO 34
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (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

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? NO NO NO 37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? YES 38
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? NO 38.01
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? NO 38.02
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? NO 38.03
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? NO 38.04

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 14H082 40

40.01 NAME: FI/CONTRACTOR'S NAME: FI/CONTRACTOR'S NUMBER: 40.01
 40.02 STREET: P.O.BOX: 40.02
 40.03 CITY: STATE: ZIP CODE: 40.03
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? YES 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2. NO 45
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. 46

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC | |
|-----------------------------|--------|--------|----------------|----------------------|-----------------------|-------|
| | 1 | 2 | 3 | 4 | 5 | |
| 47 HOSPITAL | N | N | N | N | N | 47 |
| 48 SUBPROVIDER I | N | N | N | N | N | 48 |
| 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 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 53
 53.01 MDH PERIOD: BEGINNING: ENDING: 53.01
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: AND/OR SELF INSURANCE: 54
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. NO 54.01
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. NO 55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

| | | -----DISCHARGES----- | | | | |
|-----------|---|----------------------|--------------------|-----------------------------|-------|--|
| COMPONENT | TITLE V 12 | TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 | | |
| 1 | HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | 4064 | 1 | 10415 | 1 | |
| 2 | HMO XIX | | | | 2 | |
| 2.01 | HMO (IRF PPS Sub) | | | | 2.01 | |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | 3 | |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | 4 | |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | | | 5 | |
| 6 | INTENSIVE CARE UNIT | | | | 6 | |
| 7 | CORONARY CARE UNIT | | | | 7 | |
| 8 | BURN INTENSIVE CARE UNIT | | | | 8 | |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | 9 | |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | 10 | |
| 11 | NURSERY | | | | 11 | |
| 12 | TOTAL HOSPITAL | 4064 | 1 | 10415 | 12 | |
| 13 | RPCH VISITS | | | | 13 | |
| 14 | SUBPROVIDER I | 603 | 1 | 1346 | 14 | |
| 14.01 | SUBPROVIDER II | 320 | 1 | 452 | 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

WORKSHEET S-3
 PART II

| PART II - WAGE DATA | | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | DATA SOURCE | |
|---------------------|---|--------------------|--|--|--|--|----------------|-------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | SALARIES | | | | | | | |
| 1 | TOTAL SALARIES | 62887576 | 7273560 | 70161136 | 2278300.00 | 30.80 | | 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) | 581320 | 6910533 | 7491853 | 269907.00 | 27.76 | | 6 |
| 6.01 | CONTRACT SERVICES, I&R | | | | | | | 6.01 |
| 7 | HOME OFFICE PERSONNEL | | | | | | | 7 |
| 8 | SNF | 1569503 | | 1569503 | 54747.00 | 28.67 | | 8 |
| 8.01 | EXCLUDED AREA SALARIES | 6086058 | 282823 | 6368881 | 226795.00 | 28.08 | | 8.01 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 | CONTRACT LABOR | 532261 | | 532261 | 9346.00 | 56.95 | INVOICES | 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 | | | | | | | 10 |
| 10.01 | TEACHING PHYSICIAN UNDER CONTRACT | | | | | | | 10.01 |
| 11 | HOME OFFICE SALARIES & WAGE REL COSTS | 11815582 | | 11815582 | 296418.00 | 39.86 | HOME OFFICE CR | 11 |
| 12 | HOME OFFICE: PHYSICIAN PART A | | | | | | | 12 |
| 12.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 12.01 |
| | WAGE-RELATED COSTS | | | | | | | |
| 13 | WAGE RELATED COSTS (CORE) | 11846201 | | 11846201 | | | CMS 339 | 13 |
| 14 | WAGE RELATED COSTS (OTHER) | | | | | | CMS 339 | 14 |
| 15 | EXCLUDED AREAS | 2078184 | | 2078184 | | | 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 | 262617 | | 262617 | | | CMS 339 | 18 |
| 18.01 | PART A TEACHING PHYSICIANS | 211416 | | 211416 | | | CMS 339 | 18.01 |
| 19 | PHYSICIAN PART B | 159688 | | 159688 | | | CMS 339 | 19 |
| 19.01 | WAGE RELATED COSTS (RHC/FQHC) | | | | | | | 19.01 |
| 20 | INTERNS & RESIDENTS (IN APPR PGM) | 1856346 | | 1856346 | | | CMS 339 | 20 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 | EMPLOYEE BENEFITS | 67639 | | 67639 | | | | 21 |
| 22 | ADMINISTRATIVE & GENERAL | 4096576 | 80204 | 4176780 | 215933.00 | 19.34 | | 22 |
| 22.01 | ADMINISTRATIVE & GENERAL UNDER CONTACT | 1681539 | | 1681539 | 23731.00 | 70.86 | | 22.01 |
| 23 | MAINTENANCE & REPAIRS | 536872 | | 536872 | 18989.00 | 28.27 | | 23 |
| 24 | OPERATION OF PLANT | 756657 | | 756657 | 21764.00 | 34.77 | | 24 |
| 25 | LAUNDRY & LINEN SERVICE | | | | | | | 25 |
| 26 | HOUSEKEEPING | 1512188 | | 1512188 | 118863.00 | 12.72 | | 26 |
| 26.01 | HOUSEKEEPING UNDER CONTRACT | | | | | | | 26.01 |
| 27 | DIETARY | 1897949 | -936954 | 960995 | 63274.00 | 15.19 | | 27 |
| 27.01 | DIETARY UNDER CONTRACT | | | | | | | 27.01 |
| 28 | CAFETERIA | | 936954 | 936954 | 61692.00 | 15.19 | | 28 |
| 29 | MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 | NURSING ADMINISTRATION | 1705531 | | 1705531 | 44998.00 | 37.90 | | 30 |
| 31 | CENTRAL SERVICES AND SUPPLY | | | | | | | 31 |
| 32 | PHARMACY | 2352486 | | 2352486 | 62713.00 | 37.51 | | 32 |
| 33 | MEDICAL RECORDS & MEDICAL RECORDS LIBR | 944094 | | 944094 | 46953.00 | 20.11 | | 33 |
| 34 | SOCIAL SERVICE | 1042630 | | 1042630 | 29318.00 | 35.56 | | 34 |
| 35 | OTHER GENERAL SERVICE | | | | | | | 35 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

| PART III - HOSPITAL WAGE INDEX SUMMARY | | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | | |
|--|---|--------------------|--|--|--|--|--|----|
| | | 1 | 2 | 3 | 4 | 5 | | |
| 1 | NET SALARIES | 63987795 | 363027 | 64350822 | 2032124.00 | 31.67 | | 1 |
| 2 | EXCLUDED AREA SALARIES | 7655561 | 282823 | 7938384 | 281542.00 | 28.20 | | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 56332234 | 80204 | 56412438 | 1750582.00 | 32.22 | | 3 |
| 4 | SUBTOTAL OTHER WAGES & REL COSTS | 12347843 | | 12347843 | 305764.00 | 40.38 | | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS | 12108818 | | 12108818 | | 21.46% | | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 80788895 | 80204 | 80869099 | 2056346.00 | 39.33 | | 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 | 16594161 | 80204 | 16674365 | 708228.00 | 23.54 | | 13 |

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

| GROUP (1) | M3PI REVENUE CODE | SERVICES PRIOR TO OCTOBER 1st | | SERVICES ON OR AFTER OCTOBER 1st | | SERVICES THROUGH 4/1/2001 - 9/30/2001 | | SWING BED SNF DAYS | TOTAL |
|-----------|-------------------------|----------------------------------|------|-------------------------------------|------|--|------|--------------------------|-------|
| | | RATE | DAYS | RATE | DAYS | RATE | DAYS | | |
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 | 4.06 | 5 |
| 1 | RUC | | | | | | | | 1 |
| 2 | RUB | | 8 | | | | | | 2 |
| 3 | RUA | | | | | | | | 3 |
| 3.01 | RUX | | | | | | | | 3.01 |
| 3.02 | RUL | | | | | | | | 3.02 |
| 4 | RVC | | | | | | | | 4 |
| 5 | RVB | | 7 | | | | | | 5 |
| 6 | RVA | | | | | | | | 6 |
| 6.01 | RVX | | | | | | | | 6.01 |
| 6.02 | RVL | | 5 | | | | | | 6.02 |
| 7 | RHC | | 258 | | | | | | 7 |
| 8 | RHB | | 59 | | | | | | 8 |
| 9 | RHA | | 6 | | | | | | 9 |
| 9.01 | RHX | | | | | | | | 9.01 |
| 9.02 | RHL | | | | | | | | 9.02 |
| 10 | RMC | | 75 | | | | | | 10 |
| 11 | RMB | | 371 | | | | | | 11 |
| 12 | RMA | | 60 | | | | | | 12 |
| 12.01 | RMX | | 1093 | | | | | | 12.01 |
| 12.02 | RML | | 1898 | | | | | | 12.02 |
| 13 | RLB | | | | | | | | 13 |
| 14 | RLA | | | | | | | | 14 |
| 15 | SE3 | | 281 | | | | | | 15 |
| 16 | SE2 | | 668 | | | | | | 16 |
| 17 | SE1 | | 26 | | | | | | 17 |
| 18 | SSC | | | | | | | | 18 |
| 19 | SSB | | | | | | | | 19 |
| 20 | SSA | | 213 | | | | | | 20 |
| 21 | CC2 | | 12 | | | | | | 21 |
| 22 | CC1 | | | | | | | | 22 |
| 23 | CB2 | | 7 | | | | | | 23 |
| 24 | CB1 | | 10 | | | | | | 24 |
| 25 | CA2 | | | | | | | | 25 |
| 26 | CA1 | | 10 | | | | | | 26 |
| 27 | IB2 | | | | | | | | 27 |
| 28 | IB1 | | | | | | | | 28 |
| 29 | IA2 | | | | | | | | 29 |
| 30 | IA1 | | | | | | | | 30 |
| 31 | BB2 | | | | | | | | 31 |
| 32 | BB1 | | | | | | | | 32 |
| 33 | BA2 | | | | | | | | 33 |
| 34 | BA1 | | | | | | | | 34 |
| 35 | PE2 | | | | | | | | 35 |
| 36 | PE1 | | | | | | | | 36 |
| 37 | PD2 | | | | | | | | 37 |
| 38 | PD1 | | | | | | | | 38 |
| 39 | PC2 | | | | | | | | 39 |
| 40 | PC1 | | | | | | | | 40 |
| 41 | PB2 | | | | | | | | 41 |
| 42 | PB1 | | | | | | | | 42 |
| 43 | PA2 | | | | | | | | 43 |
| 44 | PA1 | | | | | | | | 44 |
| 45 | AAA | | | | | | | | 45 |
| 45.01 | ES3 | | | | | | | | 45.01 |
| 45.02 | ES2 | | | | | | | | 45.02 |
| 45.03 | ES1 | | | | | | | | 45.03 |
| 45.04 | HE2 | | | | | | | | 45.04 |
| 45.05 | HE1 | | | | | | | | 45.05 |
| 45.06 | HD2 | | | | | | | | 45.06 |
| 45.07 | HD1 | | | | | | | | 45.07 |
| 45.08 | HC2 | | | | | | | | 45.08 |
| 45.09 | HC1 | | | | | | | | 45.09 |
| 45.10 | HB2 | | | | | | | | 45.10 |
| 45.11 | HB1 | | | | | | | | 45.11 |
| 45.12 | LE2 | | | | | | | | 45.12 |
| 45.13 | LE1 | | | | | | | | 45.13 |
| 45.14 | LD2 | | | | | | | | 45.14 |
| 45.15 | LD1 | | | | | | | | 45.15 |
| 45.16 | LC2 | | | | | | | | 45.16 |
| 45.17 | LC1 | | | | | | | | 45.17 |
| 45.18 | LB2 | | | | | | | | 45.18 |
| 45.19 | LB1 | | | | | | | | 45.19 |
| 45.20 | CE2 | | | | | | | | 45.20 |
| 45.21 | CE1 | | | | | | | | 45.21 |
| 45.22 | CD2 | | | | | | | | 45.22 |
| 45.23 | CD1 | | | | | | | | 45.23 |
| 46 | TOTAL | | 5067 | | | | | | 46 |

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

| | | |
|-------|---|-------------|
| 1 | DO YOU HAVE A WRITTEN CHARITY CARE POLICY? | 1 |
| 2 | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04 | 2 |
| 2.01 | IS IT AT THE TIME OF ADMISSION? | 2.01 |
| 2.02 | IS IT AT THE TIME OF FIRST BILLING? | 2.02 |
| 2.03 | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE? | 2.03 |
| 2.04 | OTHER METHODS OF WRITE-OFFS (SPECIFY) | 2.04 |
| 3 | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS? | 3 |
| 4 | ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA? | 4 |
| 5 | ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY? | 5 |
| 6 | ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA? | 6 |
| 7 | ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA? | 7 |
| 8 | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01 | 8 |
| 8.01 | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES? | 8.01 |
| 9 | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04 | 9 |
| 9.01 | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY? | 9.01 |
| 9.02 | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT? | 9.02 |
| 9.03 | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION? | 9.03 |
| 9.04 | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT? | 9.04 |
| 10 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF? | 10 |
| 11 | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04 | 11 |
| 11.01 | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL? | 11.01 |
| 11.02 | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL? | 11.02 |
| 11.03 | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL? | 11.03 |
| 11.04 | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL? | 11.04 |
| 12 | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE? | 12 |
| 13 | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES? | 13 |
| 14 | IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01 | 14 |
| 14.01 | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE? | 14.01 |
| 14.02 | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING? | 14.02 |
| 15 | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS? | 15 |
| 16 | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE? | 16 |
| 17 | REVENUE RELATED TO UNCOMPENSATED CARE | 4797261 17 |
| 17.01 | GROSS MEDICAID REVENUES | 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 | 4797261 22 |
| 23 | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS | 23 |
| 24 | COST TO CHARGE RATIO | 0.290202 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 | 62821624 28 |
| 29 | TOTAL GROSS MEDICAID COST | 18230961 29 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS) | 7429872 30 |
| 31 | UNCOMPENSATED CARE COST | 2156164 31 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL | 18230961 32 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES | OTHER | TOTAL | RECLASSI- FICATIONS | RECLASS. TRIAL BALANCE | ADJUST- MENTS | NET EXP FOR ALLOCATION | |
|------------------------------|------|----------|-----------|-----------|------------------------|------------------------------|------------------|------------------------------|--------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 | 8510 | | | | | | | | 85.01 |
| | | | | | | | | | |
| 85.02 | 8520 | | | | | | | | 85.02 |
| | | | | | | | | | |
| 85.03 | 8530 | | | | | | | | 85.03 |
| | | | | | | | | | |
| 95 | | | | | | | | | 95 |
| | | | | | | | | | |
| | | 60630145 | 121716163 | 182346308 | 303050 | 182649358 | 505792 | 183155150 | |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 98 | 9800 | | | | | | | | 98 |
| | | 250351 | 1444422 | 1694773 | -2489 | 1692284 | | 1692284 | |
| 100 | 7950 | | | | | | | | 100 |
| | | 2007080 | 3856404 | 5863484 | -300561 | 5562923 | -1857163 | 3705760 | |
| 100.01 | 7951 | | | | | | | | 100.01 |
| | | | | | | | | | |
| 101 | | | | | | | | | 101 |
| | | 62887576 | 127016989 | 189904565 | | 189904565 | -1351371 | 188553194 | |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | OTHER | |
|----|---------------------------------------|------|-------------------------------|--------|-------|-------------|
| | | | COST CENTER | LINE # | | SALARY |
| | | 1 | 2 | 3 | 4 | 5 |
| 1 | | A | | | | 1 |
| 2 | | A | | | | 2 |
| 3 | DRUGS RECLASS | A | DRUGS CHARGED TO PATIENTS | 56 | | 7318527 3 |
| 4 | | A | PHYSICAL THERAPY | 50 | | 21 4 |
| 5 | | A | | | | 5 |
| 6 | | A | | | | 6 |
| 7 | | A | | | | 7 |
| 8 | | A | | | | 8 |
| 9 | | A | | | | 9 |
| 10 | | A | | | | 10 |
| 11 | | A | | | | 11 |
| 12 | | A | | | | 12 |
| 13 | | A | | | | 13 |
| 14 | | A | | | | 14 |
| 15 | | A | | | | 15 |
| 16 | | A | | | | 16 |
| 17 | | A | | | | 17 |
| 18 | | A | | | | 18 |
| 19 | | A | | | | 19 |
| 20 | | A | | | | 20 |
| 21 | | A | | | | 21 |
| 22 | | A | | | | 22 |
| 23 | | A | | | | 23 |
| 24 | | A | | | | 24 |
| 25 | IMPLANTABLES AND DEVICES | B | IMPL. DEV. CHARGED TO PATIENT | 55.30 | | 3608787 25 |
| 26 | | B | | | | 26 |
| 27 | | B | | | | 27 |
| 28 | | B | | | | 28 |
| 29 | | B | | | | 29 |
| 30 | | B | | | | 30 |
| 31 | | B | | | | 31 |
| 32 | | B | | | | 32 |
| 33 | | B | | | | 33 |
| 34 | | B | | | | 34 |
| 35 | | B | | | | 35 |
| 36 | SUBTOTAL | | | | | 10927335 36 |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | ----- DECREASE ----- | | | WKST A-7 REF. 10 | |
|----|--|------|-------------------------------|-------------|-------------|------------------------|------------|
| | | | COST CENTER 6 | LINE # 7 | SALARY 8 | | OTHER 9 |
| 1 | | 1 | | | | | |
| 1 | | A | ADMINISTRATION & GENERAL | 6.06 | | 3421 | 1 |
| 2 | | A | I&R SERVICES-SALARY & FRINGES | 22 | | 1 | 2 |
| 3 | DRUGS RECLASS | A | PHARMACY | 16 | | 5986427 | 3 |
| 4 | | A | ADULTS & PEDIATRICS | 25 | | 225438 | 4 |
| 5 | | A | INTENSIVE CARE UNIT | 26 | | 28830 | 5 |
| 6 | | A | SUBPROVIDER I | 31 | | 59 | 6 |
| 7 | | A | SUBPROVIDER II | 31.01 | | 2405 | 7 |
| 8 | | A | NURSERY | 33 | | 21783 | 8 |
| 9 | | A | SKILLED NURSING FACILITY | 34 | | 11857 | 9 |
| 10 | | A | OPERATING ROOM | 37 | | 135305 | 10 |
| 11 | | A | RECOVERY ROOM | 38 | | 13642 | 11 |
| 12 | | A | ANESTHESIOLOGY | 40 | | 59945 | 12 |
| 13 | | A | RADIOLOGY-DIAGNOSTIC | 41 | | 403309 | 13 |
| 14 | | A | RADIOLOGY-THERAPEUTIC | 42 | | 576 | 14 |
| 15 | | A | LABORATORY | 44 | | 36850 | 15 |
| 16 | | A | INTRAVENOUS THERAPY | 48 | | 3026 | 16 |
| 17 | | A | RESPIRATORY THERAPY | 49 | | 961 | 17 |
| 18 | | A | ELECTROCARDIOLOGY | 53 | | 66960 | 18 |
| 19 | | A | RENAL DIALYSIS | 57 | | 187 | 19 |
| 20 | | A | CLINIC | 60 | | 24219 | 20 |
| 21 | | A | EMERGENCY | 61 | | 72046 | 21 |
| 22 | | A | PHYSICIANS' PRIVATE OFFICES | 98 | | 72 | 22 |
| 23 | | A | OTHER | 100 | | 221227 | 23 |
| 24 | | | | | | | 24 |
| 25 | IMPLANTABLES AND DEVICES | B | CENTRAL SERVICES & SUPPLY | 15 | | 7215 | 25 |
| 26 | | B | PHARMACY | 16 | | 543 | 26 |
| 27 | | B | ADULTS & PEDIATRICS | 25 | | 5911 | 27 |
| 28 | | B | INTENSIVE CARE UNIT | 26 | | 10390 | 28 |
| 29 | | B | SUBPROVIDER I | 31 | | 3 | 29 |
| 30 | | B | SUBPROVIDER II | 31.01 | | 1330 | 30 |
| 31 | | B | NURSERY | 33 | | 2729 | 31 |
| 32 | | B | SKILLED NURSING FACILITY | 34 | | 164 | 32 |
| 33 | | B | OPERATING ROOM | 37 | | 2345502 | 33 |
| 34 | | B | RECOVERY ROOM | 38 | | 563 | 34 |
| 35 | | B | ANESTHESIOLOGY | 40 | | 2584 | 35 |
| 36 | SUBTOTAL | | | | | 9695480 | 36 |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | |
|----|---------------------------------------|------|-------------------------------|-------------|-------------|-------------|
| | | | COST CENTER 2 | LINE # 3 | SALARY 4 | OTHER 5 |
| 1 | | B | | | | 1 |
| 2 | | B | | | | 2 |
| 3 | | B | | | | 3 |
| 4 | | B | | | | 4 |
| 5 | | B | | | | 5 |
| 6 | | B | | | | 6 |
| 7 | | B | | | | 7 |
| 8 | CHARGEABLE SUPPLIES | C | MEDICAL SUPPLIES CHARGED TO P | 55 | | 5463464 8 |
| 9 | | C | ADMINISTRATION & GENERAL | 6.06 | | 144 9 |
| 10 | | C | | | | 10 |
| 11 | | C | | | | 11 |
| 12 | | C | | | | 12 |
| 13 | | C | | | | 13 |
| 14 | | C | | | | 14 |
| 15 | | C | | | | 15 |
| 16 | | C | | | | 16 |
| 17 | | C | | | | 17 |
| 18 | | C | | | | 18 |
| 19 | | C | | | | 19 |
| 20 | | C | | | | 20 |
| 21 | | C | | | | 21 |
| 22 | | C | | | | 22 |
| 23 | | C | | | | 23 |
| 24 | | C | | | | 24 |
| 25 | | C | | | | 25 |
| 26 | | C | | | | 26 |
| 27 | | C | | | | 27 |
| 28 | | C | | | | 28 |
| 29 | | C | | | | 29 |
| 30 | | C | | | | 30 |
| 31 | | C | | | | 31 |
| 32 | | C | | | | 32 |
| 33 | | C | | | | 33 |
| 34 | | C | | | | 34 |
| 35 | | C | | | | 35 |
| 36 | SUBTOTAL | | | | | 16390943 36 |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | ----- DECREASE ----- | | | WKST A-7 REF. | |
|----|--|------|-------------------------------|--------|--------|------------------|----|
| | | | COST CENTER | LINE # | SALARY | | |
| | | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 | | B | RADIOLOGY-DIAGNOSTIC | 41 | | 5937 | 1 |
| 2 | | B | RESPIRATORY THERAPY | 49 | | 913 | 2 |
| 3 | | B | PHYSICAL THERAPY | 50 | | 310 | 3 |
| 4 | | B | ELECTROCARDIOLOGY | 53 | | 1219965 | 4 |
| 5 | | B | EMERGENCY | 61 | | 4392 | 5 |
| 6 | | | | | | | 6 |
| 7 | | | | | | | 7 |
| 8 | CHARGEABLE SUPPLIES | C | | | | | 8 |
| 9 | | C | MAINTENANCE & REPAIRS | 7 | | 16 | 9 |
| 10 | | C | OPERATION OF PLANT | 8 | | 4334 | 10 |
| 11 | | C | LAUNDRY & LINEN SERVICE | 9 | | 96 | 11 |
| 12 | | C | HOUSEKEEPING | 10 | | 22631 | 12 |
| 13 | | C | DIETARY | 11 | | 222 | 13 |
| 14 | | C | NURSING ADMINISTRATION | 14 | | 2 | 14 |
| 15 | | C | CENTRAL SERVICES & SUPPLY | 15 | | 337882 | 15 |
| 16 | | C | PHARMACY | 16 | | 18620 | 16 |
| 17 | | C | MEDICAL RECORDS & LIBRARY | 17 | | 311 | 17 |
| 18 | | C | I&R SERVICES-SALARY & FRINGES | 22 | | 1225 | 18 |
| 19 | | C | ADULTS & PEDIATRICS | 25 | | 696820 | 19 |
| 20 | | C | INTENSIVE CARE UNIT | 26 | | 111511 | 20 |
| 21 | | C | SUBPROVIDER I | 31 | | 10590 | 21 |
| 22 | | C | SUBPROVIDER II | 31.01 | | 20204 | 22 |
| 23 | | C | NURSERY | 33 | | 66605 | 23 |
| 24 | | C | SKILLED NURSING FACILITY | 34 | | 45863 | 24 |
| 25 | | C | OPERATING ROOM | 37 | | 2934501 | 25 |
| 26 | | C | RECOVERY ROOM | 38 | | 13537 | 26 |
| 27 | | C | ANESTHESIOLOGY | 40 | | 206630 | 27 |
| 28 | | C | RADIOLOGY-DIAGNOSTIC | 41 | | 134801 | 28 |
| 29 | | C | RADIOLOGY-THERAPEUTIC | 42 | | 5782 | 29 |
| 30 | | C | LABORATORY | 44 | | 125292 | 30 |
| 31 | | C | INTRAVENOUS THERAPY | 48 | | 2226 | 31 |
| 32 | | C | RESPIRATORY THERAPY | 49 | | 126345 | 32 |
| 33 | | C | PHYSICAL THERAPY | 50 | | 47319 | 33 |
| 34 | | C | ELECTROCARDIOLOGY | 53 | | 355110 | 34 |
| 35 | | C | ELECTROENCEPHALOGRAPHY | 54 | | 3780 | 35 |
| 36 | SUBTOTAL | | | | | 16219252 | 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | |
|--|------|-------------------------------|--------|---------|-------------|
| | | COST CENTER | LINE # | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 | C | | | | 1 |
| 2 | C | | | | 2 |
| 3 | C | | | | 3 |
| 4 | C | | | | 4 |
| 5 | C | | | | 5 |
| 6 | C | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 CAFETERIA | E | CAFETERIA | 12 | 936954 | 618631 9 |
| 10 | | | | | 10 |
| 11 PHYSICIAN DEPARTMENT CHAIRMAN | F | SUBPROVIDER I | 31 | 178823 | 13626 11 |
| 12 | F | SUBPROVIDER II | 31.01 | 104000 | 7925 12 |
| 13 | | | | | 13 |
| 14 ADMIN PORTION OF TEACHING PHYSICIAN | G | ADMINISTRATION & GENERAL | 6.06 | 80204 | 6112 14 |
| 15 | | | | | 15 |
| 16 INTERNS IN SPECIALISTS | H | I&R SERVICES-SALARY & FRINGES | 22 | 6910533 | 16 |
| 17 | | | | | 17 |
| 18 | | | | | 18 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 21 |
| 22 | | | | | 22 |
| 23 | | | | | 23 |
| 24 | | | | | 24 |
| 25 | | | | | 25 |
| 26 | | | | | 26 |
| 27 | | | | | 27 |
| 28 | | | | | 28 |
| 29 | | | | | 29 |
| 30 | | | | | 30 |
| 31 | | | | | 31 |
| 32 | | | | | 32 |
| 33 | | | | | 33 |
| 34 | | | | | 34 |
| 35 | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 8210514 | 17037237 36 |

RECLASSIFICATIONS

| | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | ----- DECREASE ----- | | | WKST A-7 REF. | |
|----|--|------|-------------------------------|-------------|-------------|------------------|------------|
| | | | COST CENTER 6 | LINE # 7 | SALARY 8 | | OTHER 9 |
| | | 1 | | | | 10 | |
| 1 | | C | RENAL DIALYSIS | 57 | | 796 | 1 |
| 2 | | C | CARDIAC REHABILITATION | 59.97 | | 760 | 2 |
| 3 | | C | CLINIC | 60 | | 10332 | 3 |
| 4 | | C | EMERGENCY | 61 | | 78052 | 4 |
| 5 | | C | PHYSICIANS' PRIVATE OFFICES | 98 | | 2417 | 5 |
| 6 | | C | OTHER | 100 | | 79334 | 6 |
| 7 | | | | | | | 7 |
| 8 | | | | | | | 8 |
| 9 | CAFETERIA | E | DIETARY | 11 | 936954 | 618631 | 9 |
| 10 | | | | | | | 10 |
| 11 | PHYSICIAN DEPARTMENT CHAIRMAN | F | I&R SERVICES-OTHER PRGM COSTS | 23 | | 192449 | 11 |
| 12 | | F | I&R SERVICES-OTHER PRGM COSTS | 23 | | 111925 | 12 |
| 13 | | | | | | | 13 |
| 14 | ADMIN PORTION OF TEACHING PHYSICI | G | I&R SERVICES-SALARY & FRINGES | 22 | | 86316 | 14 |
| 15 | | | | | | | 15 |
| 16 | INTERNS IN SPECIALISTS | H | I&R SERVICES-OTHER PRGM COSTS | 23 | | 6910533 | 16 |
| 17 | | | | | | | 17 |
| 18 | | | | | | | 18 |
| 19 | | | | | | | 19 |
| 20 | | | | | | | 20 |
| 21 | | | | | | | 21 |
| 22 | | | | | | | 22 |
| 23 | | | | | | | 23 |
| 24 | | | | | | | 24 |
| 25 | | | | | | | 25 |
| 26 | | | | | | | 26 |
| 27 | | | | | | | 27 |
| 28 | | | | | | | 28 |
| 29 | | | | | | | 29 |
| 30 | | | | | | | 30 |
| 31 | | | | | | | 31 |
| 32 | | | | | | | 32 |
| 33 | | | | | | | 33 |
| 34 | | | | | | | 34 |
| 35 | | | | | | | 35 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 936954 | 24310797 | 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 | 7327665 | | | | | 7327665 | 1 |
| 2 LAND IMPROVEMENTS | 11980239 | | | | | 11980239 | 2 |
| 3 BUILDINGS AND FIXTURES | 53794998 | | | | | 53794998 | 3 |
| 4 BUILDING IMPROVEMENTS | | | | | | | 4 |
| 5 FIXED EQUIPMENT | | | | | | | 5 |
| 6 MOVABLE EQUIPMENT | 191833051 | 2068010 | | 2068010 | | 193901061 | 6 |
| 7 SUBTOTAL | 264935953 | 2068010 | | 2068010 | | 267003963 | 7 |
| 8 RECONCILING ITEMS | | | | | | | 8 |
| 9 TOTAL | 264935953 | 2068010 | | 2068010 | | 267003963 | 9 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKT A-7 REF |
|--|--------------------|----------|--|----------|----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVESTMENT INCOME-OLD BLDGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-NEW BLDGS & FIXTURES | B | -40798 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 11 3 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 4 |
| 5 INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS | | | | | 6 |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | 7 |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL) | | | | | 9 |
| 10 TELEVISION AND RADIO SERVICE | | | | | 10 |
| 11 PARKING LOT | | | | | 11 |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -953163 | | | 12 |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | 13 |
| 14 RELATED ORGANIZATION TRANSACTIONS | WKST A-8-1 | 2574836 | | | 14 |
| 15 LAUNDRY AND LINEN SERVICE | | | | | 15 |
| 16 CAFETERIA - EMPLOYEES AND GUESTS | B | -1134102 | 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 | -5374 | MEDICAL RECORDS & LIBRARY | 17 | 20 |
| 21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 21 |
| 22 VENDING MACHINES | | | | | 22 |
| 23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES | | | | | 23 |
| 24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 24 |
| 25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | RESPIRATORY THERAPY | 49 | 25 |
| 26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | PHYSICAL THERAPY | 50 | 26 |
| 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION | WKST A-8-3 | | HOME HEALTH AGENCY | 71 | 27 |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION | | | UTILIZATION REVIEW-SNF | 89 | 28 |
| 29 DEPRECIATION--OLD BUILDINGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 29 |
| 30 DEPRECIATION--OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 30 |
| 31 DEPRECIATION--NEW BUILDINGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 31 |
| 32 DEPRECIATION--NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 32 |
| 33 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 20 | 33 |
| 34 PHYSICIANS' ASSISTANT | | | | | 34 |
| 35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | | | 35 |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | | | 36 |
| 37 MISC REVENUE | B | -52 | ADULTS & PEDIATRICS | 25 | 37 |
| 38 MISC REVENUE | B | -3324 | RADIOLOGY-DIAGNOSTIC | 41 | 38 |
| 39 MISC REVENUE | B | -14660 | NURSERY | 33 | 39 |
| 39.01 MISC REVENUE | B | -186956 | ADMINISTRATION & GENERAL | 6.06 | 39.01 |
| 39.02 MISC INCOME | B | -3160 | ELECTROCARDIOLOGY | 53 | 39.02 |
| 40 PARKING GARAGE | B | -1075561 | ADMINISTRATION & GENERAL | 6.06 | 40 |
| 41 MISC INCOME | B | -18554 | NONPATIENT TELEPHONES | 6.01 | 41 |
| 42 ASBESTOS AMORTIZATION | A | 360796 | OPERATION OF PLANT | 8 | 42 |
| 43 MOONLIGHTERS | A | -52792 | I&R SERVICES-SALARY & FRINGES A | 22 | 43 |
| 44 MEDICARE TO BOOK DEPRECIATION | A | 1058656 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 9 44 |
| 45 | | | | | 45 |
| 46 PHYS FEES | A | -1857163 | OTHER | 100 | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | | | | | 49 |
| 50 TOTAL | | -1351371 | | | 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 | 5 | EMPLOYEE BENEFITS | 827916 | | 827916 | 1 |
| 2 | 6.02 | DATA PROCESSING | 3399419 | | 3399419 | 2 |
| 3 | 6.03 | PURCHASING,RECEIVING&STORES | 399689 | | 399689 | 3 |
| 4 | 6.04 | ADMITTING | 1619934 | | 1619934 | 4 |
| 4.01 | 6.05 | CASHIERING/ACCTS RECEIVABLE | 3104811 | | 3104811 | 4.01 |
| 4.02 | 6.06 | ADMINISTRATION & GENERAL | 5728789 | 17780591 | -12051802 | 4.02 |
| 4.03 | 15 | CENTRAL SERVICES & SUPPLY | 560637 | | 560637 | 4.03 |
| 4.04 | 26 | INTENSIVE CARE UNIT | 444818 | | 444818 | 4.04 |
| 4.05 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 4269414 | | 4269414 | 11 4.05 |
| 5 | | TOTALS | 20355427 | 17780591 | 2574836 | 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 | | RESURRECTION HEALTH CARE | | SOLE CORPORATE MEMBER | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST | A | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | PERCENT OF UNAD- JUSTED RCE LIMIT |
|------|-------|--------------------------------------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| LINE | NO. | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | 6.06 | ADMINISTRATION & GENERAL | 466438 | 466438 | | 177200 | | | |
| 2 | 31 | SUBPROVIDER I | 224647 | | 224647 | 177200 | 1660 | 141419 | 7071 |
| 3 | 31.01 | SUBPROVIDER II | 99704 | | 99704 | 177200 | 2666 | 227123 | 11356 |
| 4 | 42 | RADIOLOGY-THERAPEUTIC | 80000 | 40000 | 40000 | 177200 | 240 | 20446 | 1022 |
| 5 | 53 | ELECTROCARDIOLOGY | 140895 | 140895 | | 154100 | | | |
| 6 | 54 | ELECTROENCEPHALOGRAPHY | 221277 | 195227 | 26000 | 177200 | 260 | 22150 | 1108 |
| 7 | 61.01 | PARTIAL HOSPITALIZATION | 26071 | | 26071 | 177200 | 260 | 22150 | 1108 |
| 101 | | TOTAL | 1259032 | 842560 | 416422 | | 5086 | 433288 | 21665 |

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 13:46

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF COLUMN 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COLUMN 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT |
|-----------|--------------------------------------|---|--|--|--|--------------------------|--------------------------|-----------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 | 6.06 ADMINISTRATION & GENERAL | AGGREGATE | | | | | | 466438 |
| 2 | 31 SUBPROVIDER I | DR G | | | | 141419 | 83228 | 83228 |
| 3 | 31.01 SUBPROVIDER II | DR. L AND C | | | | 227123 | | |
| 4 | 42 RADIOLOGY-THERAPEUTIC | AGGREGATE | | | | 20446 | 19554 | 59554 |
| 5 | 53 ELECTROCARDIOLOGY | AGGREGATE | | | | | | 140895 |
| 6 | 54 ELECTROENCEPHALOGRAPHY | AGGREGATE | | | | 22150 | 3850 | 199127 |
| 7 | 61.01 PARTIAL HOSPITALIZATION | | | | | 22150 | 3921 | 3921 |
| 101 | TOTAL | | | | | 433288 | 110553 | 953163 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION 0 | NEW CAP- REL COSTS BLDG&FIXT 3 | EMPLOYEE BENEFITS 5 | NONPATIENT DATA TELEPHONES 6.01 | DATA PROCESSING 6.02 | PURCHASING RECEIVING STORES 6.03 | ADMITTING 6.04 | CASHIERING ACCOUNTS RECEIVABLE 6.05 |
|--------------------------------|--|---|---------------------------|---------------------------------------|----------------------------|---|-------------------|--|
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 183155150 | 14052295 | 15932109 | 273872 | 3701747 | 715048 | 1686606 | 3174701 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 1692284 | 121252 | 58798 | | | 717 | | 98 |
| 100 OTHER | 3705760 | | 471387 | | | 10544 | | 100 |
| 100.01 LAKESHORE GUEST UNIT | | 69277 | | | | | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 188553194 | 14242824 | 16462294 | 273872 | 3701747 | 726309 | 1686606 | 3174701 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SUBTOTAL 5A | ADMINIST. &GENERAL 6.06 | MAIN- TENANCE & REPAIRS 7 | OPERATION OF PLANT 8 | LAUNDRY AND LINEN SERVICE 9 | HOUSE- KEEPING 10 | DIETARY 11 | CAFETERIA | |
|--------------------------------|----------------|-------------------------------|------------------------------------|-------------------------------|--------------------------------------|-------------------------|---------------|-----------|--------|
| | | | | | | | | 12 | |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 95 SUBTOTALS | 182423175 | 37904665 | 1595623 | 8332522 | 1041578 | 3703292 | 3483636 | 771393 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 1873051 | 496859 | 21003 | 124301 | | 57036 | | 3700 | 98 |
| 100 OTHER | 4187691 | 1110856 | | | 471 | | | 40360 | 100 |
| 100.01LAKESHORE GUEST UNIT | 69277 | 18377 | 12000 | 71019 | | 32587 | | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 188553194 | 39530757 | 1628626 | 8527842 | 1042049 | 3792915 | 3483636 | 815453 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NURSING ADMINI- STRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | I/R-SALARY AND FRINGES 22 | I/R-OTHER PROGRAM COSTS 23 | SUBTOTAL 25 | |
|--------------------------------|--------------------------------------|---------------------------------------|----------------|---------------------------------------|-------------------------|------------------------------------|-------------------------------------|----------------|--------|
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 95 SUBTOTALS | 3189428 | 935843 | 3574873 | 3048706 | 1743712 | 11553369 | 8165319 | 180386619 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | | 473 | | | | | 2576423 | 98 |
| 100 OTHER | | | 47514 | | | | | 5386892 | 100 |
| 100.01 LAKESHORE GUEST UNIT | | | | | | | | 203260 | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 3189428 | 935843 | 3622860 | 3048706 | 1743712 | 11553369 | 8165319 | 188553194 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|---------------------------------------|---------------------------------------|----------|-------|
| | 26 | 27 | |
| GENERAL SERVICE COST CENTERS | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | 4 |
| 5 EMPLOYEE BENEFITS | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | 6.01 |
| 6.02 DATA PROCESSING | | | 6.02 |
| 6.03 PURCHASING, RECEIVING&STORES | | | 6.03 |
| 6.04 ADMITTING | | | 6.04 |
| 6.05 CASHIERING/ACCTS RECEIVABLE | | | 6.05 |
| 6.06 ADMINISTRATION & GENERAL | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | 7 |
| 8 OPERATION OF PLANT | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | 9 |
| 10 HOUSEKEEPING | | | 10 |
| 11 DIETARY | | | 11 |
| 12 CAFETERIA | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | 13 |
| 14 NURSING ADMINISTRATION | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | 15 |
| 16 PHARMACY | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | 17 |
| 18 SOCIAL SERVICE | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | 20 |
| 21 NURSING SCHOOL | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | -13597793 | 41765304 | 25 |
| 26 INTENSIVE CARE UNIT | -3257760 | 6921673 | 26 |
| 27 CORONARY CARE UNIT | | | 27 |
| 31 SUBPROVIDER I | | 7280049 | 31 |
| 31.01 SUBPROVIDER II | | 3469575 | 31.01 |
| 33 NURSERY | | 3205563 | 33 |
| 34 SKILLED NURSING FACILITY | | 4773818 | 34 |
| 36 OTHER LONG TERM CARE | | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | -789251 | 19833060 | 37 |
| 38 RECOVERY ROOM | | 1470289 | 38 |
| 40 ANESTHESIOLOGY | | 808437 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | -428211 | 10644565 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 2068617 | 42 |
| 44 LABORATORY | -172124 | 11225956 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 155670 | 48 |
| 49 RESPIRATORY THERAPY | -342149 | 2834959 | 49 |
| 50 PHYSICAL THERAPY | -342149 | 5826861 | 50 |
| 51 OCCUPATIONAL THERAPY | | | 51 |
| 52 SPEECH PATHOLOGY | | | 52 |
| 53 ELECTROCARDIOLOGY | | 4747946 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | -789251 | 495928 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 7810918 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 5186213 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 14141041 | 56 |
| 56.01 DRUGS CHARGED | | | 56.01 |
| 57 RENAL DIALYSIS | | 813038 | 57 |
| 59 CARDIAC REHAB | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 264394 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | 59.98 |
| 59.99 LITHOTRIPSY | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | | 729205 | 60 |
| 61 EMERGENCY | | 3946706 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 248146 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | 62 |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | |
| 69.10 CMHC | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | 71 |

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 13:46

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

| COST CENTER DESCRIPTION | I&R COST & POST STEP- DOWN ADJS 26 | TOTAL 27 | |
|--------------------------------|---|-------------|--------|
| SPECIAL PURPOSE COST CENTERS | | | |
| 85.01 PANCREAS ACQUISITION | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | 85.03 |
| 95 SUBTOTALS | -19718688 | 160667931 | 95 |
| NONREIMBURSABLE COST CENTERS | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | 2576423 | 98 |
| 100 OTHER | | 5386892 | 100 |
| 100.01LAKESHORE GUEST UNIT | | 203260 | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | 101 |
| 102 NEGATIVE COST CENTER | | | 102 |
| 103 TOTAL | -19718688 | 168834506 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | NEW CAP- REL COSTS BLDG&FIXT 3 | CAP REL COST TO BE ALLOC 4A | EMPLOYEE BENEFITS 5 | NONPATIENT DATA TELEPHONES 6.01 | PURCHASING RECEIVING STORES 6.02 | ADMITTING 6.03 | 6.04 |
|--------------------------------|-------------------------------------|---|--------------------------------------|---------------------------|---------------------------------------|---|-------------------|-----------|
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 1004019 | 14052295 | 15056314 | 123251 | 32950 | 552013 | 318108 | 52300 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 114788 | 121252 | 236040 | 455 | | | 319 | 98 |
| 100 OTHER | | | | 3647 | | | 4691 | 100 |
| 100.01 LAKESHORE GUEST UNIT | | 69277 | 69277 | | | | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 1118807 | 14242824 | 15361631 | 127353 | 32950 | 552013 | 323118 | 52300 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | CASHIERING | ADMINIST. | MAIN- | OPERATION | LAUNDRY | HOUSE- | DIETARY | CAFETERIA |
|--------------------------------|--------------------------------|------------------|---------------------------|------------------|---------------------------|---------------|---------|-----------|
| | ACCOUNTS RECEIVABLE 6.05 | &GENERAL 6.06 | TENANCE & REPAIRS 7 | OF PLANT 8 | AND LINEN SERVICE 9 | KEEPING 10 | 11 | 12 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 59067 | 4217755 | 218311 | 1289368 | 24512 | 386429 | 578550 | 23010 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | 55287 | 2874 | 19234 | | 5952 | | 110 98 |
| 100 OTHER | | 123608 | | | 11 | | | 1204 100 |
| 100.01LAKESHORE GUEST UNIT | | 2045 | 1642 | 10989 | | 3400 | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 59067 | 4398695 | 222827 | 1319591 | 24523 | 395781 | 578550 | 24324 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | NURSING ADMINI- STRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | I/R-SALARY AND FRINGES 22 | I/R-OTHER PROGRAM COSTS 23 | SUBTOTAL 25 |
|--------------------------------|--------------------------------------|---------------------------------------|----------------|---------------------------------------|-------------------------|------------------------------------|-------------------------------------|----------------|
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 136104 | 422478 | 217332 | 302766 | 45407 | | | 13958368 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | 29 | | | | 320300 98 |
| 100 OTHER | | | 2889 | | | | | 136050 100 |
| 100.01LAKESHORE GUEST UNIT | | | | | | | | 87353 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | 284764 | 574796 | 859560 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 136104 | 422478 | 220250 | 302766 | 45407 | 284764 | 574796 | 15361631 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | I&R COST & POST STEP- DOWN ADJS 26 | TOTAL 27 | |
|---------------------------------------|---|-------------|-------|
| GENERAL SERVICE COST CENTERS | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | 4 |
| 5 EMPLOYEE BENEFITS | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | 6.01 |
| 6.02 DATA PROCESSING | | | 6.02 |
| 6.03 PURCHASING, RECEIVING&STORES | | | 6.03 |
| 6.04 ADMITTING | | | 6.04 |
| 6.05 CASHIERING/ACCTS RECEIVABLE | | | 6.05 |
| 6.06 ADMINISTRATION & GENERAL | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | 7 |
| 8 OPERATION OF PLANT | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | 9 |
| 10 HOUSEKEEPING | | | 10 |
| 11 DIETARY | | | 11 |
| 12 CAFETERIA | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | 13 |
| 14 NURSING ADMINISTRATION | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | 15 |
| 16 PHARMACY | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | 17 |
| 18 SOCIAL SERVICE | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | 20 |
| 21 NURSING SCHOOL | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | 4476834 | | 25 |
| 26 INTENSIVE CARE UNIT | 596706 | | 26 |
| 27 CORONARY CARE UNIT | -261 | | 27 |
| 31 SUBPROVIDER I | 813390 | | 31 |
| 31.01 SUBPROVIDER II | 303305 | | 31.01 |
| 33 NURSERY | 217150 | | 33 |
| 34 SKILLED NURSING FACILITY | 687729 | | 34 |
| 36 OTHER LONG TERM CARE | 2212 | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | 1802296 | | 37 |
| 38 RECOVERY ROOM | 47356 | | 38 |
| 40 ANESTHESIOLOGY | 55689 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 1215112 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | 259801 | | 42 |
| 44 LABORATORY | 800249 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 48 INTRAVENOUS THERAPY | 4832 | | 48 |
| 49 RESPIRATORY THERAPY | 170085 | | 49 |
| 50 PHYSICAL THERAPY | 320996 | | 50 |
| 51 OCCUPATIONAL THERAPY | 247 | | 51 |
| 52 SPEECH PATHOLOGY | 97 | | 52 |
| 53 ELECTROCARDIOLOGY | 377048 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 86610 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 435947 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 289661 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 511276 | | 56 |
| 56.01 DRUGS CHARGED | | | 56.01 |
| 57 RENAL DIALYSIS | 56995 | | 57 |
| 59 CARDIAC REHAB | 130 | | 59 |
| 59.97 CARDIAC REHABILITATION | 77645 | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | 59.98 |
| 59.99 LITHOTRIPSY | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | 64128 | | 60 |
| 61 EMERGENCY | 277874 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | 7229 | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | 62 |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | |
| 69.10 CMHC | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | 71 |

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 13:46

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

| COST CENTER DESCRIPTION | I&R COST & POST STEP- DOWN ADJS 26 | TOTAL 27 | |
|--------------------------------|---|-------------|--------|
| SPECIAL PURPOSE COST CENTERS | | | |
| 85.01 PANCREAS ACQUISITION | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | 85.03 |
| 95 SUBTOTALS | 13958368 | | 95 |
| NONREIMBURSABLE COST CENTERS | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 320300 | | 98 |
| 100 OTHER | 136050 | | 100 |
| 100.01LAKESHORE GUEST UNIT | 87353 | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | 859560 | | 101 |
| 102 NEGATIVE COST CENTER | | | 102 |
| 103 TOTAL | 15361631 | | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET) | NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET | NEW CAP- REL COSTS MOV EQUIP SQUARE FEET | EMPLOYEE BENEFITS GROSS SALARIES | NONPATIENT TELEPHONES NUMBER OF PHONES | DATA PROCESSING TIME SPENT | |
|-----------------------------------|--|--|--|---|---|-------------------------------------|--------|
| | 1 | 3 | 4 | 5 | 6.01 | 6.02 | |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| 95 SUBTOTALS | 603454 | 603454 | 603454 | 67836066 | 1113 | 100 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 5207 | 5207 | 5207 | 250351 | | | 98 |
| 100 OTHER | | | | 2007080 | | | 100 |
| 100.01 LAKESHORE GUEST UNIT | 2975 | 2975 | 2975 | | | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | | 14242824 | | 16462294 | 273872 | 3701747 | 103 |
| 104 UNIT COST MULT-WS B PT I | | 23.286438 | | .234862 | | 37017.470000 | 104 |
| 104 UNIT COST MULT-WS B PT I | | | | | 246.066487 | | 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 | | | | 127353 | 32950 | 552013 | 107 |
| 108 UNIT COST MULT-WS B PT III | | | | .001817 | | 5520.130000 | 108 |
| 108 UNIT COST MULT-WS B PT III | | | | | 29.604672 | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY GROSS REVENUE | SOCIAL SERVICE PATIENT DAYS | I/R-SALARY AND FRINGES (ASSIGNED TIME) | I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) | |
|-------------------------------------|---|-----------------------------|--|---|-------|
| | 17 | 18 | 22 | 23 | |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | 6.02 |
| 6.03 PURCHASING,RECEIVING&STORES | | | | | 6.03 |
| 6.04 ADMITTING | | | | | 6.04 |
| 6.05 CASHIERING/ACCTS RECEIVABLE | | | | | 6.05 |
| 6.06 ADMINISTRATION & GENERAL | | | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 9 |
| 10 HOUSEKEEPING | | | | | 10 |
| 11 DIETARY | | | | | 11 |
| 12 CAFETERIA | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | 15 |
| 16 PHARMACY | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 553642206 | | | | 17 |
| 18 SOCIAL SERVICE | | 70737 | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | 20 |
| 21 NURSING SCHOOL | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | | 9394 | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | 9394 | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 25 ADULTS & PEDIATRICS | 81417472 | 46721 | 6478 | 6478 | 25 |
| 26 INTENSIVE CARE UNIT | 10187466 | 4534 | 1552 | 1552 | 26 |
| 27 CORONARY CARE UNIT | | | | | 27 |
| 31 SUBPROVIDER I | 14702776 | 9524 | | | 31 |
| 31.01 SUBPROVIDER II | 5864239 | 4359 | | | 31.01 |
| 33 NURSERY | 7569175 | | | | 33 |
| 34 SKILLED NURSING FACILITY | 4603385 | 5599 | | | 34 |
| 36 OTHER LONG TERM CARE | | | | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | 61265963 | | 376 | 376 | 37 |
| 38 RECOVERY ROOM | 17065703 | | | | 38 |
| 40 ANESTHESIOLOGY | 9907396 | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 71116182 | | 204 | 204 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | 7121738 | | | | 42 |
| 44 LABORATORY | 62301251 | | 82 | 82 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | 1640803 | | | | 48 |
| 49 RESPIRATORY THERAPY | 16004201 | | 163 | 163 | 49 |
| 50 PHYSICAL THERAPY | 12830768 | | 163 | 163 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 26109723 | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 1181374 | | 376 | 376 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | 19958291 | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | 15159391 | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 81629072 | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | 2508024 | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 164698 | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | 1010960 | | | | 60 |
| 61 EMERGENCY | 20433355 | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | 1888800 | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 69.10 CMHC | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERA | | | | | 69.30 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY GROSS REVENUE 17 | SOCIAL SERVICE PATIENT DAYS 18 | I/R-SALARY AND FRINGES (ASSIGNED TIME) 22 | I/R-OTHER PROGRAM COSTS (ASSIGNED TIME) 23 | |
|-----------------------------------|---|--|--|---|--------|
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | 85.03 |
| 95 SUBTOTALS | 553642206 | 70737 | 9394 | 9394 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | 98 |
| 100 OTHER | | | | | 100 |
| 100.01 LAKESHORE GUEST UNIT | | | | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 3048706 | 1743712 | 11553369 | 8165319 | 103 |
| 104 UNIT COST MULT-WS B PT I | .005507 | | 1229.866830 | | |
| | | | | | 104 |
| 104 UNIT COST MULT-WS B PT I | | 24.650635 | | 869.205770 | 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 | 302766 | 45407 | 284764 | 574796 | 107 |
| 108 UNIT COST MULT-WS B PT III | .000547 | | 30.313392 | | |
| | | | | | 108 |
| 108 UNIT COST MULT-WS B PT III | | .641913 | | 61.187567 | 108 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST (FROM WKST B, PART I, COL 27) 1 | THERAPY LIMIT ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 | |
|-------------------------------------|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 41765304 | | 41765304 | | 41765304 | 25 |
| 26 INTENSIVE CARE UNIT | 6921673 | | 6921673 | | 6921673 | 26 |
| 27 CORONARY CARE UNIT | | | | | | 27 |
| 31 SUBPROVIDER I | 7280049 | | 7280049 | 83228 | 7363277 | 31 |
| 31.01 SUBPROVIDER II | 3469575 | | 3469575 | | 3469575 | 31.01 |
| 33 NURSERY | 3205563 | | 3205563 | | 3205563 | 33 |
| 34 SKILLED NURSING FACILITY | 4773818 | | 4773818 | | 4773818 | 34 |
| 36 OTHER LONG TERM CARE | | | | | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | 19833060 | | 19833060 | | 19833060 | 37 |
| 38 RECOVERY ROOM | 1470289 | | 1470289 | | 1470289 | 38 |
| 40 ANESTHESIOLOGY | 808437 | | 808437 | | 808437 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 10644565 | | 10644565 | | 10644565 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | 2068617 | | 2068617 | 19554 | 2088171 | 42 |
| 44 LABORATORY | 11225956 | | 11225956 | | 11225956 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | 155670 | | 155670 | | 155670 | 48 |
| 49 RESPIRATORY THERAPY | 2834959 | | 2834959 | | 2834959 | 49 |
| 50 PHYSICAL THERAPY | 5826861 | | 5826861 | | 5826861 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 4747946 | | 4747946 | | 4747946 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 495928 | | 495928 | 3850 | 499778 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO | 7810918 | | 7810918 | | 7810918 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIE | 5186213 | | 5186213 | | 5186213 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 14141041 | | 14141041 | | 14141041 | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | 813038 | | 813038 | | 813038 | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 264394 | | 264394 | | 264394 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | 729205 | | 729205 | | 729205 | 60 |
| 61 EMERGENCY | 3946706 | | 3946706 | | 3946706 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | 248146 | | 248146 | 3921 | 252067 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTI | 2913843 | | 2913843 | | 2913843 | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 163581774 | | 163581774 | 110553 | 163692327 | 101 |
| 102 LESS OBSERVATION BEDS | 2913843 | | 2913843 | | 2913843 | 102 |
| 103 TOTAL | 160667931 | | 160667931 | 110553 | 160778484 | 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 | 76264763 | | 76264763 | | | | 25 |
| 26 INTENSIVE CARE UNIT | 10187466 | | 10187466 | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 31 SUBPROVIDER I | 14702776 | | 14702776 | | | | 31 |
| 31.01 SUBPROVIDER II | 5864239 | | 5864239 | | | | 31.01 |
| 33 NURSERY | 7569175 | | 7569175 | | | | 33 |
| 34 SKILLED NURSING FACILITY | 4603385 | | 4603385 | | | | 34 |
| 36 OTHER LONG TERM CARE | | | | | | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | 25851638 | 35414325 | 61265963 | .323721 | .323721 | .323721 | 37 |
| 38 RECOVERY ROOM | 7408419 | 9657284 | 17065703 | .086155 | .086155 | .086155 | 38 |
| 40 ANESTHESIOLOGY | 4176933 | 5730463 | 9907396 | .081599 | .081599 | .081599 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | 26635474 | 44480708 | 71116182 | .149679 | .149679 | .149679 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | 666748 | 6454990 | 7121738 | .290465 | .290465 | .293211 | 42 |
| 44 LABORATORY | 43747891 | 18553360 | 62301251 | .180188 | .180188 | .180188 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | 598498 | 1042305 | 1640803 | .094874 | .094874 | .094874 | 48 |
| 49 RESPIRATORY THERAPY | 15000919 | 1003282 | 16004201 | .177138 | .177138 | .177138 | 49 |
| 50 PHYSICAL THERAPY | 7062457 | 5768311 | 12830768 | .454132 | .454132 | .454132 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | 13331327 | 12778396 | 26109723 | .181846 | .181846 | .181846 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | 396681 | 784693 | 1181374 | .419789 | .419789 | .423048 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO | 13728720 | 6229571 | 19958291 | .391362 | .391362 | .391362 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIE | 9350005 | 5809386 | 15159391 | .342112 | .342112 | .342112 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 68261772 | 13367300 | 81629072 | .173235 | .173235 | .173235 | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | 2444474 | 63550 | 2508024 | .324175 | .324175 | .324175 | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 11910 | 152788 | 164698 | 1.605326 | 1.605326 | 1.605326 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | 344740 | 666220 | 1010960 | .721300 | .721300 | .721300 | 60 |
| 61 EMERGENCY | 7545890 | 12887465 | 20433355 | .193150 | .193150 | .193150 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | 946080 | 942720 | 1888800 | .131378 | .131378 | .133454 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTI | | 5152709 | 5152709 | .565497 | .565497 | .565497 | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 SUBTOTAL | 366702380 | 186939826 | 553642206 | | | | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | | 102 |
| 103 TOTAL | 366702380 | 186939826 | 553642206 | | | | 103 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-------|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 4476834 | | 4476834 | 25 |
| 26 INTENSIVE CARE UNIT | | | | 596706 | | 596706 | 26 |
| 27 CORONARY CARE UNIT | | | | -261 | | -261 | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | 813390 | | 813390 | 31 |
| 31.01 SUBPROVIDER II | | | | 303305 | | 303305 | 31.01 |
| 33 NURSERY | | | | 217150 | | 217150 | 33 |
| 101 TOTAL | | | | 6407124 | | 6407124 | 101 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-------|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 45021 | 17756 | | | 99.44 | 1765657 | 25 |
| 26 INTENSIVE CARE UNIT | 3400 | 1875 | | | 175.50 | 329063 | 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 | 9417 | 5040 | | | 86.37 | 435305 | 31 |
| 31.01 SUBPROVIDER II | 4307 | 3082 | | | 70.42 | 217034 | 31.01 |
| 33 NURSERY | 5764 | | | | 37.67 | | 33 |
| 101 TOTAL | 67909 | 27753 | | | | 2747059 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

| COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST | NEW CAPITAL RELATED COST | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | ---- | OLD CAPITAL RATIO OF COST TO CHARGES | ---- | NEW CAPITAL RATIO OF COST TO CHARGES | ---- | CAPITAL COSTS |
|-------------------------------------|--------------------------|--------------------------|---------------|---------------------------|------|--------------------------------------|------|--------------------------------------|------|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | | |
| 37 OPERATING ROOM | | 1802296 | 61265963 | 2595135 | | | | .029418 | | 76344 37 |
| 38 RECOVERY ROOM | | 47356 | 17065703 | 1968812 | | | | .002775 | | 5463 38 |
| 40 ANESTHESIOLOGY | | 55689 | 9907396 | 1625664 | | | | .005621 | | 9138 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1215112 | 71116182 | 12479858 | | | | .017086 | | 213231 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 259801 | 7121738 | 337678 | | | | .036480 | | 12318 42 |
| 44 LABORATORY | | 800249 | 62301251 | 21225150 | | | | .012845 | | 272637 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 4832 | 1640803 | 337678 | | | | .002945 | | 994 48 |
| 49 RESPIRATORY THERAPY | | 170085 | 16004201 | 7288256 | | | | .010628 | | 77460 49 |
| 50 PHYSICAL THERAPY | | 320996 | 12830768 | 1331839 | | | | .025018 | | 33320 50 |
| 51 OCCUPATIONAL THERAPY | | 247 | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 97 | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 377048 | 26109723 | 8113399 | | | | .014441 | | 117166 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 86610 | 1181374 | 255884 | | | | .073313 | | 18760 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 435947 | 19958291 | 7471068 | | | | .021843 | | 163191 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 289661 | 15159391 | 5158724 | | | | .019108 | | 98573 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 511276 | 81629072 | 25562551 | | | | .006263 | | 160098 56 |
| 56.01 DRUGS CHARGED | | | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 56995 | 2508024 | 1677117 | | | | .022725 | | 38112 57 |
| 59 CARDIAC REHAB | | 130 | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 77645 | 164698 | 5356 | | | | .471439 | | 2525 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | | |
| 60 CLINIC | | 64128 | 1010960 | 6327 | | | | .063433 | | 401 60 |
| 61 EMERGENCY | | 277874 | 20433355 | 4058075 | | | | .013599 | | 55186 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7229 | 1888800 | 833 | | | | .003827 | | 3 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 312335 | 5152709 | | | | | .060616 | | 62 |
| 63.50 RHC | | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | | |
| 101 TOTAL | | 7173638 | 434450402 | 101499404 | | | | | | 1354920 101 |

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 13:46

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NONPHYSICIAN | MEDICAL | SWING-BED | TOTAL | TOTAL | PER | INPATIENT | INPATIENT |
|---------------------------------|--------------|-----------|------------|-------|---------|------|-----------|-----------|
| | ANESTHETIST | EDUCATION | ADJUSTMENT | COSTS | PATIENT | DIEM | PROGRAM | PROGRAM |
| | COST | COST | AMOUNT | | DAYS | | DAYS | PASS THRU |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 45021 | | 17756 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 3400 | | 1875 | 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 | | | | | 9417 | | 5040 | 31 |
| 31.01 SUBPROVIDER II | | | | | 4307 | | 3082 | 31.01 |
| 33 NURSERY | | | | | 5764 | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 6399 | | 5067 | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 74308 | | 32820 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|-----------|----------|---------------|-----------|--------------|---------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PASS THROUGH | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | COSTS | CHARGES |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | 2595135 | | 7868927 37 |
| 38 RECOVERY ROOM | | 17065703 | | | 1968812 | | 1687302 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | 1625664 | | 355931 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | 12479858 | | 11905400 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | 337678 | | 2397721 42 |
| 44 LABORATORY | | 62301251 | | | 21225150 | | 1364192 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | 337678 | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | 7288256 | | 333543 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | 1331839 | | 73338 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | 8113399 | | 4640019 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | 255884 | | 207855 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | 7471068 | | 1798398 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | 5158724 | | 2847290 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | 25562551 | | 4842112 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | 1677117 | | 19051 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | 5356 | | 52762 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | 6327 | | 53560 60 |
| 61 EMERGENCY | | 20433355 | | | 4058075 | | 2801820 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | 833 | | 59500 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 1938109 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | 101499404 | | 45246830 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|---|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | .323721 | .323721 | .323721 | | | 37 |
| 38 RECOVERY ROOM | .086155 | .086155 | .086155 | | | 38 |
| 40 ANESTHESIOLOGY | .081599 | .081599 | .081599 | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | .149679 | .149679 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | .290465 | .290465 | | | 42 |
| 44 LABORATORY | .180188 | .180188 | .180188 | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | .094874 | .094874 | | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | .177138 | .177138 | | | 49 |
| 50 PHYSICAL THERAPY | .454132 | .454132 | .454132 | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | .181846 | .181846 | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | .419789 | .419789 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | .391362 | .391362 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | .342112 | .342112 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | .173235 | .173235 | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | .324175 | .324175 | | | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | 1.605326 | 1.605326 | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | .721300 | .721300 | .721300 | | | 60 |
| 61 EMERGENCY | .193150 | .193150 | .193150 | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | .131378 | .131378 | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .565497 | .565497 | .565497 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | | |
|--|---|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | 1 | .173235 | 1 |
| 2 PROGRAM VACCINE CHARGES | 2 | 38750 | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | | 2.01 |
| 3 PROGRAM COSTS | | 6713 | 3 |
| 3.01 PROGRAM COSTS | | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--------------------------------------|-----------------|----------------|---------------|----------------|----------------|---------------------|----------------------|-----------------------------|
| | ALL OTHER (1) | PPS SER- VICES | ALL OTHER | PPS SER- VICES | PPS SER- VICES | OUTPATIENT SURGICAL | OUTPATIENT RADIOLOGY | OUTPATIENT OTHER DIAGNOSTIC |
| | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | CENTER | RADIOLOGY | DIAGNOSTIC |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 7868927 | 75 | | | | | 37 |
| 38 RECOVERY ROOM | | 1687302 | | | | | | 38 |
| 40 ANESTHESIOLOGY | | 355931 | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 11905400 | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 2397721 | | | | | | 42 |
| 44 LABORATORY | | 1364192 | 242 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 333543 | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 73338 | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 4640019 | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 207855 | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 1798398 | 870 | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 2847290 | 24795 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 4842112 | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 19051 | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 52762 | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 53560 | | | | | | 60 |
| 61 EMERGENCY | | 2801820 | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 59500 | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | 1938109 | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD | | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD | | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 45246830 | 25982 | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 45246830 | 25982 | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0224) [] 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 I/P PART B CHARGES (SEE INSTRU.) | HOSPITAL I/P PART B COST (COLUMNS 1.02x10) |
|---|----------------------|----------------------------------|-------------------------------|----------------------------------|---|--|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | 2547337 | 24 | | | 37 |
| 38 RECOVERY ROOM | | 145370 | | | | 38 |
| 40 ANESTHESIOLOGY | | 29044 | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1781988 | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 696454 | | | | 42 |
| 44 LABORATORY | | 245811 | 44 | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 59083 | | | | 49 |
| 50 PHYSICAL THERAPY | | 33305 | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 843769 | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 87255 | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 703825 | 340 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 974092 | 8483 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 838823 | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 6176 | | | | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 84700 | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | 38633 | | | | 60 |
| 61 EMERGENCY | | 541172 | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7817 | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | 1095995 | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | 10760649 | 8891 | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | 10760649 | 8891 | | | 104 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

| COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST | NEW CAPITAL RELATED COST | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | 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 | | 1802296 | 61265963 | 1990 | | | .029418 | 59 37 |
| 38 RECOVERY ROOM | | 47356 | 17065703 | 68782 | | | .002775 | 191 38 |
| 40 ANESTHESIOLOGY | | 55689 | 9907396 | 74198 | | | .005621 | 417 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1215112 | 71116182 | 127038 | | | .017086 | 2171 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 259801 | 7121738 | | | | .036480 | 42 |
| 44 LABORATORY | | 800249 | 62301251 | 857223 | | | .012845 | 11011 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 4832 | 1640803 | 3424 | | | .002945 | 10 48 |
| 49 RESPIRATORY THERAPY | | 170085 | 16004201 | 103330 | | | .010628 | 1098 49 |
| 50 PHYSICAL THERAPY | | 320996 | 12830768 | 57604 | | | .025018 | 1441 50 |
| 51 OCCUPATIONAL THERAPY | | 247 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 97 | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 377048 | 26109723 | 54565 | | | .014441 | 788 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 86610 | 1181374 | 12406 | | | .073313 | 910 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 435947 | 19958291 | 57026 | | | .021843 | 1246 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 289661 | 15159391 | | | | .019108 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 511276 | 81629072 | 1749119 | | | .006263 | 10955 56 |
| 56.01 DRUGS CHARGED | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 56995 | 2508024 | 57651 | | | .022725 | 1310 57 |
| 59 CARDIAC REHAB | | 130 | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 77645 | 164698 | | | | .471439 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 64128 | 1010960 | 90450 | | | .063433 | 5738 60 |
| 61 EMERGENCY | | 277874 | 20433355 | 448380 | | | .013599 | 6098 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7229 | 1888800 | | | | .003827 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 312335 | 5152709 | | | | .060616 | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 7173638 | 434450402 | 3763186 | | | | 43443 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | 1990 | | 37 |
| 38 RECOVERY ROOM | | 17065703 | | | 68782 | | 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | 74198 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | 127038 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | | 5154 | 42 |
| 44 LABORATORY | | 62301251 | | | 857223 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | 3424 | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | 103330 | | 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | 57604 | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | 54565 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | 12406 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | 57026 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | 1749119 | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 11033 | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | 57651 | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | 90450 | | 60 |
| 61 EMERGENCY | | 20433355 | | | 448380 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | 3763186 | | 19698 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S224) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|---|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | .323721 | .323721 | .323721 | | | 37 |
| 38 RECOVERY ROOM | .086155 | .086155 | .086155 | | | 38 |
| 40 ANESTHESIOLOGY | .081599 | .081599 | .081599 | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | .149679 | .149679 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | .290465 | .290465 | | | 42 |
| 44 LABORATORY | .180188 | .180188 | .180188 | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | .094874 | .094874 | | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | .177138 | .177138 | | | 49 |
| 50 PHYSICAL THERAPY | .454132 | .454132 | .454132 | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | .181846 | .181846 | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | .419789 | .419789 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | .391362 | .391362 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | .342112 | .342112 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | .173235 | .173235 | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | .324175 | .324175 | | | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | 1.605326 | 1.605326 | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | .721300 | .721300 | .721300 | | | 60 |
| 61 EMERGENCY | .193150 | .193150 | .193150 | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | .131378 | .131378 | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .565497 | .565497 | .565497 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | | |
|--|----|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | 1 | .173235 | 1 |
| 2 PROGRAM VACCINE CHARGES | 52 | 2 | |
| 2.01 PROGRAM VACCINE CHARGES | | | 2.01 |
| 3 PROGRAM COSTS | 9 | 3 | |
| 3.01 PROGRAM COSTS | | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-S224) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | | |
|--------------------------------------|-----------------|----------------|---------------|----------------|----------------|---------------------|----------------------|-----------------------|-------|
| | ALL OTHER (1) | PPS SER- VICES | ALL OTHER | PPS SER- VICES | PPS SER- VICES | OUTPATIENT SURGICAL | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC | |
| | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | CENTER | RADIOLOGY | 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 |
| 40 ANESTHESIOLOGY | | | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 5154 | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | | | 42 |
| 44 LABORATORY | | | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 2211 | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1300 | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 11033 | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD | | | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD | | | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD | | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 19698 | | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | | 103 |
| 104 NET CHARGES | | 19698 | | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

| | | | | | | |
|------------|------|------------------|------|-----------------|-----|---------|
| CHECK | [] | TITLE V - O/P | [] | HOSPITAL | [] | SNF |
| APPLICABLE | [XX] | TITLE XVIII-PT B | [XX] | SUB I (14-S224) | [] | NF |
| BOXES | [] | TITLE XIX - O/P | [] | SUB II | [] | S/B-SNF |
| | | | [] | SUB III | [] | S/B-NF |
| | | | [] | SUB IV | [] | ICF/MR |

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL |
|---|-------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|--|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | 771 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | 42 |
| 44 LABORATORY | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | 402 | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | 546 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | 1911 | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | | | | 60 |
| 61 EMERGENCY | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | | 3630 | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | | 3630 | | | 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-T224)

| COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST | NEW CAPITAL RELATED COST | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | 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 | | 1802296 | 61265963 | 16537 | | | .029418 | 486 37 |
| 38 RECOVERY ROOM | | 47356 | 17065703 | 4835 | | | .002775 | 13 38 |
| 40 ANESTHESIOLOGY | | 55689 | 9907396 | 1681 | | | .005621 | 9 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1215112 | 71116182 | 407813 | | | .017086 | 6968 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 259801 | 7121738 | 49125 | | | .036480 | 1792 42 |
| 44 LABORATORY | | 800249 | 62301251 | 715704 | | | .012845 | 9193 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 4832 | 1640803 | | | | .002945 | 48 |
| 49 RESPIRATORY THERAPY | | 170085 | 16004201 | 266820 | | | .010628 | 2836 49 |
| 50 PHYSICAL THERAPY | | 320996 | 12830768 | 2377324 | | | .025018 | 59476 50 |
| 51 OCCUPATIONAL THERAPY | | 247 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 97 | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 377048 | 26109723 | 45193 | | | .014441 | 653 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 86610 | 1181374 | 4432 | | | .073313 | 325 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 435947 | 19958291 | 200653 | | | .021843 | 4383 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 289661 | 15159391 | 299 | | | .019108 | 6 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 511276 | 81629072 | 1293532 | | | .006263 | 8101 56 |
| 56.01 DRUGS CHARGED | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 56995 | 2508024 | 209640 | | | .022725 | 4764 57 |
| 59 CARDIAC REHAB | | 130 | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 77645 | 164698 | | | | .471439 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 64128 | 1010960 | 369 | | | .063433 | 23 60 |
| 61 EMERGENCY | | 277874 | 20433355 | | | | .013599 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7229 | 1888800 | | | | .003827 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 312335 | 5152709 | | | | .060616 | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 7173638 | 434450402 | 5593957 | | | | 99028 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-T224) [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T224) [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | 16537 | | 37 |
| 38 RECOVERY ROOM | | 17065703 | | | 4835 | | 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | 1681 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | 407813 | | 30507 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | 49125 | | 42 |
| 44 LABORATORY | | 62301251 | | | 715704 | | 650 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | 266820 | | 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | 2377324 | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | 45193 | | 603 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | 4432 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | 200653 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | 299 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | 1293532 | | 8462 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | 209640 | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | 369 | | 60 |
| 61 EMERGENCY | | 20433355 | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | 5593957 | | 40222 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-T224) [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------------|----------------------------------|--|--|--|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|---|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | .323721 | .323721 | .323721 | | | 37 |
| 38 RECOVERY ROOM | .086155 | .086155 | .086155 | | | 38 |
| 40 ANESTHESIOLOGY | .081599 | .081599 | .081599 | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | .149679 | .149679 | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | .290465 | .290465 | | | 42 |
| 44 LABORATORY | .180188 | .180188 | .180188 | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | .094874 | .094874 | | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | .177138 | .177138 | | | 49 |
| 50 PHYSICAL THERAPY | .454132 | .454132 | .454132 | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | .181846 | .181846 | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | .419789 | .419789 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | .391362 | .391362 | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | .342112 | .342112 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | .173235 | .173235 | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | .324175 | .324175 | | | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | 1.605326 | 1.605326 | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | .721300 | .721300 | .721300 | | | 60 |
| 61 EMERGENCY | .193150 | .193150 | .193150 | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | .131378 | .131378 | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .565497 | .565497 | .565497 | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | | |
|--|----|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | 1 | .173235 | 1 |
| 2 PROGRAM VACCINE CHARGES | 86 | 2 | |
| 2.01 PROGRAM VACCINE CHARGES | | | 2.01 |
| 3 PROGRAM COSTS | 15 | 3 | |
| 3.01 PROGRAM COSTS | | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T224) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--------------------------------------|-----------------|----------------|---------------|----------------|----------------|---------------------------------------|----------------------|-----------------------------|
| | ALL OTHER (1) | PPS SER- VICES | ALL OTHER | PPS SER- VICES | PPS SER- VICES | OUTPATIENT AMBULATORY SURGICAL CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT OTHER DIAGNOSTIC |
| | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | (SEE INSTRU.) | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 30507 | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | | 42 |
| 44 LABORATORY | | 650 | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 603 | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 8462 | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD | | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD | | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 40222 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 40222 | | | | | | 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-T224) | [] | S/B-SNF |
| | | | [] | SUB III | [] | S/B-NF |
| | | | [] | SUB IV | [] | ICF/MR |

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL |
|---|-------------------------|-------------------------------------|----------------------------------|-------------------------------------|-------------------------------------|--|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B I/P PART B CHARGES (SEE (COLUMNS INSTRU.) 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 37 OPERATING ROOM | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 4566 | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | 42 |
| 44 LABORATORY | | 117 | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 110 | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 1466 | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 60 CLINIC | | | | | | 60 |
| 61 EMERGENCY | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | 62 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | 6259 | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | 6259 | | | | 104 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5568) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5568) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | 12548 | | 37 |
| 38 RECOVERY ROOM | | 17065703 | | | | | 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | 3764 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | 112252 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | 103792 | | 42 |
| 44 LABORATORY | | 62301251 | | | 1209598 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | 596368 | | 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | 1304865 | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | 33050 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | 757541 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | 2998515 | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | | | 60 |
| 61 EMERGENCY | | 20433355 | | | 730 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | 7133023 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5568) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-------|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 4476834 | | 4476834 | 25 |
| 26 INTENSIVE CARE UNIT | | | | 596706 | | 596706 | 26 |
| 27 CORONARY CARE UNIT | | | | -261 | | -261 | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | 813390 | | 813390 | 31 |
| 31.01 SUBPROVIDER II | | | | 303305 | | 303305 | 31.01 |
| 33 NURSERY | | | | 217150 | | 217150 | 33 |
| 101 TOTAL | | | | 6407124 | | 6407124 | 101 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-------|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 45021 | 4992 | | | 99.44 | 496404 | 25 |
| 26 INTENSIVE CARE UNIT | 3400 | 831 | | | 175.50 | 145841 | 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 | 9417 | 2637 | | | 86.37 | 227758 | 31 |
| 31.01 SUBPROVIDER II | 4307 | 329 | | | 70.42 | 23168 | 31.01 |
| 33 NURSERY | 5764 | 2468 | | | 37.67 | 92970 | 33 |
| 101 TOTAL | 67909 | 11257 | | | | 986141 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

| COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST | NEW CAPITAL RELATED COST | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL RATIO OF COST TO CHARGES | ---- NEW CAPITAL RATIO OF COST TO CHARGES | CAPITAL COSTS |
|-------------------------------------|--------------------------|--------------------------|---------------|---------------------------|---|---|---------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 1802296 | 61265963 | | | .029418 | 37 |
| 38 RECOVERY ROOM | | 47356 | 17065703 | | | .002775 | 38 |
| 40 ANESTHESIOLOGY | | 55689 | 9907396 | | | .005621 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1215112 | 71116182 | | | .017086 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 259801 | 7121738 | | | .036480 | 42 |
| 44 LABORATORY | | 800249 | 62301251 | | | .012845 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 4832 | 1640803 | | | .002945 | 48 |
| 49 RESPIRATORY THERAPY | | 170085 | 16004201 | | | .010628 | 49 |
| 50 PHYSICAL THERAPY | | 320996 | 12830768 | | | .025018 | 50 |
| 51 OCCUPATIONAL THERAPY | | 247 | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 97 | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 377048 | 26109723 | | | .014441 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 86610 | 1181374 | | | .073313 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 435947 | 19958291 | | | .021843 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 289661 | 15159391 | | | .019108 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 511276 | 81629072 | | | .006263 | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 56995 | 2508024 | | | .022725 | 57 |
| 59 CARDIAC REHAB | | 130 | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 77645 | 164698 | | | .471439 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 64128 | 1010960 | | | .063433 | 60 |
| 61 EMERGENCY | | 277874 | 20433355 | | | .013599 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7229 | 1888800 | | | .003827 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 312335 | 5152709 | | | .060616 | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 7173638 | 434450402 | | | | 101 |

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
 11/29/2010 13:46

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NONPHYSICIAN | MEDICAL | SWING-BED | TOTAL | TOTAL | PER | INPATIENT | INPATIENT |
|---------------------------------|--------------|-----------|------------|-------|---------|------|-----------|-----------|
| | ANESTHETIST | EDUCATION | ADJUSTMENT | COSTS | PATIENT | DIEM | PROGRAM | PROGRAM |
| | COST | COST | AMOUNT | | DAYS | | DAYS | PASS THRU |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 45021 | | 4992 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 3400 | | 831 | 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 | | | | | 9417 | | 2637 | 31 |
| 31.01 SUBPROVIDER II | | | | | 4307 | | 329 | 31.01 |
| 33 NURSERY | | | | | 5764 | | 2468 | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 6399 | | | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 74308 | | 11257 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | | | 37 |
| 38 RECOVERY ROOM | | 17065703 | | | | | 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | | | 42 |
| 44 LABORATORY | | 62301251 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | | | 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | | | 60 |
| 61 EMERGENCY | | 20433355 | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0224) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

| COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST | NEW CAPITAL RELATED COST | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | ---- | OLD CAPITAL RATIO OF COST TO CHARGES | ---- | NEW CAPITAL RATIO OF COST TO CHARGES | ---- |
|-------------------------------------|--------------------------|--------------------------|---------------|---------------------------|------|--------------------------------------|---------|--------------------------------------|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 37 OPERATING ROOM | | 1802296 | 61265963 | | | | .029418 | | 37 |
| 38 RECOVERY ROOM | | 47356 | 17065703 | | | | .002775 | | 38 |
| 40 ANESTHESIOLOGY | | 55689 | 9907396 | | | | .005621 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1215112 | 71116182 | | | | .017086 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 259801 | 7121738 | | | | .036480 | | 42 |
| 44 LABORATORY | | 800249 | 62301251 | | | | .012845 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 4832 | 1640803 | | | | .002945 | | 48 |
| 49 RESPIRATORY THERAPY | | 170085 | 16004201 | | | | .010628 | | 49 |
| 50 PHYSICAL THERAPY | | 320996 | 12830768 | | | | .025018 | | 50 |
| 51 OCCUPATIONAL THERAPY | | 247 | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 97 | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 377048 | 26109723 | | | | .014441 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 86610 | 1181374 | | | | .073313 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 435947 | 19958291 | | | | .021843 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 289661 | 15159391 | | | | .019108 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 511276 | 81629072 | | | | .006263 | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 56995 | 2508024 | | | | .022725 | | 57 |
| 59 CARDIAC REHAB | | 130 | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 77645 | 164698 | | | | .471439 | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 60 CLINIC | | 64128 | 1010960 | | | | .063433 | | 60 |
| 61 EMERGENCY | | 277874 | 20433355 | | | | .013599 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7229 | 1888800 | | | | .003827 | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 312335 | 5152709 | | | | .060616 | | 62 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | | 7173638 | 434450402 | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | | | 37 |
| 38 RECOVERY ROOM | | 17065703 | | | | | 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | | | 42 |
| 44 LABORATORY | | 62301251 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | | | 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | | | 60 |
| 61 EMERGENCY | | 20433355 | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S224) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [XX] OTHER

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL | INPATIENT | OLD CAPITAL | | NEW CAPITAL | |
|-------------------------------------|---------|---------|-----------|-----------|-------------|---------|-------------|---------|
| | CAPITAL | CAPITAL | | | RATIO OF | CAPITAL | RATIO OF | CAPITAL |
| | RELATED | RELATED | CHARGES | PROGRAM | COST TO | COSTS | COST TO | COSTS |
| | COST | COST | 3 | CHARGES | CHARGES | 5 | CHARGES | 8 |
| | 1 | 2 | | 4 | | | 7 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 37 OPERATING ROOM | | 1802296 | 61265963 | | | | .029418 | 37 |
| 38 RECOVERY ROOM | | 47356 | 17065703 | | | | .002775 | 38 |
| 40 ANESTHESIOLOGY | | 55689 | 9907396 | | | | .005621 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 1215112 | 71116182 | | | | .017086 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 259801 | 7121738 | | | | .036480 | 42 |
| 44 LABORATORY | | 800249 | 62301251 | | | | .012845 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 4832 | 1640803 | | | | .002945 | 48 |
| 49 RESPIRATORY THERAPY | | 170085 | 16004201 | | | | .010628 | 49 |
| 50 PHYSICAL THERAPY | | 320996 | 12830768 | | | | .025018 | 50 |
| 51 OCCUPATIONAL THERAPY | | 247 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 97 | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 377048 | 26109723 | | | | .014441 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 86610 | 1181374 | | | | .073313 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 435947 | 19958291 | | | | .021843 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 289661 | 15159391 | | | | .019108 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 511276 | 81629072 | | | | .006263 | 56 |
| 56.01 DRUGS CHARGED | | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 56995 | 2508024 | | | | .022725 | 57 |
| 59 CARDIAC REHAB | | 130 | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 77645 | 164698 | | | | .471439 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 60 CLINIC | | 64128 | 1010960 | | | | .063433 | 60 |
| 61 EMERGENCY | | 277874 | 20433355 | | | | .013599 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 7229 | 1888800 | | | | .003827 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 312335 | 5152709 | | | | .060616 | 62 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 7173638 | 434450402 | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | | | | | | 37 |
| 38 RECOVERY ROOM | | | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | | | 42 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | | | | | | 60 |
| 61 EMERGENCY | | | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PASS THROUGH COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | OUTPATIENT RATIO OF COST TO CHARGES 5.01 | INPATIENT PROGRAM CHARGES 6 | INPATIENT PROGRAM PASS THROUGH COSTS 7 | OUTPATIENT PROGRAM CHARGES 8 |
|-------------------------------------|---|-----------------------|-------------------------------------|---|--------------------------------------|--|---------------------------------------|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 37 OPERATING ROOM | | 61265963 | | | | | 37 |
| 38 RECOVERY ROOM | | 17065703 | | | | | 38 |
| 40 ANESTHESIOLOGY | | 9907396 | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | 71116182 | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | 7121738 | | | | | 42 |
| 44 LABORATORY | | 62301251 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | 1640803 | | | | | 48 |
| 49 RESPIRATORY THERAPY | | 16004201 | | | | | 49 |
| 50 PHYSICAL THERAPY | | 12830768 | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | 26109723 | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | 1181374 | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 19958291 | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 15159391 | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 81629072 | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | | | 56.01 |
| 57 RENAL DIALYSIS | | 2508024 | | | | | 57 |
| 59 CARDIAC REHAB | | | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | 164698 | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 60 CLINIC | | 1010960 | | | | | 60 |
| 61 EMERGENCY | | 20433355 | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | 1888800 | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | 5152709 | | | | | 62 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 434450402 | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] SUB II (14-T224) [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | | | | | 101 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (14-0224) | SUB I (PPS) (14-S224) | SUB II (PPS) (14-T224) | SUB III | SUB IV | SNF (PPS) (14-5568) | |
|---|--------------------------------|-----------------------------|------------------------------|---------|--------|---------------------------|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 45021 | 9417 | 4307 | | | 6399 | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 45021 | 9417 | 4307 | | | 6399 | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 45021 | 9417 | 4307 | | | 6399 | 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) | 17756 | 5040 | 3082 | | | 5067 | 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) (14-0224) | SUB I (PPS) (14-S224) | SUB II (PPS) (14-T224) | SUB III | SUB IV | SNF (PPS) (14-5568) | |
|---|--------------------------------|-----------------------------|------------------------------|---------|--------|---------------------------|----|
| 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 | 41765304 | 7363277 | 3469575 | | | 4773818 | 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 | 41765304 | 7363277 | 3469575 | | | 4773818 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 76264763 | 14702776 | 5864239 | | | 3272635 | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 76264763 | 14702776 | 5864239 | | | 3272635 | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .547636 | .500809 | .591650 | | | 1.458708 | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1693.98 | 1561.30 | 1361.56 | | | 511.43 | 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 | 41765304 | 7363277 | 3469575 | | | 4773818 | 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) (14-0224) | SUB I (PPS) (14-S224) | SUB II (PPS) (14-T224) | SUB III | SUB IV | |
|--|--|--------------------------------|------------------------------|------------------------------|----------------------|----------------------|
| | 1 | 1 | 1 | 1 | 1 | |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 927.68 | 781.91 | 805.57 | | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 16471886 | 3940826 | 2482767 | | 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 16471886 | 3940826 | 2482767 | | 41 |
| | | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
| 42 | NURSERY (TITLES V AND XIX ONLY) | | | | | 42 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | 6921673 | 3400 | 2035.79 | 1875 | 3817106 43 |
| 44 | CORONARY CARE UNIT | | | | | 44 |
| 45 | BURN INTENSIVE CARE UNIT | | | | | 45 |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | 46 |
| 47 | OTHER SPECIAL CARE (SPECIFY) | | | | | 47 |
| | | HOSPITAL (PPS) (14-0224) | SUB I (PPS) (14-S224) | SUB II (PPS) (14-T224) | SUB III | SUB IV |
| | | 1 | 1 | 1 | 1 | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | 20903263 | 741922 | 1718230 | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 41192255 | 4682748 | 4200997 | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 2094720 | 435305 | 217034 | | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 1354920 | 43443 | 99028 | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 3449640 | 478748 | 316062 | | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 37742615 | 4204000 | 3884935 | | 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) (14-0224) | SUB I (PPS) (14-S224) | SUB II (PPS) (14-T224) | SUB III | SUB IV | |
|--|--------------------------------|-----------------------------|------------------------------|---------|--------|--|
| TARGET AMOUNT AND LIMITATION COMPUTATION | | | | | | |
| 54 | 1 | 1 | 1 | 1 | 1 | 54 |
| 54 | | | | | | PROGRAM DISCHARGES |
| 55 | | | | | | TARGET AMOUNT PER DISCHARGE |
| 56 | | | | | | TARGET AMOUNT |
| 57 | | | | | | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT |
| 58 | | | | | | BONUS PAYMENT |
| 58.01 | | | | | | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET |
| 58.02 | | | | | | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET |
| 58.03 | | | | | | IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT |
| 58.04 | | | | | | RELIEF PAYMENT |
| 59 | | | | | | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT |
| 59.01 | | | | | | ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) |
| 59.02 | | | | | | PROGRAM DISCHARGES PRIOR TO JULY 1 |
| 59.03 | | | | | | PROGRAM DISCHARGES AFTER JULY 1 |
| 59.04 | | | | | | PROGRAM DISCHARGES (SEE INSTRUCTIONS) |
| 59.05 | | | | | | REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 |
| 59.06 | | | | | | REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 |
| 59.07 | | | | | | REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) |
| 59.08 | | | | | | REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 | | | | | | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 61 | | | | | | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 62 | | | | | | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS |
| 63 | | | | | | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 64 | | | | | | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 65 | | | | | | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

| | SNF | |
|---|-----------|----|
| | (PPS) | |
| | (14-5568) | |
| | 1 | |
| 66 SNF/NF/ICF/MR ROUTINE SERVICE COST | 4773818 | 66 |
| 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 746.03 | 67 |
| 68 PROGRAM ROUTINE SERVICE COST | 3780134 | 68 |
| 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | | 69 |
| 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | 3780134 | 70 |
| 71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS | 687729 | 71 |
| 72 PER DIEM CAPITAL RELATED COSTS | 107.47 | 72 |
| 73 PROGRAM CAPITAL RELATED COSTS | 544550 | 73 |
| 74 INPATIENT ROUTINE SERVICE COST | 3235584 | 74 |
| 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | | 75 |
| 76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT | 3235584 | 76 |
| 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | | 77 |
| 78 INPATIENT ROUTINE SERVICE COST LIMITATION | | 78 |
| 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS | 3780134 | 79 |
| 80 PROGRAM INPATIENT ANCILLARY SERVICES | 1789566 | 80 |
| 81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION | | 81 |
| 82 TOTAL PROGRAM INPATIENT OPERATING COSTS | 5569700 | 82 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

| | | | | |
|--------------------------------|-----------------------------|------------------------------|---------|--------|
| HOSPITAL (PPS) (14-0224) | SUB I (PPS) (14-S224) | SUB II (PPS) (14-T224) | SUB III | SUB IV |
| 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|---------|----|
| 83 TOTAL OBSERVATION BEDS | 3141 | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 927.68 | 84 |
| 85 OBSERVATION BED COST | 2913843 | 85 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

| | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COLUMN 1 DIVIDED BY COLUMN 2 3 | TOTAL OBSERVATION BED COST (FROM LINE 85) 4 | OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5 | |
|------------------------------|-----------|--|---|---|--|----|
| 86 OLD CAPITAL-RELATED COST | | 41765304 | | 2913843 | | 86 |
| 87 NEW CAPITAL-RELATED COST | 4476834 | 41765304 | .107190 | 2913843 | 312335 | 87 |
| 88 NON PHYSICIAN ANESTHETIST | | 41765304 | | 2913843 | | 88 |
| 89 MEDICAL EDUCATION | | 41765304 | | 2913843 | | 89 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-0224) | SUB I (OTHER) (14-S224) | SUB II (OTHER) (14-T224) | SUB III | SUB IV | NF | |
|---|----------------------------------|-------------------------------|--------------------------------|---------|--------|----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 45021 | 9417 | 4307 | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 45021 | 9417 | 4307 | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 45021 | 9417 | 4307 | | | | 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) | 4992 | 2637 | 329 | | | | 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 | 5764 | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | 2468 | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-0224) | SUB I (OTHER) (14-S224) | SUB II (OTHER) (14-T224) | SUB III | SUB IV | NF | |
|---|----------------------------------|-------------------------------|--------------------------------|---------|--------|----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 41765304 | 7280049 | 3469575 | | | | 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 | 41765304 | 7280049 | 3469575 | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 76264763 | 14702776 | 5864239 | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 76264763 | 14702776 | 5864239 | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .547636 | .495148 | .591650 | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1693.98 | 1561.30 | 1361.56 | | | | 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 | 41765304 | 7280049 | 3469575 | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-0224) | SUB I (OTHER) (14-S224) | SUB II (OTHER) (14-T224) | SUB III | SUB IV | |
|--|--|----------------------------------|--------------------------------|--------------------------------|----------------------|----------------------|
| | 1 | 1 | 1 | 1 | 1 | |
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 927.68 | 773.08 | 805.57 | | 38 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 4630979 | 2038612 | 265033 | | 39 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 4630979 | 2038612 | 265033 | | 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) | 3205563 | 5764 | 556.14 | 2468 | 1372554 42 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 | INTENSIVE CARE UNIT | 6921673 | 3400 | 2035.79 | 831 | 1691741 43 |
| 44 | CORONARY CARE UNIT | | | | | 44 |
| 45 | BURN INTENSIVE CARE UNIT | | | | | 45 |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | 46 |
| 47 | OTHER SPECIAL CARE (SPECIFY) | | | | | 47 |
| | | HOSPITAL (OTHER) (14-0224) | SUB I (OTHER) (14-S224) | SUB II (OTHER) (14-T224) | SUB III | SUB IV |
| | | 1 | 1 | 1 | 1 | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | 7695274 | 2038612 | 265033 | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 735215 | 227758 | 23168 | | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | | | | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 735215 | 227758 | 23168 | | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-0224) | SUB I (OTHER) (14-S224) | SUB II (OTHER) (14-T224) | SUB III | SUB IV | |
|--|----------------------------------|-------------------------------|--------------------------------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | | | | | | |
| 54 | 1 | 1 | 1 | 1 | 1 | 54 |
| 54 | | | 1 | 1 | | 55 |
| 56 | | | | | | 56 |
| 57 | | | | | | 57 |
| 58 | | | | | | 58 |
| 58.01 | | | | | | 58.01 |
| 58.02 | | | | | | 58.02 |
| 58.03 | | | | | | 58.03 |
| 58.04 | | | | | | 58.04 |
| 59 | | | | | | 59 |
| 59.01 | | | | | | 59.01 |
| 59.02 | | | | | | 59.02 |
| 59.03 | | | | | | 59.03 |
| 59.04 | | | | | | 59.04 |
| 59.05 | | | | | | 59.05 |
| 59.06 | | | | | | 59.06 |
| 59.07 | | | | | | 59.07 |
| 59.08 | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 | | | | | | 60 |
| 61 | | | | | | 61 |
| 62 | | | | | | 62 |
| 63 | | | | | | 63 |
| 64 | | | | | | 64 |
| 65 | | | | | | 65 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A TITLE XIX-INPT

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

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

PROVIDER NO. 14-0224 SAINT JOSEPH HOSPITAL
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09
11/29/2010 13:46

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

| HOSPITAL (OTHER) (14-0224) | SUB I (OTHER) (14-S224) | SUB II (OTHER) (14-T224) | SUB III | SUB IV |
|----------------------------------|-------------------------------|--------------------------------|---------|--------|
| 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|---------|----|
| 83 TOTAL OBSERVATION BEDS | 3141 | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 927.68 | 84 |
| 85 OBSERVATION BED COST | 2913843 | 85 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-0224) | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|--|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | 40759161 | | 25 |
| 26 INTENSIVE CARE UNIT | | 6426264 | | 26 |
| 27 CORONARY CARE UNIT | | | | 27 |
| 31 SUBPROVIDER I | | | | 31 |
| 31.01 SUBPROVIDER II | | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .323721 | 2595135 | 840100 | 37 |
| 38 RECOVERY ROOM | .086155 | 1968812 | 169623 | 38 |
| 40 ANESTHESIOLOGY | .081599 | 1625664 | 132653 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | 12479858 | 1867973 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .293211 | 337678 | 99011 | 42 |
| 44 LABORATORY | .180188 | 21225150 | 3824517 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | 337678 | 32037 | 48 |
| 49 RESPIRATORY THERAPY | .177138 | 7288256 | 1291027 | 49 |
| 50 PHYSICAL THERAPY | .454132 | 1331839 | 604831 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | 8113399 | 1475389 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .423048 | 255884 | 108251 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | 7471068 | 2923892 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | 5158724 | 1764861 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | 25562551 | 4428329 | 56 |
| 56.01 DRUGS CHARGED | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | 1677117 | 543679 | 57 |
| 59 CARDIAC REHAB | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | 5356 | 8598 | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .721300 | 6327 | 4564 | 60 |
| 61 EMERGENCY | .193150 | 4058075 | 783817 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .133454 | 833 | 111 | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .565497 | | | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 101499404 | 20903263 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 101499404 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|---|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input checked="" type="checkbox"/> SUB I (14-S224) | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|--|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | 26 |
| 27 CORONARY CARE UNIT | | | | 27 |
| 31 SUBPROVIDER I | | 7865528 | | 31 |
| 31.01 SUBPROVIDER II | | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .323721 | 1990 | 644 | 37 |
| 38 RECOVERY ROOM | .086155 | 68782 | 5926 | 38 |
| 40 ANESTHESIOLOGY | .081599 | 74198 | 6054 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | 127038 | 19015 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .293211 | | | 42 |
| 44 LABORATORY | .180188 | 857223 | 154461 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | 3424 | 325 | 48 |
| 49 RESPIRATORY THERAPY | .177138 | 103330 | 18304 | 49 |
| 50 PHYSICAL THERAPY | .454132 | 57604 | 26160 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | 54565 | 9922 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .423048 | 12406 | 5248 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | 57026 | 22318 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | 1749119 | 303009 | 56 |
| 56.01 DRUGS CHARGED | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | 57651 | 18689 | 57 |
| 59 CARDIAC REHAB | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .721300 | 90450 | 65242 | 60 |
| 61 EMERGENCY | .193150 | 448380 | 86605 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .133454 | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .565497 | | | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 3763186 | 741922 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 3763186 | | 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-T224) | <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 |
| 27 CORONARY CARE UNIT | | | | 27 |
| 31 SUBPROVIDER I | | | | 31 |
| 31.01 SUBPROVIDER II | | 4208692 | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .323721 | 16537 | 5353 | 37 |
| 38 RECOVERY ROOM | .086155 | 4835 | 417 | 38 |
| 40 ANESTHESIOLOGY | .081599 | 1681 | 137 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | 407813 | 61041 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .293211 | 49125 | 14404 | 42 |
| 44 LABORATORY | .180188 | 715704 | 128961 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | 266820 | 47264 | 49 |
| 50 PHYSICAL THERAPY | .454132 | 2377324 | 1079619 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | 45193 | 8218 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .423048 | 4432 | 1875 | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | 200653 | 78528 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | 299 | 102 | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | 1293532 | 224085 | 56 |
| 56.01 DRUGS CHARGED | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | 209640 | 67960 | 57 |
| 59 CARDIAC REHAB | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .721300 | 369 | 266 | 60 |
| 61 EMERGENCY | .193150 | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .133454 | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .565497 | | | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 5593957 | 1718230 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 5593957 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input checked="" type="checkbox"/> SNF (14-5568) | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|--|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | 26 |
| 27 CORONARY CARE UNIT | | | | 27 |
| 31 SUBPROVIDER I | | | | 31 |
| 31.01 SUBPROVIDER II | | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 37 OPERATING ROOM | .323721 | 12548 | 4062 | 37 |
| 38 RECOVERY ROOM | .086155 | | | 38 |
| 40 ANESTHESIOLOGY | .081599 | 3764 | 307 | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | 112252 | 16802 | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | 103792 | 30148 | 42 |
| 44 LABORATORY | .180188 | 1209598 | 217955 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | 596368 | 105639 | 49 |
| 50 PHYSICAL THERAPY | .454132 | 1304865 | 592581 | 50 |
| 51 OCCUPATIONAL THERAPY | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | 33050 | 6010 | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | 757541 | 296473 | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | 2998515 | 519448 | 56 |
| 56.01 DRUGS CHARGED | | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | | | 57 |
| 59 CARDIAC REHAB | | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 60 CLINIC | .721300 | | | 60 |
| 61 EMERGENCY | .193150 | 730 | 141 | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | .565497 | | | 62 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 7133023 | 1789566 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 7133023 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-0224) | <input type="checkbox"/> SNF | <input type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|---|---------------|-----------------|---------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | | | 25 |
| 26 INTENSIVE CARE UNIT | | | 26 |
| 27 CORONARY CARE UNIT | | | 27 |
| 31 SUBPROVIDER I | | | 31 |
| 31.01 SUBPROVIDER II | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | .323721 | | 37 |
| 38 RECOVERY ROOM | .086155 | | 38 |
| 40 ANESTHESIOLOGY | .081599 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | | 42 |
| 44 LABORATORY | .180188 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | | 49 |
| 50 PHYSICAL THERAPY | .454132 | | 50 |
| 51 OCCUPATIONAL THERAPY | | | 51 |
| 52 SPEECH PATHOLOGY | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | | 56 |
| 56.01 DRUGS CHARGED | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | | 57 |
| 59 CARDIAC REHAB | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | 59.98 |
| 59.99 LITHOTRIPSY | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | .721300 | | 60 |
| 61 EMERGENCY | .193150 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .565497 | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| 101 TOTAL | | | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | 102 |
| 103 NET CHARGES | | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|---|---|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> SNF | <input type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A | <input checked="" type="checkbox"/> SUB I (14-S224) | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|---|---------------|-----------------|---------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | | | 25 |
| 26 INTENSIVE CARE UNIT | | | 26 |
| 27 CORONARY CARE UNIT | | | 27 |
| 31 SUBPROVIDER I | | | 31 |
| 31.01 SUBPROVIDER II | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | .323721 | | 37 |
| 38 RECOVERY ROOM | .086155 | | 38 |
| 40 ANESTHESIOLOGY | .081599 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | | 42 |
| 44 LABORATORY | .180188 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | | 49 |
| 50 PHYSICAL THERAPY | .454132 | | 50 |
| 51 OCCUPATIONAL THERAPY | | | 51 |
| 52 SPEECH PATHOLOGY | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | | 56 |
| 56.01 DRUGS CHARGED | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | | 57 |
| 59 CARDIAC REHAB | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | 59.98 |
| 59.99 LITHOTRIPSY | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | .721300 | | 60 |
| 61 EMERGENCY | .193150 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .565497 | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| 101 TOTAL | | | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | 102 |
| 103 NET CHARGES | | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> SNF | <input type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input checked="" type="checkbox"/> TITLE XIX | <input checked="" type="checkbox"/> SUB II (14-T224) | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|---|---------------|-----------------|---------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | | | 25 |
| 26 INTENSIVE CARE UNIT | | | 26 |
| 27 CORONARY CARE UNIT | | | 27 |
| 31 SUBPROVIDER I | | | 31 |
| 31.01 SUBPROVIDER II | | | 31.01 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 37 OPERATING ROOM | .323721 | | 37 |
| 38 RECOVERY ROOM | .086155 | | 38 |
| 40 ANESTHESIOLOGY | .081599 | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | .149679 | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | .290465 | | 42 |
| 44 LABORATORY | .180188 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 48 INTRAVENOUS THERAPY | .094874 | | 48 |
| 49 RESPIRATORY THERAPY | .177138 | | 49 |
| 50 PHYSICAL THERAPY | .454132 | | 50 |
| 51 OCCUPATIONAL THERAPY | | | 51 |
| 52 SPEECH PATHOLOGY | | | 52 |
| 53 ELECTROCARDIOLOGY | .181846 | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | .419789 | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .391362 | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | .342112 | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .173235 | | 56 |
| 56.01 DRUGS CHARGED | | | 56.01 |
| 57 RENAL DIALYSIS | .324175 | | 57 |
| 59 CARDIAC REHAB | | | 59 |
| 59.97 CARDIAC REHABILITATION | 1.605326 | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | 59.98 |
| 59.99 LITHOTRIPSY | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 60 CLINIC | .721300 | | 60 |
| 61 EMERGENCY | .193150 | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | .131378 | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT | .565497 | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| 101 TOTAL | | | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | 102 |
| 103 NET CHARGES | | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| DRG AMOUNT | HOSPITAL (14-0224) | SUB I | SUB II | SUB III | SUB IV | |
|--|---------------------------------|--------|--------|---------|--------|------|
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 | 7626492 | | | | | 1 |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 7626492 | | | | | 1.01 |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS | 15252984 | | | | | 1.02 |
| 1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1 | 219092 | | | | | 1.03 |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | 21902 | | | | | 1.04 |
| 1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 | 438183 | | | | | 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 | 856566 | | | | | 2.01 |
| 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD | 246.39 | | | | | 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 | 139.15 | | | | | 3.04 |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | | | | | 3.05 |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | | | | | 3.06 |
| | [FOR CR PERIODS ENDING] | | | | | |
| | [ON OR AFTER 7/1/2005] | | | | | |
| | [E-3,PT.VI,LN.15][PLUS LN.3.06] | | | | | |
| 3.07 SUM OF LINES 3.04-3.06 | 116.37 | 0.00 | 116.37 | | | 3.07 |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | 122.63 | | | | | 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 | 10.00 | | | | | 3.13 |
| 3.14 CURRENT YEAR ALLOWABLE FTE | 126.37 | | | | | 3.14 |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE.. | 119.48 | | | | | 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.. | 121.69 | | | | | 3.16 |
| | RES. IN | | | | | |
| | INIT YRS | | | | | |
| 3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO | 0.00 | 122.51 | | | | 3.17 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0224) | SUB I | SUB II | SUB III | SUB IV | |
|-------|---|----------|--------|---------|--------|-------|
| 3.18 | CURRENT YEAR RESIDENT TO BED RATIO | 0.497220 | | | | 3.18 |
| 3.19 | PRIOR YEAR RESIDENT TO BED RATIO | 0.475788 | | | | 3.19 |
| 3.20 | FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 | 0.475788 | | | | 3.20 |
| 3.21 | IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1 | 1808242 | | | | 3.21 |
| 3.22 | IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1 | 1762794 | | | | 3.22 |
| 3.23 | IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23] | 3616484 | | | | 3.23 |
| 3.24 | SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT | 7187520 | 0 | 7187520 | | 3.24 |
| 4 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS | 0.0661 | | | | 4 |
| 4.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS | 0.1876 | | | | 4.01 |
| 4.02 | SUM OF 4 AND 4.01 | 0.2537 | | | | 4.02 |
| 4.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | 0.1009 | | | | 4.03 |
| 4.04 | DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | 3078052 | | | | 4.04 |
| 5 | TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317 | | | | | 5 |
| 5.01 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317 | | | | | 5.01 |
| 5.02 | DIVIDE LINE 5.01 BY LINE 5 | | | | | 5.02 |
| 5.03 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317 | | | | | 5.03 |
| 5.04 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | | | | 5.04 |
| 5.05 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS | | | | | 5.05 |
| 5.06 | TOTAL ADDITIONAL PAYMENT | | | | | 5.06 |
| 6 | SUBTOTAL | 41628106 | | | | 6 |
| 7 | HOSPITAL SPECIFIC PAYMENTS | | | | | 7 |
| 7.01 | HOSPITAL SPECIFIC PAYMENTS (1996 HSR) | | | | | 7.01 |
| 8 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS | 41628106 | | | | 8 |
| 9 | PAYMENT FOR INPATIENT PROGRAM CAPITAL | 3548023 | | | | 9 |
| 10 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL | | | | | 10 |
| 11 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT | 5863417 | | | | 11 |
| 11.01 | NURSING AND ALLIED HEALTH MANAGED CARE | | | | | 11.01 |
| 11.02 | ADD-ON PAYMENT FOR NEW TECHNOLOGIES | | | | | 11.02 |
| 12 | NET ORGAN ACQUISITION COST | | | | | 12 |
| 13 | COST OF TEACHING PHYSICIANS | | | | | 13 |
| 14 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | 14 |
| 15 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | 15 |
| 16 | TOTAL | 51039546 | | | | 16 |
| 17 | PRIMARY PAYER PAYMENTS | 50306 | | | | 17 |
| 18 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 50989240 | | | | 18 |
| 19 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 2771440 | | | | 19 |
| 20 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 195113 | | | | 20 |
| 21 | REIMBURSABLE BAD DEBTS | 697815 | | | | 21 |
| 21.01 | REDUCED PROGRAM REIMBURSABLE BAD DEBTS | 488471 | | | | 21.01 |
| 21.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 650491 | | | | 21.02 |
| 22 | SUBTOTAL | 48511158 | | | | 22 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL (14-0224) | SUB I | SUB II | SUB III | SUB IV | |
|-------|-----------------------|-------|--------|---------|--------|-------|
| 23 | | | | | | 23 |
| | | | | | | |
| | | | | | | |
| 24 | | | | | | 24 |
| 25 | | | | | | 25 |
| 26 | 48511158 | | | | | 26 |
| 27 | | | | | | 27 |
| 28 | 48105601 | | | | | 28 |
| 28.01 | | | | | | 28.01 |
| 29 | 405557 | | | | | 29 |
| 30 | 424033 | | | | | 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 (14-0224) | HOSPITAL (14-0224) | HOSPITAL (14-0224) |
|--|-----------------------|-----------------------|-----------------------|
| | 1 | 1.01 | 1.02 |
| 1 MEDICAL AND OTHER SERVICES | 15604 | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 10760649 | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 9138979 | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | 2 |
| 3 ORGAN ACQUISITIONS | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | 4 |
| 5 TOTAL COST | 15604 | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| REASONABLE CHARGES | | | |
| 6 ANCILLARY SERVICE CHARGES | 64732 | | 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 | 64732 | | 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 | 64732 | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | 49128 | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | 16 |
| 17 LESSER OF COST OR CHARGES | 15604 | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 9138979 | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-0224) 1 | HOSPITAL (14-0224) 1.01 | HOSPITAL (14-0224) 1.02 |
|---|----------------------------|-------------------------------|-------------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO | 2237223 | | 18.01 |
| LINE 17.01 | | | |
| 19 SUBTOTAL | 6917360 | | 19 |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E | | | 20 |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | 1175237 | | 21 |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS | | | 22 |
| 23 SUBTOTAL | 8092597 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | 1548 | | 24 |
| 25 SUBTOTAL | 8091049 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | 563187 | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | 394231 | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 530592 | | 27.02 |
| 28 SUBTOTAL | 8485280 | | 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 | 8485280 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 8002386 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | 482894 | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | 50 |
| 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | 53 |
| 54 TOTAL (SUM OF LINES 51 AND 53) | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB I (14-S224) 1 | SUB I (14-S224) 1.01 | SUB I (14-S224) 1.02 | |
|--|-------------------------|----------------------------|----------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | 9 | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 3630 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 1163 | | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | 9 | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | 52 | | | 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 | 52 | | | 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 | 52 | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | 43 | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | 9 | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 1163 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB I (14-S224) 1 | SUB I (14-S224) 1.01 | SUB I (14-S224) 1.02 |
|--|-------------------------|----------------------------|----------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 | | 5 | 18 |
| 18.01 | | 314 | 18.01 |
| | | | 18.01 |
| 19 | | 853 | 19 |
| 20 | | | 20 |
| 21 | | | 21 |
| 22 | | | 22 |
| 23 | | 853 | 23 |
| 24 | | | 24 |
| 25 | | 853 | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 | | | 26 |
| 27 | | | 27 |
| 27.01 | | | 27.01 |
| 27.02 | | | 27.02 |
| 28 | | 853 | 28 |
| 29 | | | 29 |
| 30 | | | 30 |
| 30.99 | | | 30.99 |
| 31 | | | 31 |
| 32 | | 853 | 32 |
| 33 | | | 33 |
| 34 | | 860 | 34 |
| 34.01 | | | 34.01 |
| 35 | | -7 | 35 |
| 36 | | | 36 |
| 15-II, SECTION 115.2 | | | |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 | | | 50 |
| 51 | | | 51 |
| 52 | | | 52 |
| 53 | | | 53 |
| 54 | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB II (14-T224) 1 | SUB II (14-T224) 1.01 | SUB II (14-T224) 1.02 |
|--|--------------------------|-----------------------------|-----------------------------|
| 1 MEDICAL AND OTHER SERVICES | 15 | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 6259 | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 4487 | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | 2 |
| 3 ORGAN ACQUISITIONS | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | 4 |
| 5 TOTAL COST | 15 | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| REASONABLE CHARGES | | | |
| 6 ANCILLARY SERVICE CHARGES | 86 | | 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 | 86 | | 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 | 86 | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | 71 | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | 16 |
| 17 LESSER OF COST OR CHARGES | 15 | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 4487 | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SUB II (14-T224) | SUB II (14-T224) | SUB II (14-T224) |
|---|---------------------|---------------------|---------------------|
| | 1 | 1.01 | 1.02 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO | 1378 | | 18.01 |
| LINE 17.01 | | | |
| 19 SUBTOTAL | 3124 | | 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 | 3124 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | | | 24 |
| 25 SUBTOTAL | 3124 | | 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 | 3124 | | 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 | 3124 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 3113 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | 11 | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | 50 |
| 51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | 53 |
| 54 TOTAL (SUM OF LINES 51 AND 53) | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SNF (14-5568) | SNF (14-5568) | SNF (14-5568) | |
|--|------------------|------------------|------------------|-------|
| | 1 | 1.01 | 1.02 | |
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | | | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | | |
| REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | | | | 6 |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES | | | | 7 |
| 8 ORGAN ACQUISITION CHARGES | | | | 8 |
| 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS | | | | 9 |
| 10 TOTAL REASONABLE CHARGES | | | | 10 |
| CUSTOMARY CHARGES | | | | |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 11 |
| 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | 12 |
| 13 RATIO OF LINE 11 TO LINE 12 | | | | 13 |
| 14 TOTAL CUSTOMARY CHARGES | | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | SNF (14-5568) 1 | SNF (14-5568) 1.01 | SNF (14-5568) 1.02 | |
|--|-----------------------|--------------------------|--------------------------|-------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | |
| 18 | | | | 18 |
| 18.01 | | | | 18.01 |
| | | | | 18.01 |
| 19 | | | | 19 |
| 20 | | | | 20 |
| 21 | | | | 21 |
| 22 | | | | 22 |
| 23 | | | | 23 |
| 24 | | | | 24 |
| 25 | | | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | | |
| 26 | | | | 26 |
| 27 | | | | 27 |
| 27.01 | | | | 27.01 |
| 27.02 | | | | 27.02 |
| 28 | | | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
| 30.99 | | | | 30.99 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 | | | | 33 |
| 34 | | | | 34 |
| 34.01 | | | | 34.01 |
| 35 | | | | 35 |
| 36 | | | | 36 |
| 15-II, SECTION 115.2 | | | | |
| TO BE COMPLETED BY CONTRACTOR | | | | |
| 50 | | | | 50 |
| 51 | | | | 51 |
| 52 | | | | 52 |
| 53 | | | | 53 |
| 54 | | | | 54 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0224)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | | |
|--|--|-------------|-----------------|----------------------|--|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 41647277 | | 6903277 | 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. | | 6659750 | | 1033660 | 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 .04 PROGRAM .53 .54 | | 02/12/2010 | 65449 | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | -201426 | | 65449 | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 48105601 | | 8002386 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | | | NONE 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 .02 PROGRAM | | | 482894 | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 48511158 | | 8485280 | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S224)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | |
|---|------------------|----------------------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 3567250 | | 860 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM .01 | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02 | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST TO .03 | | NONE | | NONE |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04 | | | | 3.03 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05 | | | | 3.04 |
| | | | | 3.05 |
| | | | | 3.50 |
| PROVIDER .51 | | | | 3.51 |
| TO .52 | | NONE | | NONE |
| PROGRAM .53 | | | | 3.52 |
| .54 | | | | 3.53 |
| | | | | 3.54 |
| SUBTOTAL .99 | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 3567250 | | 860 |
| | | | | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01 | | | | 5.01 |
| MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02 | | NONE | | NONE |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03 | | | | 5.02 |
| | | | | 5.03 |
| | | | | 5.50 |
| | | | | 5.51 |
| | | NONE | | NONE |
| | | | | 5.52 |
| | | | | 5.52 |
| SUBTOTAL .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO | | | | |
| (BALANCE DUE) BASED ON THE COST PROVIDER .01 | | 170468 | | 6.01 |
| REPORT. PROVIDER TO .02 | | | | -7 |
| | | | | 6.02 |
| PROGRAM | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 3737718 | | 853 |
| | | | | 7 |
| NAME OF INTERMEDIARY: _____ | | INTERMEDIARY NUMBER: _____ | | |
| SIGNATURE OF AUTHORIZED PERSON: _____ | | DATE (MO/DAY/YR): _____ | | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T224)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | | |
|--|--|---|----------------------------------|----------------------------------|--|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 4472148 | | 3113 | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | NONE | | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54 | 02/12/2010 23192 NONE NONE NONE | | | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | 23192 | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 4495340 | | 3113 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | | NONE NONE | 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 .02 PROGRAM | | 96316 | 11 | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 4591656 | | 3124 | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5568)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | |
|---|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1592349 | | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | NONE | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM .01 | | | | 3.01 |
| ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02 | | | | 3.02 |
| REVISION OF THE INTERIM RATE FOR THE COST TO .03 | | NONE | NONE | 3.03 |
| REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04 | | | | 3.04 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05 | | | | 3.05 |
| .50 | | | | 3.50 |
| PROVIDER .51 | | | | 3.51 |
| TO .52 | | NONE | NONE | 3.52 |
| PROGRAM .53 | | | | 3.53 |
| .54 | | | | 3.54 |
| SUBTOTAL .99 | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 1592349 | | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- PROGRAM .01 | | | | 5.01 |
| MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH TO .02 | | NONE | NONE | 5.02 |
| PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. PROVIDER .03 | | | | 5.03 |
| PROVIDER .50 | | | | 5.50 |
| TO .51 | | NONE | NONE | 5.51 |
| PROGRAM .52 | | | | 5.52 |
| SUBTOTAL .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT PROGRAM TO | | | | |
| (BALANCE DUE) BASED ON THE COST PROVIDER .01 | | 1146 | | 6.01 |
| REPORT. PROVIDER TO .02 | | | | 6.02 |
| PROGRAM | | | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1593495 | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL | SUB I (14-S224) | SUB II (14-T224) | SUB III | SUB IV |
|--|-----------|--------------------|---------------------|---------|--------|
| 1 INPATIENT HOSPITAL SERVICES | | | | | 1 |
| 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | | | | | 1.01 |
| 1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS) | | | 4228325 | | 1.02 |
| 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | | | 0.0520 | | 1.03 |
| 1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS) | | | 350249 | | 1.04 |
| 1.05 OUTLIER PAYMENTS | | | 37142 | | 1.05 |
| 1.06 TOTAL PPS PAYMENTS | | | 4615716 | | 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) | | 3906923 | | | 1.08 |
| 1.09 NET IPF PPS OUTLIER PAYMENTS | | 18941 | | | 1.09 |
| 1.10 NET IPF PPS ECT PAYMENTS | | 26019 | | | 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) | 25.800000 | | | | 1.16 |
| 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR | | | | | 1.17 |
| 1.18 MEDICAL EDUCATION ADJUSTMENT | | | | | 1.18 |
| 1.19 ADJUSTED NET IPF PPS PAYMENTS | | 3951883 | | | 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 | | 3951883 | | | 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) | | | 11.800000 | | 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 | | 3951883 | 4615716 | | 4 |
| 5 PRIMARY PAYER PAYMENTS | | | | | 5 |
| 6 SUBTOTAL | | 3951883 | 4615716 | | 6 |
| 7 DEDUCTIBLES | | 277216 | 23752 | | 7 |
| 8 SUBTOTAL | | 3674667 | 4591964 | | 8 |
| 9 COINSURANCE | | 107417 | 8632 | | 9 |
| 10 SUBTOTAL | | 3567250 | 4583332 | | 10 |
| 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | 243525 | 11891 | | 11 |
| 11.01 REDUCED REIMBURSABLE BAD DEBTS | | 170468 | 8324 | | 11.01 |
| 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | 237064 | 11129 | | 11.02 |
| 12 SUBTOTAL | | 3737718 | 4591656 | | 12 |
| 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | 13 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL | SUB I (14-S224) | SUB II (14-T224) | SUB III | SUB IV | |
|---|----------|--------------------|---------------------|---------|--------|-------|
| 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | | | | | 13.01 |
| 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | | | | 14 |
| 15 OTHER ADJUSTMENTS | | | | | | 15 |
| 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | | 16 |
| 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER | | 3737718 | 4591656 | | | 17 |
| 18 SEQUESTRATION ADJUSTMENT | | | | | | 18 |
| 19 INTERIM PAYMENTS | | 3567250 | 4495340 | | | 19 |
| 19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 19.01 |
| 20 BALANCE DUE PROVIDER/PROGRAM | | 170468 | 96316 | | | 20 |
| 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | | | 21 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | | |
| 50 ORIGINAL OUTLIER AMOUNT | | | | | | 50 |
| 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | | | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | | 52 |
| 53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

| | [] TITLE V | [XX] TITLE XVIII | [] TITLE XIX |
|---|--|----------------------------------|---------------|
| | | SNF I (14-5568) (PPS) 2 | |
| COMPUTATION OF NET COST OF COVERED SERVICES | | | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | | 1 |
| 2 | MEDICAL AND OTHER SERVICES | | 2 |
| 3 | INTERNS AND RESIDENTS | | 3 |
| 4 | ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY | | 4 |
| 5 | COST OF TEACHING PHYSICIANS | | 5 |
| 6 | SUBTOTAL | | 6 |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | 7 |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | 8 |
| 9 | SUBTOTAL | | 9 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | 10 |
| 11 | ANCILLARY SERVICE CHARGES | | 11 |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | 12 |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | 13 |
| 14 | TEACHING PHYSICIANS | | 14 |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | 15 |
| 16 | TOTAL REASONABLE CHARGES | | 16 |
| CUSTOMARY CHARGES | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 17 |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | 18 |
| 19 | RATIO OF LINE 17 TO LINE 18 | | 19 |
| 20 | TOTAL CUSTOMARY CHARGES | | 20 |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | 21 |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | 22 |
| 23 | COST OF COVERED SERVICES | | 23 |
| PROSPECTIVE PAYMENT AMOUNT | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | 1657775 | 24 |
| 25 | OUTLIER PAYMENTS | | 25 |
| 26 | PROGRAM CAPITAL PAYMENTS | | 26 |
| 27 | CAPITAL EXCEPTION PAYMENTS | | 27 |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | 28 |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | 29 |
| 30 | SUBTOTAL | 1657775 | 30 |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | 31 |
| 32 | AMOUNT FROM LINE 30 | 1657775 | 32 |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | 33 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

| | [] TITLE V | [XX] TITLE XVIII | [] TITLE XIX |
|-------|---|----------------------------------|---------------|
| | | SNF I (14-5568) (PPS) 2 | |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 34 | EXCESS OF REASONABLE COST | | 34 |
| 35 | SUBTOTAL | 1657775 | 35 |
| 36 | COINSURANCE | 65426 | 36 |
| 37 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19 | | 37 |
| 38 | REIMBURSABLE BAD DEBTS | 1637 | 38 |
| 38.01 | REDUCED REIMBURSABLE BAD DEBTS | | 38.01 |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | 38.02 |
| 38.03 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.) | 1146 | 38.03 |
| 39 | UTILIZATION REVIEW | | 39 |
| 40 | SUBTOTAL | 1593495 | 40 |
| 41 | INPATIENT ROUTINE SERVICE COST | | 41 |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | 42 |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 43 |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | 44 |
| 45 | RATIO OF LINE 43 TO LINE 44 | | 45 |
| 46 | TOTAL CUSTOMARY CHARGES | | 46 |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | 47 |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | 48 |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | 49 |
| 50 | LOSS ON SALE OF ASSETS | | 50 |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | 51 |
| 52 | SUBTOTAL | 1593495 | 52 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | 53 |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | 54 |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | 1593495 | 55 |
| 56 | SEQUESTRATION ADJUSTMENT | | 56 |
| 57 | INTERIM PAYMENTS | 1592349 | 57 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | 57.01 |
| 58 | BALANCE DUE PROVIDER/PROGRAM | 1146 | 58 |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | 59 |

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

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | |
|----|----------------------------------|-------------------------------|--------------------------------|------------------------------------|
| | HOSPITAL (14-0224) (OTHER) | SUB I (14-S224) (OTHER) | SUB II (14-T224) (OTHER) | SUB III SUB IV NF I (PPS) |
| 1 | 1 | 1 | 1 | 1 |
| 2 | 7695274 | 2038612 | 265033 | 1 |
| 3 | | | | 1 |
| 4 | | | | 1 |
| 5 | | | | 1 |
| 6 | 7695274 | 2038612 | 265033 | 1 |
| 7 | | | | 1 |
| 8 | | | | 1 |
| 9 | 7695274 | 2038612 | 265033 | 1 |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | 7695274 | 2038612 | 265033 | |
| 23 | 7695274 | 2038612 | 265033 | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | 7695274 | 2038612 | 265033 | |
| 31 | | | | |
| 32 | 7695274 | 2038612 | 265033 | |
| 33 | | | | |

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

WORKSHEET E-3
 PART III

| | [] TITLE V | | | [] TITLE XVIII | | | [XX] TITLE XIX | | NF I |
|-------|--|------------------------------------|-------------------------------------|-----------------|-------------|--|----------------|--|-------|
| | HOSPITAL (14-0224) (OTHER) 1 | SUB I (14-S224) (OTHER) 1 | SUB II (14-T224) (OTHER) 1 | SUB III 1 | SUB IV 1 | | | | |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | | | | | |
| 35 | EXCESS OF REASONABLE COST | | | | | | | | 34 |
| 36 | SUBTOTAL | | | | | | | | 35 |
| 37 | COINSURANCE | | | | | | | | 36 |
| 38 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, REIMBURSABLE BAD DEBTS | | | | | | | | 37 |
| 38.01 | REIMBURSABLE BAD DEBTS | | | | | | | | 38 |
| 38.02 | REDUCED REIMBURSABLE BAD DEBTS | | | | | | | | 38.01 |
| | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | | | | | | 38.02 |
| 39 | UTILIZATION REVIEW | | | | | | | | 39 |
| 40 | SUBTOTAL | | | | | | | | 40 |
| 41 | INPATIENT ROUTINE SERVICE COST | | | | | | | | 41 |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | | | | | | | 42 |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | | | | 43 |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | | | | 44 |
| 45 | RATIO OF LINE 43 TO LINE 44 | | | | | | | | 45 |
| 46 | TOTAL CUSTOMARY CHARGES | | | | | | | | 46 |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | | | | 47 |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | | | | | 48 |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION | | | | | | | | 49 |
| 50 | LOSS ON SALE OF ASSETS | | | | | | | | 50 |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS | | | | | | | | 51 |
| 52 | SUBTOTAL | | | | | | | | 52 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | | | 53 |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | | | | 54 |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | | | | | | 55 |
| 56 | SEQUESTRATION ADJUSTMENT | | | | | | | | 56 |
| 57 | INTERIM PAYMENTS | | | | | | | | 57 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | | | 57.01 |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | | | | | | 58 |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2 | | | | | | | | 59 |

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

WORKSHEET E-3
 PART IV

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

| COMPUTATION OF TOTAL DIRECT GME AMOUNT | | | |
|--|--|-----------|------|
| 1 | NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE | | 1 |
| 1.01 | NUMBER OF FTE RESIDENTS FOR ALL OTHERS | | 1.01 |
| 2 | UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE | | 2 |
| 2.01 | UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS | | 2.01 |
| 3 | AGGREGATE APPROVED AMOUNT | | 3 |
| 3.01 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996 | 142.44 | 3.01 |
| 3.02 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6) | | 3.02 |
| 3.03 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03] | -3.60 | 3.03 |
| 3.04 | FTE ADJUSTMENT CAP 118.83 -3.60 | 115.23 | 3.04 |
| 3.05 | UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR | 118.13 | 3.05 |
| 3.06 | LESSER OF LINE 3.04 OR LINE 3.05 | 115.23 | 3.06 |
| 3.07 | WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 92.94 | 3.07 |
| 3.08 | WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 25.19 | 3.08 |
| 3.09 | SUM OF LINES 3.07 AND LINE 3.08 | 118.13 | 3.09 |
| 3.10 | SEE INSTRUCTIONS | 115.23 | 3.10 |
| 3.11 | WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO | 7.50 | 3.11 |
| 3.12 | SEE INSTRUCTIONS | 32.07 | 3.12 |
| 3.13 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS) | 25.32 | 3.13 |
| 3.14 | TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS) | 27.53 | 3.14 |
| 3.15 | ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) | 28.31 | 3.15 |
| 3.16 | SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | 28.31 | 3.16 |
| 3.17 | SEE INSTRUCTIONS | 119059.17 | 3.17 |
| 3.18 | SEE INSTRUCTIONS | 3370565 | 3.18 |

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

WORKSHEET E-3
 PART IV
 (CONT)

| [] TITLE V | [XX] TITLE XVIII | [] TITLE XIX | | |
|---|--------------------------|---------------|-----------|------|
| 3.19 SEE INSTRUCTIONS | | | 89.90 | 3.19 |
| 3.20 SEE INSTRUCTIONS | | | 91.94 | 3.20 |
| 3.21 SEE INSTRUCTIONS | | | 90.83 | 3.21 |
| 3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | | | 90.83 | 3.22 |
| 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 123518.84 | 3.23 |
| 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 11219216 | 3.24 |
| 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 14589781 | 3.25 |
| COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| 4 PROGRAM PART A INPATIENT DAYS | | | 27753 | 4 |
| 5 TOTAL INPATIENT DAYS | | | 59004 | 5 |
| 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS | | | .470358 | 6 |
| | [LINE 6 x] [E-3,PART 6] | | | |
| | [LINE 3.25] [LINE 11] | | | |
| 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 6862420 | 0 | | 6862420 | 6.01 |
| 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD | | | 830 | 6.02 |
| 6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE | | | 59004 | 6.03 |
| 6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS | | | 100.00 | 6.04 |
| 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD | | | 176234 | 6.05 |
| 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR | | | | 6.06 |
| 6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE | | | 100.00 | 6.07 |
| | [PRIOR TO] [E-3,PART 6] | | | |
| | [422] [LINE 12] | | | |
| 6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 | 0 | | | 6.08 |
| | | | | |
| | | | | |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | | | 7 |
| 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | | 2508024 | 8 |
| 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | | | 9 |
| 10 MEDICARE O/P ESRD CHARGES | | | | 10 |
| 11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS | | | | 11 |

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PERIOD FROM 07/01/2009 TO 06/30/2010

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

| APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY | | |
|--|---|----------|
| PART A REASONABLE COST | | |
| 12 | REASONABLE COST | 53856134 |
| 13 | ORGAN ACQUISITION COSTS | 13 |
| 14 | COST OF TEACHING PHYSICIANS | 14 |
| 15 | PRIMARY PAYER PAYMENTS | 50306 |
| 16 | TOTAL PART A REASONABLE COST | 53805828 |
| PART B REASONABLE COST | | |
| 17 | REASONABLE COST | 10786166 |
| 18 | PRIMARY PAYER PAYMENTS | 1548 |
| 19 | TOTAL PART B REASONABLE COST | 10784618 |
| 20 | TOTAL REASONABLE COST | 64590446 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | .833031 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | .166969 |
| ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B | | |
| 23 | TOTAL PROGRAM GME PAYMENT | 23 |
| 23.01 | FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 | 7038654 |
| 24 | PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY | 5863417 |
| 25 | PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY | 1175237 |

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

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

WORKSHEET E-3
 PART IV
 (CONT)

| [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | | |
|---|--------------------------|----------------|---------|------|
| 3.19 SEE INSTRUCTIONS | | | | 3.19 |
| 3.20 SEE INSTRUCTIONS | | | | 3.20 |
| 3.21 SEE INSTRUCTIONS | | | | 3.21 |
| 3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00] | | | 0.00 | 3.22 |
| 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | 0.00 | 3.23 |
| 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | | 3.24 |
| 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001 | | | | 3.25 |
| COMPUTATION OF PROGRAM PATIENT LOAD | | | | |
| 4 PROGRAM PART A INPATIENT DAYS | | | 8789 | 4 |
| 5 TOTAL INPATIENT DAYS | | | 59004 | 5 |
| 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS | | | .148956 | 6 |
| | [LINE 6 x] [E-3,PART 6] | | | |
| | [LINE 3.25] [LINE 11] | | | |
| 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS | 0 | 0 | | 6.01 |
| 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD | | | | 6.02 |
| 6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE | | | 59004 | 6.03 |
| 6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS | | | 100.00 | 6.04 |
| 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD | | | | 6.05 |
| 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR | | | | 6.06 |
| 6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE | | | 100.00 | 6.07 |
| | [PRIOR TO] [E-3,PART 6] | | | |
| | [422] [LINE 12] | | | |
| 6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD | 0 | 0 | | 6.08 |
| DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS) | | | | |
| 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS | | | | 7 |
| 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES | | | | 8 |
| 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES | | | | 9 |
| 10 MEDICARE O/P ESRD CHARGES | | | | 10 |
| 11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS | | | | 11 |

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

PART A REASONABLE COST

| | | |
|----|------------------------------|----|
| 12 | REASONABLE COST | 12 |
| 13 | ORGAN ACQUISITION COSTS | 13 |
| 14 | COST OF TEACHING PHYSICIANS | 14 |
| 15 | PRIMARY PAYER PAYMENTS | 15 |
| 16 | TOTAL PART A REASONABLE COST | 16 |

PART B REASONABLE COST

| | | |
|----|--|----|
| 17 | REASONABLE COST | 17 |
| 18 | PRIMARY PAYER PAYMENTS | 18 |
| 19 | TOTAL PART B REASONABLE COST | 19 |
| 20 | TOTAL REASONABLE COST | 20 |
| 21 | RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST | 21 |
| 22 | RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST | 22 |

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

| | | |
|-------|---|-------|
| 23 | TOTAL PROGRAM GME PAYMENT | 23 |
| 23.01 | FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 | 23.01 |
| 24 | PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY | 24 |
| 25 | PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY | 25 |

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

| | [] TITLE V | [XX] TITLE XVIII | [] TITLE XIX | |
|------|--|------------------|---------------|------|
| | CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA | | | |
| 1 | RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD | | 1.000000 | 1 |
| 2 | REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) | | 118.83 | 2 |
| 3 | UNADJUSTED DIRECT GME FTE CAP | | 142.44 | 3 |
| 4 | PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) | | 118.83 | 4 |
| | CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA | | | |
| 5 | ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4) | | | 5 |
| 5.01 | PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS | | | 5.01 |
| 6 | GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | | 6 |
| 7 | ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) | | | 7 |
| 8 | LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS) | | | 8 |
| 9 | LINE 7 TIMES LINE 8 | | | 9 |
| 10 | MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6 | | | 10 |
| 11 | DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS | | | 11 |
| 12 | DIRECT GME PAYMENT FOR MANAGED CARE DAYS | | | 12 |
| | CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA | | | |
| 13 | REDUCED IME FTE CAP (SEE INSTRUCTIONS) | | 116.37 | 13 |
| 14 | UNADJUSTED IME FTE CAP | | 139.15 | 14 |
| 15 | PRORATED REDUCED ALLOWABLE FTE CAP | | 116.37 | 15 |
| | CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA | | | |
| 16 | NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C) | | | 16 |
| 17 | IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | | 17 |
| 18 | SEE INSTRUCTIONS | | | 18 |
| 19 | RESIDENT TO BED COUNT | | | 19 |
| 20 | IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS) | | | 20 |
| 21 | DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005 | | | 21 |
| 22 | SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005 | | | 22 |
| 23 | ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA | | | 23 |

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | |
|------|---|-----------------|----------------|------|
| | CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA | | | |
| 1 | RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS | | 1.000000 | 1 |
| | IN THE COST REPORTING PERIOD | | | |
| 2 | REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) | | | 2 |
| 3 | UNADJUSTED DIRECT GME FTE CAP | | | 3 |
| 4 | PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS) | | | 4 |
| | CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA | | | |
| 5 | ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME | | | 5 |
| | FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4) | | | |
| 5.01 | PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP | | | 5.01 |
| | SLOTS | | | |
| 6 | GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | | 6 |
| 7 | ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) | | | 7 |
| 8 | LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT | | | 8 |
| | (SEE INSTRUCTIONS) | | | |
| 9 | LINE 7 TIMES LINE 8 | | | 9 |
| 10 | MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6 | | | 10 |
| 11 | DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS | | | 11 |
| 12 | DIRECT GME PAYMENT FOR MANAGED CARE DAYS | | | 12 |
| | CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA | | | |
| 13 | REDUCED IME FTE CAP (SEE INSTRUCTIONS) | | | 13 |
| 14 | UNADJUSTED IME FTE CAP | | | 14 |
| 15 | PRORATED REDUCED ALLOWABLE FTE CAP | | | 15 |
| | CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA | | | |
| 16 | NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE | | | 16 |
| | RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C) | | | |
| 17 | IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | | 17 |
| 18 | SEE INSTRUCTIONS | | | 18 |
| 19 | RESIDENT TO BED COUNT | | | 19 |
| 20 | IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS) | | | 20 |
| 21 | DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER | | | 21 |
| | JULY 1, 2005 | | | |
| 22 | SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON | | | 22 |
| | OR AFTER JULY 1, 2005 | | | |
| 23 | ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA | | | 23 |

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 | -99595 | | | 1 |
| 2 TEMPORARY INVESTMENTS | | | | 2 |
| 3 NOTES RECEIVABLE | | | | 3 |
| 4 ACCOUNTS RECEIVABLE | 19614748 | | | 4 |
| 5 OTHER RECEIVABLES | 1547060 | | | 5 |
| 6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | 6 |
| 7 INVENTORY | 4359269 | | | 7 |
| 8 PREPAID EXPENSES | 333760 | | | 8 |
| 9 OTHER CURRENT ASSETS | | | | 9 |
| 10 DUE FROM OTHER FUNDS | | | | 10 |
| 11 TOTAL CURRENT ASSETS | 25755242 | | | 11 |
| FIXED ASSETS | | | | |
| 12 LAND | 7327666 | | | 12 |
| 12.01 ACCUMULATED DEPRECIATION | | | | 12.01 |
| 13 LAND IMPROVEMENTS | 11980239 | | | 13 |
| 13.01 ACCUMULATED DEPRECIATION | -11980239 | | | 13.01 |
| 14 BUILDINGS | 56735000 | | | 14 |
| 14.01 ACCUMULATED DEPRECIATION | -43307922 | | | 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 | 200527318 | | | 18 |
| 18.01 ACCUMULATED DEPRECIATION | -149715012 | | | 18.01 |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | 19 |
| 19.01 ACCUMULATED DEPRECIATION | | | | 19.01 |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | 20 |
| 21 TOTAL FIXED ASSETS | 71567050 | | | 21 |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | | | | 22 |
| 23 DEPOSITS ON LEASES | | | | 23 |
| 24 DUE FROM OWNERS/OFFICERS | | | | 24 |
| 25 OTHER ASSETS | | | | 25 |
| 26 TOTAL OTHER ASSETS | | | | 26 |
| 27 TOTAL ASSETS | 97322292 | | | 27 |
| LIABILITIES AND FUND BALANCES | | | | |
| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 3344863 | | | 28 |
| 29 SALARIES, WAGES & FEES PAYABLE | | | | 29 |
| 30 PAYROLL TAXES PAYABLE | | | | 30 |
| 31 NOTES & LOANS PAYABLE (SHORT TERM) | | | | 31 |
| 32 DEFERRED INCOME | 32375927 | | | 32 |
| 33 ACCELERATED PAYMENTS | | | | 33 |
| 34 DUE TO OTHER FUNDS | | | | 34 |
| 35 OTHER CURRENT LIABILITIES | 369629 | | | 35 |
| 36 TOTAL CURRENT LIABILITIES | 36090419 | | | 36 |
| LONG-TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | 37 |
| 38 NOTES PAYABLE | 25339957 | | | 38 |
| 39 UNSECURED LOANS | | | | 39 |
| 40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 | | | | 40 |
| .02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | 3886108 | | | 41 |
| 42 TOTAL LONG TERM LIABILITIES | 29226065 | | | 42 |
| 43 TOTAL LIABILITIES | 65316484 | | | 43 |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 32005808 | | | 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 | 32005808 | | | 51 |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 97322292 | | | 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 | 33173131 | | | 1 |
| 2 NET INCOME (LOSS) | -1741143 | | | 2 |
| 3 TOTAL | 31431988 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | 104130 | | | 4 |
| 5 | | | | 5 |
| 6 RELEASED FROM RESTRICTIONS | | | | 6 |
| 7 TRANSFER FROM TEMP RESTRICTED ASSET | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 TOTAL ADDITIONS | 104130 | | | 10 |
| 11 SUBTOTAL | 31536118 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | 12 |
| 13 TRANSFER TO AFFILIATE | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 TOTAL DEDUCTIONS | | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 31536118 | | | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 | |
|---|----------------|-----------------|------------|-------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | | |
| 1 HOSPITAL | 76264763 | | 76264763 | 1 |
| 2 SUBPROVIDER I | 14702776 | | 14702776 | 2 |
| 2.01 SUBPROVIDER II | 5864239 | | 5864239 | 2.01 |
| 4 SWING BED - SNF | | | | 4 |
| 5 SWING BED - NF | | | | 5 |
| 6 SKILLED NURSING FACILITY | 4603385 | | 4603385 | 6 |
| 7 NURSING FACILITY | | | | 7 |
| 8 OTHER LONG TERM CARE | | | | 8 |
| 9 TOTAL GENERAL INPATIENT CARE SERVICES | 101435163 | | 101435163 | 9 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | |
| 10 INTENSIVE CARE UNIT | 10187466 | | 10187466 | 10 |
| 11 CORONARY CARE UNIT | | | | 11 |
| 12 BURN INTENSIVE CARE UNIT | | | | 12 |
| 13 SURGICAL INTENSIVE CARE UNIT | | | | 13 |
| 14 OTHER SPECIAL CARE (SPECIFY) | | | | 14 |
| 15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 10187466 | | 10187466 | 15 |
| 16 TOTAL INPATIENT ROUTINE CARE SERVICES | 111622629 | | 111622629 | 16 |
| 17 ANCILLARY SERVICES | 255079322 | 187687909 | 442767231 | 17 |
| 18 OUTPATIENT SERVICES | | | | 18 |
| 18.50 RHC | | | | 18.50 |
| 18.60 FQHC | | | | 18.60 |
| 19 HOME HEALTH AGENCY | | | | 19 |
| 20 AMBULANCE | | | | 20 |
| 21 CORF | | | | 21 |
| 22 ASC | | | | 22 |
| 23 HOSPICE | | | | 23 |
| 24 | | | | 24 |
| 24.01 OUTSIDE CLINICS | | 9462781 | 9462781 | 24.01 |
| 25 TOTAL PATIENT REVENUES | 366701951 | 197150690 | 563852641 | 25 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|-----------------------------|---------|-----------|----|
| 26 OPERATING EXPENSES | | 189904565 | 26 |
| 27 ADD (SPECIFY) | | | 27 |
| 28 BAD DEBTS | 6036704 | | 28 |
| 29 | | | 29 |
| 30 | | | 30 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 TOTAL ADDITIONS | | 6036704 | 33 |
| 34 DEDUCT (SPECIFY) | | | 34 |
| 35 | | | 35 |
| 36 | | | 36 |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 TOTAL DEDUCTIONS | | | 39 |
| 40 TOTAL OPERATING EXPENSES | | 195941269 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|-------------|---|-----------|-------|
| 1 | TOTAL PATIENT REVENUES | 563852641 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 373120926 | 2 |
| 3 | NET PATIENT REVENUES | 190731715 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 195941269 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -5209554 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | | 11 |
| 12 | PARKING LOT RECEIPTS | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | | 20 |
| 21 | RENTAL OF VENDING MACHINES | | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | NET ASSETS RELEASED | 192089 | 24 |
| 24.01 | OTHER INCOME | 3276322 | 24.01 |
| 24.02 | NON OPERATING | | 24.02 |
| 25 | TOTAL OTHER INCOME | 3468411 | 25 |
| 26 | TOTAL | -1741143 | 26 |
| 27 | | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -1741143 | 31 |

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

| | HOSPITAL (14-0224) | HOSPITAL (14-0224) | SUB I | SUB II | SUB III |
|---|-----------------------|-----------------------|--------|--------|---------|
| | 1 | 1.01 | | | |
| PART I - FULLY PROSPECTIVE METHOD | | | | | |
| 1 | | | | | 1 |
| | | | | | |
| 2 | 2511148 | | | | 2 |
| 3 | | | | | 3 |
| 3.01 | 97455 | | | | 3.01 |
| 4 | 124.05 | | | | 4 |
| | | | | | |
| 4.01 | 122.51 | 0.00 | 122.51 | | 4.01 |
| 4.02 | | | 32.14 | | 4.02 |
| 4.03 | | | 807083 | | 4.03 |
| 5 | | | 0.0661 | | 5 |
| 5.01 | | | 0.1876 | | 5.01 |
| 5.02 | | | 0.2537 | | 5.02 |
| 5.03 | | | 0.0527 | | 5.03 |
| 5.04 | | | 132337 | | 5.04 |
| 6 | 3548023 | | | | 6 |
| PART II - HOLD HARMLESS METHOD | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | | | | 10 |
| PART III - PAYMENT UNDER REASONABLE COST | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | | | | 10 |
| 11 | | | | | 11 |
| 12 | | | | | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS | SUBTOTAL | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL |
|--------------------------------------|--------------------------------------|----------|----------|---------------------------------------|-------|
| | 0 | 4A | 25 | 26 | 27 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | 5 |
| 6.01 NONPATIENT TELEPHONES | | | | | 6.01 |
| 6.02 DATA PROCESSING | | | | | 6.02 |
| 6.03 PURCHASING,RECEIVING&STORES | | | | | 6.03 |
| 6.04 ADMITTING | | | | | 6.04 |
| 6.05 CASHIERING/ACCTS RECEIVABLE | | | | | 6.05 |
| 6.06 ADMINISTRATION & GENERAL | | | | | 6.06 |
| 7 MAINTENANCE & REPAIRS | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 9 |
| 10 HOUSEKEEPING | | | | | 10 |
| 11 DIETARY | | | | | 11 |
| 12 CAFETERIA | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | 15 |
| 16 PHARMACY | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | | | | 17 |
| 18 SOCIAL SERVICE | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | 20 |
| 21 NURSING SCHOOL | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 25 |
| 26 INTENSIVE CARE UNIT | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | 27 |
| 31 SUBPROVIDER I | | | | | 31 |
| 31.01 SUBPROVIDER II | | | | | 31.01 |
| 33 NURSERY | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | 34 |
| 36 OTHER LONG TERM CARE | | | | | 36 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 37 OPERATING ROOM | | | | | 37 |
| 38 RECOVERY ROOM | | | | | 38 |
| 40 ANESTHESIOLOGY | | | | | 40 |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 42 RADIOLOGY-THERAPEUTIC | | | | | 42 |
| 44 LABORATORY | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | 46.30 |
| 48 INTRAVENOUS THERAPY | | | | | 48 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 53 ELECTROCARDIOLOGY | | | | | 53 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | 54 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | | | | 55 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 56.01 DRUGS CHARGED | | | | | 56.01 |
| 57 RENAL DIALYSIS | | | | | 57 |
| 59 CARDIAC REHAB | | | | | 59 |
| 59.97 CARDIAC REHABILITATION | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 60 CLINIC | | | | | 60 |
| 61 EMERGENCY | | | | | 61 |
| 61.01 PARTIAL HOSPITALIZATION | | | | | 61.01 |
| 62 OBSERVATION BEDS (NON-DISTINCT) | | | | | 62 |
| 63.50 RHC | | | | | 63.50 |
| 63.60 FQHC | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 69.10 CMHC | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAP | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | 71 |

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 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 85.01 | PANCREAS ACQUISITION | | | | 85.01 |
| 85.02 | INTESTINAL ACQUISITION | | | | 85.02 |
| 85.03 | ISLET CELL ACQUISITION | | | | 85.03 |
| 95 | SUBTOTALS | | | | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 98 | PHYSICIANS' PRIVATE OFFICES | | | | 98 |
| 100 | OTHER | | | | 100 |
| 100.01 | LAKESHORE GUEST UNIT | | | | 100.01 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | 102 |
| 103 | TOTAL | | | | 103 |
| 104 | TOTAL STATISTICAL BASIS | | | | 104 |
| 105 | UNIT COST MULTIPLIER | | | | 105 |
| 105 | UNIT COST MULTIPLIER | | | | 105 |