

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 ST. FRANCIS-LITCHFIELD IL (14-1350) (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				1
2	SUBPROVIDER I	-84438	487666	650769	2
3	SWING BED - SNF	24176			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-60262	487666	650769	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  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			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)			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.	YES	05/31/2007	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	YES		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.	NO		30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?	NO		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)	NO		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.	NO		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

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:		P.O.BOX:		40.02
40.03	CITY:		STATE:	ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE 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	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
54.01	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54.01
55	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.					55
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	11/03/2010			63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		870	346	1484	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		870	346	1484	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	A	NURSERY	33	66987	7983	1
2 L&D AND NURSERY COSTS	A	DELIVERY ROOM & LABOR ROOM	39	360374	42946	2
3 PHARMACY COSTS	B	DRUGS CHARGED TO PATIENTS	56		648533	3
4 CAFETERIA COSTS	C	CAFETERIA	12	286314	182218	4
5	D					5
6	D					6
7	D					7
8	D					8
9	D					9
10	D					10
11	D					11
12	D					12
13 LAUNDRY COSTS	D	LAUNDRY & LINEN SERVICE	9		134400	13
14 PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		34114	14
15	F					15
16	F					16
17	F					17
18	F					18
19	F					19
20	F					20
21	F					21
22	F					22
23 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO P	55		278736	23
24	G	LABORATORY	44	27882	1888	24
25 DRUG ADMIN COSTS	G	DRUGS CHARGED TO PATIENTS	56	330437	22442	25
26	H	MEDICAL OFFICE BUILDING	98.01		16415	26
27 DEP COSTS FOR MOB	H	NEW CAP REL COSTS-MVBLE EQUIP	4		135	27
28	I	OPERATING ROOM	37	72082		28
29 SURGERY CLINIC COSTS	I	OTHER ADMIN AND GENERAL	6.06		38978	29
30 ORTHO CLINIC COSTS	J	PHYSICIANS' PRIVATE OFFICES	98	158520		30
31 IMPLANTABLE MEDICAL SUPPLIES	K	IMPLANTABLE MEDICAL SUPPLIES	55.10		359786	31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1302596	1768574	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	A					1
2 L&D AND NURSERY COSTS	A	ADULTS & PEDIATRICS	25	427361	50929	2
3 PHARMACY COSTS	B	PHARMACY	16		648533	3
4 CAFETERIA COSTS	C	DIETARY	11	286314	182218	4
5	D	DIETARY	11		2519	5
6	D	ADULTS & PEDIATRICS	25		56293	6
7	D	OPERATING ROOM	37		25914	7
8	D	RADIOLOGY-DIAGNOSTIC	41		14800	8
9	D	LABORATORY	44		197	9
10	D	RESPIRATORY THERAPY	49		323	10
11	D	PHYSICAL THERAPY	50		3361	11
12	D	EMERGENCY	61		28230	12
13 LAUNDRY COSTS	D	PHYSICIANS' PRIVATE OFFICES	98		2763	13
14 PROPERTY INSURANCE	E	OTHER CAPITAL RELATED COSTS	90		34114	12 14
15	F	PHARMACY	16		17	15
16	F	NURSERY	33		83	16
17	F	OPERATING ROOM	37		222430	17
18	F	DELIVERY ROOM & LABOR ROOM	39		2678	18
19	F	ANESTHESIOLOGY	40		13444	19
20	F	LABORATORY	44		530	20
21	F	RESPIRATORY THERAPY	49		22367	21
22	F	PHYSICAL THERAPY	50		3	22
23 MEDICAL SUPPLIES	F	EMERGENCY	61		17184	23
24	G	ADULTS & PEDIATRICS	25	357004	24173	24
25 DRUG ADMIN COSTS	G	NURSERY	33	1315	157	25
26	H					9 26
27 DEP COSTS FOR MOB	H	PHYSICIANS' PRIVATE OFFICES	98		16550	9 27
28	I					28
29 SURGERY CLINIC COSTS	I	PHYSICIANS' PRIVATE OFFICES	98	72082	38978	29
30 ORTHO CLINIC COSTS	J	PHYSICAL THERAPY	50	158520		30
31 IMPLANTABLE MEDICAL SUPPLIES	K	OPERATING ROOM	37		359786	31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1302596	1768574	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	76883					76883		1
2 LAND IMPROVEMENTS	1007758					1007758		2
3 BUILDINGS AND FIXTURES	14520629	460385		460385		14981014		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	16062373	544233		544233	685738	15920868		6
7 SUBTOTAL	31667643	1004618		1004618	685738	31986523		7
8 RECONCILING ITEMS		96363		96363		96363		8
9 TOTAL	31667643	908255		908255	685738	31890160		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	478280			34114			512394 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1075672		-1054				1074618 4
5 TOTAL	1553952		-1054	34114			1587012 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	478280						478280 3
4 NEW CAP REL COSTS-MVBLE EQUIP	1075537						1075537 4
5 TOTAL	1553817						1553817 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-1225	RADIOLOGY-DIAGNOSTIC	41	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	-2192991			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-110045			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-62470	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-225	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1150	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 MISCELLANEOUS INCOME	B	-124477	OTHER ADMIN AND GENERAL	6.06	37
37.01 MISCELLANEOUS INCOME	B	-900	RADIOLOGY-DIAGNOSTIC	41	37.01
37.02 MISCELLANEOUS INCOME	B	-6430	LABORATORY	44	37.02
38 REBATES AND REFUNDS	B	-1546	CAFETERIA	12	38
38.01 REBATES AND REFUNDS	B	-180	OPERATING ROOM	37	38.01
39 HOUSEKEEPING REVENUE	B	-52427	HOUSEKEEPING	10	39
40 MEDICAID TAX	A	-651648	OTHER ADMIN AND GENERAL	6.06	40
41 SELF-INS PMTS TO HOSPITAL	A	-902320	EMPLOYEE BENEFITS	5	41
41.01 SELF-INS PREMIUMS IN EXCESS	A	53	EMPLOYEE BENEFITS	5	41.01
42 PHYSICAN RECRUITMENT EXPENSE	A	-431935	OTHER ADMIN AND GENERAL	6.06	42
43 INTEREST EXPENSE	A	-25633	OTHER ADMIN AND GENERAL	6.06	43
44 BED DEBT EXPENSE	A	-3203925	PATIENT ACCOUNTING	6.05	44
44.01 CHARITY CARE EXPENSE	A	-8311	OTHER ADMIN AND GENERAL	6.06	44.01
45 LOBBYING/ADVERTISING EXP	A	-53683	OTHER ADMIN AND GENERAL	6.06	45
46 DEP LAPSING SCHEDULE EXP	A	-1054	NEW CAP REL COSTS-MVBLE EQUIP	4	11 46
47					47
48					48
49					49
50 TOTAL		-7832522			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	EAP SERVICES	6228	6228		1
2	6.06	OTHER ADMIN AND GENERAL	CONTRACTED SERVICES-HSHS	1379959	1490004	-110045	2
3	6.06	OTHER ADMIN AND GENERAL	HOME OFFICE-MISCELLANEOUS	847606	847606		3
4	6.06	OTHER ADMIN AND GENERAL	ADMIN-MISCELLANEOUS	76881	76881		4
4.01	9	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICES	134401	134401		4.01
4.02	44	LABORATORY	LABORATORY SERVICES	73374	73374		4.02
4.03	49	RESPIRATORY THERAPY	EKG SERVICES	59640	59640		4.03
4.04	54	ELECTROENCEPHALOGRAPHY	EEG SERVICES	11574	11574		4.04
5		TOTALS		2589663	2699708	-110045	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G		ST. MARY'S HOSPITAL		HOSPITAL	1
2	B	100.00	HOSPITAL SISTERS HEALTH SYSTEM		CORPORATE OFFICE	2
3	G		ST. JOHN'S HOSPITAL		HOSPITAL	3
4	G		ST. JOSEPH'S HOSPITAL		HOSPITAL	4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1 37	OPERATING ROOM	AGGREGATE	72082	72082					
2 40	ANESTHESIOLOGY	AGGREGATE	483187	483187					
3 44	LABORATORY	AGGREGATE	33600	22400	11200				
4 49	RESPIRATORY THERAPY	AGGREGATE	36710	36710					
5 61	EMERGENCY	AGGREGATE	1748692	1578612	170080				
101	TOTAL		2374271	2192991	181280				



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	ADMITTING CASE MGT 6.04	PATIENT ACCOUNTING 6.05	SUBTOTAL 5A	OTHER ADMIN & GENERAL 6.06	
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	512394	512394							3
4 NEW CAP REL COSTS-MVBLE EQUIP	1074618		1074618						4
5 EMPLOYEE BENEFITS	3629721	10575	5545	3645841					5
6.04 ADMITTING/CASE MGT	403664	4174	7075	116945	531858				6.04
6.05 PATIENT ACCOUNTING	453370	23582	3287	110883		591122			6.05
6.06 OTHER ADMIN AND GENERAL	3839291	95172	236199	379188			4549850	4549850	6.06
7 MAINTENANCE & REPAIRS	350821			104649			455470	98373	7
8 OPERATION OF PLANT	958935	101886	20545	19710			1101076	237813	8
9 LAUNDRY & LINEN SERVICE	137099	4155					141254	30508	9
10 HOUSEKEEPING	376681	5191	767	113679			496318	107196	10
11 DIETARY	210063	28332	11153	41462			291010	62853	11
12 CAFETERIA	404516	8048		91382			503946	108843	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	155562	2481	24407	47987			230437	49770	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	641904	4177	8614	130607			785302	169611	16
17 MEDICAL RECORDS & LIBRARY	468650	10052	44752	127341			650795	140560	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	1749609	65019	43207	540354	33290	36996	2468475	533146	25
26 INTENSIVE CARE UNIT									26
33 NURSERY	73415	2399		20960	1585	1761	100120	21624	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1359542	23463	122695	290132	45155	50182	1891169	408458	37
39 DELIVERY ROOM & LABOR ROOM	400642	7067		115019	8307	9231	540266	116688	39
40 ANESTHESIOLOGY	135093	815	26977		24802	27563	215250	46490	40
41 RADIOLOGY-DIAGNOSTIC	1676300	21102	391897	323950	162774	180951	2756974	595457	41
44 LABORATORY	1813921	14234	71622	259686	80608	89582	2329653	503163	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	344398	7486	20147	87233	19145	21276	499685	107923	49
50 PHYSICAL THERAPY	422557	22506	16351	128756	12389	13768	616327	133116	50
54 ELECTROENCEPHALOGRAPHY	11574		4969		234	260	17037	3680	54
55 MEDICAL SUPPLIES CHARGED TO PAT	386953	6426			22080	24538	439997	95031	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	359786	1543			4827	5364	371520	80242	55.10
56 DRUGS CHARGED TO PATIENTS	1001412			126670	36431	40487	1205000	260258	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	1125347	15911	11461	255238	80231	89163	1577351	340679	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	24477838	485796	1071670	3431831	531858	591122	24234282	4251482	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	30602	1063	368				32033	6919	96
98 PHYSICIANS' PRIVATE OFFICES	946273	25535	2580	214010			1188398	256673	98
98.01 MEDICAL OFFICE BUILDING	161014						161014	34776	98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	25615727	512394	1074618	3645841	531858	591122	25615727	4549850	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	PHARMACY 16	
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
6.04 ADMITTING/CASE MGT									6.04
6.05 PATIENT ACCOUNTING									6.05
6.06 OTHER ADMIN AND GENERAL									6.06
7 MAINTENANCE & REPAIRS	553843								7
8 OPERATION OF PLANT	148934	1487823							8
9 LAUNDRY & LINEN SERVICE	6073	22316	200151						9
10 HOUSEKEEPING	7588	27881		638983					10
11 DIETARY	41414	152174	3751		551202				11
12 CAFETERIA	11764	43227				667780			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3627	13325		4059		4247	305465		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	6105	22434						983452	16
17 MEDICAL RECORDS & LIBRARY	14693	53990		2893		49349			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	95042	349228	72444	262572	551202	192385	168730		25
26 INTENSIVE CARE UNIT									26
33 NURSERY	3507	12886	3755	9238		4841	4246		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	34296	126021	38592	92050		68205	59819		37
39 DELIVERY ROOM & LABOR ROOM	10330	37956	7633			26033	22833		39
40 ANESTHESIOLOGY	1192	4378		3732					40
41 RADIOLOGY-DIAGNOSTIC	30845	113340	22040	26407		83154			41
44 LABORATORY	20807	76453	293	13996		63788			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	10943	40211	481	9984		25906			49
50 PHYSICAL THERAPY	32898	120881	5006	42736		49052			50
54 ELECTROENCEPHALOGRAPHY									54
55 MEDICAL SUPPLIES CHARGED TO PAT	9393	34514		4246					55
55.10 IMPLANTABLE MEDICAL SUPPLIES	2256	8288							55.10
56 DRUGS CHARGED TO PATIENTS				11524		21149		983452	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	23257	85459	42041	67883		56823	49837		61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	514964	1344962	196036	551320	551202	644932	305465	983452	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1554	5711		2239					96
98 PHYSICIANS' PRIVATE OFFICES	37325	137150	4115	83185		22848			98
98.01 MEDICAL OFFICE BUILDING				2239					98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	553843	1487823	200151	638983	551202	667780	305465	983452	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	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
6.04 ADMITTING/CASE MGT				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 OTHER ADMIN AND 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	912280			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	57095	4750319		4750319
26 INTENSIVE CARE UNIT				26
33 NURSERY	2718	162935		162935
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	77445	2796055		2796055
39 DELIVERY ROOM & LABOR ROOM	14247	775986		775986
40 ANESTHESIOLOGY	42537	313579		313579
41 RADIOLOGY-DIAGNOSTIC	279268	3907485		3907485
44 LABORATORY	138251	3146404		3146404
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	32835	727968		727968
50 PHYSICAL THERAPY	21248	1021264		1021264
54 ELECTROENCEPHALOGRAPHY	401	21118		21118
55 MEDICAL SUPPLIES CHARGED TO PAT	37869	621050		621050
55.10 IMPLANTABLE MEDICAL SUPPLIES	8279	470585		470585
56 DRUGS CHARGED TO PATIENTS	62483	2543866		2543866
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	137604	2380934		2380934
62 OBSERVATION BEDS (NON-DISTINCT)				62
62.01 OBSERVATION BEDS-DISTINCT				62.01
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	912280	23639548		23639548
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		48456		48456
98 PHYSICIANS' PRIVATE OFFICES		1729694		1729694
98.01 MEDICAL OFFICE BUILDING		198029		198029
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	912280	25615727		25615727

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMITTING CASE MGT 6.04	PATIENT ACCOUNTING 6.05	OTHER ADMIN & GENERAL 6.06	
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		10575	5545	16120	16120				5
6.04 ADMITTING/CASE MGT		4174	7075	11249	517	11766			6.04
6.05 PATIENT ACCOUNTING		23582	3287	26869	490		27359		6.05
6.06 OTHER ADMIN AND GENERAL		95172	236199	331371	1676			333047	6.06
7 MAINTENANCE & REPAIRS					463			7201	7
8 OPERATION OF PLANT		101886	20545	122431	87			17408	8
9 LAUNDRY & LINEN SERVICE		4155		4155				2233	9
10 HOUSEKEEPING		5191	767	5958	503			7847	10
11 DIETARY		28332	11153	39485	183			4601	11
12 CAFETERIA		8048		8048	404			7967	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		2481	24407	26888	212			3643	14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY		4177	8614	12791	577			12416	16
17 MEDICAL RECORDS & LIBRARY		10052	44752	54804	563			10289	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		65019	43207	108226	2392	737	1714	39027	25
26 INTENSIVE CARE UNIT									26
33 NURSERY		2399		2399	93	35	82	1583	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		23463	122695	146158	1283	1000	2324	29899	37
39 DELIVERY ROOM & LABOR ROOM		7067		7067	508	184	428	8542	39
40 ANESTHESIOLOGY		815	26977	27792		549	1277	3403	40
41 RADIOLOGY-DIAGNOSTIC		21102	391897	412999	1432	3593	8360	43583	41
44 LABORATORY		14234	71622	85856	1148	1785	4149	36832	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		7486	20147	27633	386	424	985	7900	49
50 PHYSICAL THERAPY		22506	16351	38857	569	274	638	9744	50
54 ELECTROENCEPHALOGRAPHY			4969	4969		5	12	269	54
55 MEDICAL SUPPLIES CHARGED TO PAT		6426		6426		489	1137	6956	55
55.10 IMPLANTABLE MEDICAL SUPPLIES		1543		1543		107	248	5874	55.10
56 DRUGS CHARGED TO PATIENTS					560	807	1875	19051	56
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		15911	11461	27372	1128	1777	4130	24938	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
62.01 OBSERVATION BEDS-DISTINCT									62.01
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OPT									69.20
69.30 CMHC									69.30
69.40 OPT									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS		485796	1071670	1557466	15174	11766	27359	311206	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		1063	368	1431				506	96
98 PHYSICIANS' PRIVATE OFFICES		25535	2580	28115	946			18789	98
98.01 MEDICAL OFFICE BUILDING								2546	98.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		512394	1074618	1587012	16120	11766	27359	333047	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY
	TENANCE & REPAIRS 7	OF PLANT 8	& LINEN SERVICE 9	KEEPING 10	11	12	ADMINIS- TRATION 14	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.04								6.04
6.05								6.05
6.06								6.06
7	7664							7
8	2062	141988						8
9	84	2130	8602					9
10	105	2661		17074				10
11	573	14522	161		59525			11
12	163	4125				20707		12
13								13
14	50	1272		108		132	32305	14
15								15
16	84	2141						16
17	203	5152		77		1530		17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	1315	33328	3113	7015	59525	5967	17844	25
26								26
33	49	1230	161	247		150	449	33
ANCILLARY SERVICE COST CENTERS								
37	475	12027	1659	2460		2115	6326	37
39	143	3622	328			807	2415	39
40	16	418		100				40
41	427	10816	947	706		2578		41
44	288	7296	13	374		1978		44
46.30								46.30
49	151	3837	21	267		803		49
50	455	11536	215	1142		1521		50
54								54
55	130	3294		113				55
55.10	31	791						55.10
56				308		656		56
OUTPATIENT SERVICE COST CENTERS								
61	322	8156	1807	1814		1762	5271	61
62								62
62.01								62.01
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	7126	128354	8425	14731	59525	19999	32305	95
NONREIMBURSABLE COST CENTERS								
96	22	545		60				96
98	516	13089	177	2223		708		98
98.01				60				98.01
101								101
102								102
103	7664	141988	8602	17074	59525	20707	32305	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL
	17	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
6.04 ADMITTING/CASE MGT				6.04
6.05 PATIENT ACCOUNTING				6.05
6.06 OTHER ADMIN AND 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	72618			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	4543	284746		25
26 INTENSIVE CARE UNIT				26
33 NURSERY	216	6694		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	6162	211888		37
39 DELIVERY ROOM & LABOR ROOM	1134	25178		39
40 ANESTHESIOLOGY	3385	36940		40
41 RADIOLOGY-DIAGNOSTIC	22249	507690		41
44 LABORATORY	11000	150719		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	2613	45020		49
50 PHYSICAL THERAPY	1691	66642		50
54 ELECTROENCEPHALOGRAPHY	32	5287		54
55 MEDICAL SUPPLIES CHARGED TO PAT	3013	21558		55
55.10 IMPLANTABLE MEDICAL SUPPLIES	659	9253		55.10
56 DRUGS CHARGED TO PATIENTS	4972	56238		56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	10949	89426		61
62 OBSERVATION BEDS (NON-DISTINCT)				62
62.01 OBSERVATION BEDS-DISTINCT				62.01
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OPT				69.20
69.30 CMHC				69.30
69.40 OPT				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	72618	1517279		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		2564		96
98 PHYSICIANS' PRIVATE OFFICES		64563		98
98.01 MEDICAL OFFICE BUILDING		2606		98.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	72618	1587012		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	RECON-	OTHER	
	BLDGS & FIXTURES	MOVABLE EQUIPMENT	BENEFITS	CASE MGT	ACCOUNTING	CILIATION	ADMIN & GENERAL	
	SQUARE FEET	ACTUAL DEPREC	GROSS SALARIES	GROSS REVENUE	GROSS REVENUE		ACCUM COST	
	3	4	5	6.04	6.05	6A.06	6.06	
GENERAL SERVICE COST CENTERS								
1								1
2								2
3	187945							3
4		1075536						4
5	3879	5550	11423013					5
6.04	1531	7081	366409	79588448				6.04
6.05	8650	3290	347415		79588448			6.05
6.06	34909	236401	1188060			-4549850	21065877	6.06
7			327884				455470	7
8	37372	20563	61756				1101076	8
9	1524						141254	9
10	1904	768	356176				496318	10
11	10392	11163	129906				291010	11
12	2952		286314				503946	12
13								13
14	910	24428	150351				230437	14
15								15
16	1532	8621	409213				785302	16
17	3687	44790	398979				650795	17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	23849	43244	1693007	4981283	4981283		2468475	25
26								26
33	880		65672	237140	237140		100120	33
ANCILLARY SERVICE COST CENTERS								
37	8606	122800	909031	6756677	6756677		1891169	37
39	2592		360373	1242954	1242954		540266	39
40	299	27000		3711149	3711149		215250	40
41	7740	392231	1014988	24361419	24361419		2756974	41
44	5221	71683	813640	12061655	12061655		2329653	44
46.30								46.30
49	2746	20164	273315	2864687	2864687		499685	49
50	8255	16365	403414	1853770	1853770		616327	50
54		4973		34987	34987		17037	54
55	2357			3303912	3303912		439997	55
55.10	566			722291	722291		371520	55.10
56			396877	5451332	5451332		1205000	56
OUTPATIENT SERVICE COST CENTERS								
61	5836	11471	799703	12005192	12005192		1577351	61
62								62
62.01								62.01
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	178189	1072586	10752483	79588448	79588448	-4549850	19684432	95
NONREIMBURSABLE COST CENTERS								
96	390	368					32033	96
98	9366	2582	670530				1188398	98
98.01							161014	98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	ADMITTING	PATIENT	RECON-	OTHER
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT ACTUAL DEPREC	BENEFITS GROSS SALARIES	CASE MGT GROSS REVENUE	ACCOUNTING GROSS REVENUE	CILIATION	ADMIN & GENERAL ACCUM COST
	3	4	5	6.04	6.05	6A.06	6.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	512394	1074618	3645841	531858	591122		4549850 103
104 UNIT COST MULT-WS B PT I		.999146		.006683			104
104 UNIT COST MULT-WS B PT I	2.726298		.319166		.007427		.215982 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			16120	11766	27359		333047 107
108 UNIT COST MULT-WS B PT III				.000148			108
108 UNIT COST MULT-WS B PT III			.001411		.000344		.015810 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	FTES	ADMINIS- TRATION DIRECT NRSING HRS	COSTED REQUIS.
	7	8	9	10	11	12	14	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.04								6.04
6.05								6.05
6.06								6.06
7	138976							7
8	37372	101604						8
9	1524	1524	203637					9
10	1904	1904		13696				10
11	10392	10392	3816		35699			11
12	2952	2952				15724		12
13								13
14	910	910		87		100	8201	14
15								15
16	1532	1532						641904
17	3687	3687		62		1162		17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	23849	23849	73707	5628	35699	4530	4530	25
26								26
33	880	880	3820	198		114	114	33
ANCILLARY SERVICE COST CENTERS								
37	8606	8606	39264	1973		1606	1606	37
39	2592	2592	7766			613	613	39
40	299	299		80				40
41	7740	7740	22424	566		1958		41
44	5221	5221	298	300		1502		44
46.30								46.30
49	2746	2746	489	214		610		49
50	8255	8255	5093	916		1155		50
54								54
55	2357	2357		91				55
55.10	566	566						55.10
56				247		498		641904
OUTPATIENT SERVICE COST CENTERS								
61	5836	5836	42773	1455		1338	1338	61
62								62
62.01								62.01
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	129220	91848	199450	11817	35699	15186	8201	641904
NONREIMBURSABLE COST CENTERS								
96	390	390		48				96
98	9366	9366	4187	1783		538		98
98.01				48				98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	PHARMACY
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING HOURS OF SERVICE	MEALS SERVED	FTES	ADMINIS- TRATION DIRECT NRSING HRS	COSTED REQUIS.
	7	8	9	10	11	12	14	16
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	553843	1487823	200151	638983	551202	667780	305465	983452 103
104 UNIT COST MULT-WS B PT I	3.985170		.982881		15.440264		37.247287	104
104 UNIT COST MULT-WS B PT I		14.643351		46.654717		42.468837		1.532086 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	7664	141988	8602	17074	59525	20707	32305	28009 107
108 UNIT COST MULT-WS B PT III	.055146		.042242		1.667414		3.939154	108
108 UNIT COST MULT-WS B PT III		1.397465		1.246641		1.316904		.043634 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	17	
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6.04 ADMITTING/CASE MGT		6.04
6.05 PATIENT ACCOUNTING		6.05
6.06 OTHER ADMIN AND 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	79588448	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	4981283	25
26 INTENSIVE CARE UNIT		26
33 NURSERY	237140	33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	6756677	37
39 DELIVERY ROOM & LABOR ROOM	1242954	39
40 ANESTHESIOLOGY	3711149	40
41 RADIOLOGY-DIAGNOSTIC	24361419	41
44 LABORATORY	12061655	44
46.30 BLOOD CLOTTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY	2864687	49
50 PHYSICAL THERAPY	1853770	50
54 ELECTROENCEPHALOGRAPHY	34987	54
55 MEDICAL SUPPLIES CHARGED TO P	3303912	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	722291	55.10
56 DRUGS CHARGED TO PATIENTS	5451332	56
OUTPATIENT SERVICE COST CENTERS		
61 EMERGENCY	12005192	61
62 OBSERVATION BEDS (NON-DISTINC		62
62.01 OBSERVATION BEDS-DISTINCT		62.01
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
69.10 CMHC		69.10
69.20 OPT		69.20
69.30 CMHC		69.30
69.40 OPT		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
95 SUBTOTALS	79588448	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
98 PHYSICIANS' PRIVATE OFFICES		98
98.01 MEDICAL OFFICE BUILDING		98.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	912280	103
104 UNIT COST MULT-WS B PT I	.011462	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	72618	107
108 UNIT COST MULT-WS B PT III	.000912	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE	
	1	2	3	4	5
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	4750319				25
26 INTENSIVE CARE UNIT					26
33 NURSERY	162935				33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2796055				37
39 DELIVERY ROOM & LABOR ROOM	775986				39
40 ANESTHESIOLOGY	313579				40
41 RADIOLOGY-DIAGNOSTIC	3907485				41
44 LABORATORY	3146404				44
46.30 BLOOD CLOTTING FACTORS ADMI					46.30
49 RESPIRATORY THERAPY	727968				49
50 PHYSICAL THERAPY	1021264				50
54 ELECTROENCEPHALOGRAPHY	21118				54
55 MEDICAL SUPPLIES CHARGED TO	621050				55
55.10 IMPLANTABLE MEDICAL SUPPLIE	470585				55.10
56 DRUGS CHARGED TO PATIENTS	2543866				56
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	2380934				61
62 OBSERVATION BEDS (NON-DISTI	922747		922747		62
62.01 OBSERVATION BEDS-DISTINCT					62.01
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL	24562295		922747		101
102 LESS OBSERVATION BEDS	922747		922747		102
103 TOTAL	23639548				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	3457893		3457893			25
26 INTENSIVE CARE UNIT						26
33 NURSERY	233855		233855			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1141803	5547522	6689325	.417988		37
39 DELIVERY ROOM & LABOR ROOM	702657	521395	1224052	.633949		39
40 ANESTHESIOLOGY	676465	2980654	3657119	.085745		40
41 RADIOLOGY-DIAGNOSTIC	1579016	22383501	23962517	.163067		41
44 LABORATORY	2451668	9037642	11489310	.273855		44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	434056	2209993	2644049	.275323		49
50 PHYSICAL THERAPY	187729	1635900	1823629	.560017		50
54 ELECTROENCEPHALOGRAPHY	2010	32430	34440	.613182		54
55 MEDICAL SUPPLIES CHARGED TO	1514420	1680516	3194936	.194386		55
55.10 IMPLANTABLE MEDICAL SUPPLIE	689329	23230	712559	.660415		55.10
56 DRUGS CHARGED TO PATIENTS	1858596	3530710	5389306	.472021		56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	206143	7561143	7767286	.306534		61
62 OBSERVATION BEDS (NON-DISTI	87293	1340432	1427725	.646306	.646306	.646306 62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	15222933	58485068	73708001			101
102 LESS OBSERVATION BEDS						102
103 TOTAL			73708001			103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1350) [ ] 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	.417988	.417988	.417988			37
39 DELIVERY ROOM & LABOR ROOM	.633949	.633949	.633949			39
40 ANESTHESIOLOGY	.085745	.085745	.085745			40
41 RADIOLOGY-DIAGNOSTIC	.163067	.163067	.163067			41
44 LABORATORY	.273855	.273855	.273855			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.275323	.275323	.275323			49
50 PHYSICAL THERAPY	.560017	.560017	.560017			50
54 ELECTROENCEPHALOGRAPHY	.613182	.613182	.613182			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194386	.194386	.194386			55
55.10 IMPLANTABLE MEDICAL SUPPLIES	.660415	.660415	.660415			55.10
56 DRUGS CHARGED TO PATIENTS	.472021	.472021	.472021			56
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.306534	.306534	.306534			61
62 OBSERVATION BEDS (NON-DISTINCT	.646306	.646306	.646306			62
62.01 OBSERVATION BEDS-DISTINCT						62.01
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.472021	1
2 VACCINE CHARGES (OTHER THAN HEPATITIS B)	48	2
2.01 VACCINE CHARGES - HEPATITIS B		2.01
3 VACCINE COSTS (OTHER THAN HEPATITIS B)	23	3
3.01 VACCINE COSTS - HEPATITIS B		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1350) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2037390							37
39 DELIVERY ROOM & LABOR ROOM	11238							39
40 ANESTHESIOLOGY	1069632							40
41 RADIOLOGY-DIAGNOSTIC	9157672							41
44 LABORATORY	4636477							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	1091481							49
50 PHYSICAL THERAPY	532065							50
54 ELECTROENCEPHALOGRAPHY	10846							54
55 MEDICAL SUPPLIES CHARGED TO PA	739821							55
55.10 IMPLANTABLE MEDICAL SUPPLIES	23230							55.10
56 DRUGS CHARGED TO PATIENTS	1862830							56
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	2673897							61
62 OBSERVATION BEDS (NON-DISTINCT	898799							62
62.01 OBSERVATION BEDS-DISTINCT								62.01
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	24745378							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	24745378							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-1350) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.)	I/P PART B I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	851605						37
39 DELIVERY ROOM & LABOR ROOM	7124						39
40 ANESTHESIOLOGY	91716						40
41 RADIOLOGY-DIAGNOSTIC	1493314						41
44 LABORATORY	1269722						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	300510						49
50 PHYSICAL THERAPY	297965						50
54 ELECTROENCEPHALOGRAPHY	6651						54
55 MEDICAL SUPPLIES CHARGED TO PAT	143811						55
55.10 IMPLANTABLE MEDICAL SUPPLIES	15341						55.10
56 DRUGS CHARGED TO PATIENTS	879295						56
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	819640						61
62 OBSERVATION BEDS (NON-DISTINCT	580899						62
62.01 OBSERVATION BEDS-DISTINCT							62.01
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	6757593						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	6757593						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	6134					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5988					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5959					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	74					5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	59					6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	11					7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2					8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3545					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	74					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	53					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 (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4750319						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	103217						26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4647102						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3864778						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22404						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3842374						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.202424						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	772.55						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	644.80						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	127.75						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	153.61						35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	4455						36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4642647						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 (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	775.33					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2748545					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2748545					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLES V AND XIX ONLY)					42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					43
44 INTENSIVE CARE UNIT					44
45 CORONARY CARE UNIT					45
46 BURN INTENSIVE CARE UNIT					46
47 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	2307977					48
49 TOTAL PROGRAM INPATIENT COSTS	5056522					49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES						50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST						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 [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	57374					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	41092					61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	98466					62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

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. 14-1350 ST. FRANCIS-LITCHFIELD IL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/24/2010 09:06

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-1350)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1189	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	776.07	84
85 OBSERVATION BED COST	922747	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-1350) [ ] SNF [ ] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [XX] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2380661		25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.417988	625432	261423	37
39 DELIVERY ROOM & LABOR ROOM	.633949			39
40 ANESTHESIOLOGY	.085745	385820	33082	40
41 RADIOLOGY-DIAGNOSTIC	.163067	1090460	177818	41
44 LABORATORY	.273855	1727747	473152	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.275323	374120	103004	49
50 PHYSICAL THERAPY	.560017	161335	90350	50
54 ELECTROENCEPHALOGRAPHY	.613182	2010	1232	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194386	1054487	204978	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	.660415	527787	348558	55.10
56 DRUGS CHARGED TO PATIENTS	.472021	1301594	614380	56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.306534			61
62 OBSERVATION BEDS (NON-DISTINCT	.646306			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		7250792	2307977	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		7250792		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 checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input checked="" type="checkbox"/> S/B-SNF (14-2350)	<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
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.417988			37
39 DELIVERY ROOM & LABOR ROOM	.633949			39
40 ANESTHESIOLOGY	.085745			40
41 RADIOLOGY-DIAGNOSTIC	.163067	1225	200	41
44 LABORATORY	.273855	8463	2318	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.275323	8970	2470	49
50 PHYSICAL THERAPY	.560017	21029	11777	50
54 ELECTROENCEPHALOGRAPHY	.613182			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.194386	23915	4649	55
55.10 IMPLANTABLE MEDICAL SUPPLIES	.660415	21513	14208	55.10
56 DRUGS CHARGED TO PATIENTS	.472021			56
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.306534			61
62 OBSERVATION BEDS (NON-DISTINCT	.646306			62
62.01 OBSERVATION BEDS-DISTINCT				62.01
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		85115	35622	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		85115		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1350) 1	HOSPITAL (14-1350) 1.01	HOSPITAL (14-1350) 1.02	
1 MEDICAL AND OTHER SERVICES	6757616			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	6757616			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	6825192			17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-1350) 1	HOSPITAL (14-1350) 1.01	HOSPITAL (14-1350) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES	49665		18
18.01 COINSURANCE	4058243		18.01
19 SUBTOTAL	2717284		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	2717284		23
24 PRIMARY PAYER PAYMENTS	336		24
25 SUBTOTAL	2716948		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	887228		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	887228		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	843264		27.02
28 SUBTOTAL	3604176		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
OTHER ADJUSTMENTS			
30 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			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	3604176		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3116510		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	487666		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	172851		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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SWING BED SKILLED NURSING FACILITY (14-Z350)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		96117		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 07/02/2010 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	18854	NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	13097		3.99
4 TOTAL INTERIM PAYMENTS		109214		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: 0

INTERMEDIARY NUMBER: \_\_\_\_\_

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 SWING BEDS

SUPPLEMENTAL  
 WORKSHEET E-2

COMPUTATION OF NET COST OF COVERED SERVICES

	TITLE V	--- TITLE XVIII ---		--- TITLE XIX ---		
	S/B NF	S/B SNF	S/B SNF	S/B SNF	S/B NF	
	1	PART A (14-Z350)	PART B (14-Z350)	1	1	
1	INPATIENT ROUTINE SERVICES - SWING BED - SNF		99451			1
2	INPATIENT ROUTINE SERVICES - SWING BED - NF					2
3	ANCILLARY SERVICES		35978			3
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					4
5	PROGRAM DAYS		127			5
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM					6
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY					7
8	SUBTOTAL		135429			8
9	PRIMARY PAYER PAYMENTS					9
10	SUBTOTAL		135429			10
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)					11
12	SUBTOTAL		135429			12
13	COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		2039			13
14	80% OF PART B COSTS					14
15	SUBTOTAL		133390			15
16	OTHER ADJUSTMENTS					16
17	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PHYSICIAN PROFESSIONAL SERVICES)					17
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18	TOTAL		133390			18
19	SEQUESTRATION ADJUSTMENT					19
20	INTERIM PAYMENTS		109214			20
20.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					20.01
21	BALANCE DUE PROVIDER/PROGRAM		24176			21
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF I
1 INPATIENT SERVICES	5056522					1
1.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)						1.01
2 ORGAN ACQUISITION						2
3 COST OF TEACHING PHYSICIANS						3
4 SUBTOTAL	5056522					4
5 PRIMARY PAYER PAYMENTS						5
6 TOTAL COST	5107087					6
COMPUTATION OF LESSER OF COST OR CHARGES						
REASONABLE CHARGES						
7 ROUTINE SERVICE CHARGES						7
8 ANCILLARY SERVICE CHARGES						8
9 ORGAN ACQUISITION CHARGES, NET OF REVENUE						9
10 TEACHING PHYSICIANS						10
11 TOTAL REASONABLE CHARGES						11
12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENT LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS						12
13 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						13
14 RATIO OF LINE 12 TO LINE 13						14
15 TOTAL CUSTOMARY CHARGES						15
16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						16
17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART II

PART II - MEDICARE, PART A SERVICES - COST REIMBURSEMENT

	HOSPITAL (14-1350)	SUB I	SUB II	SUB III	SUB IV	SNF I
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					18
19	COST OF COVERED SERVICES	5107087				19
20	DEDUCTIBLES	674682				20
21	EXCESS REASONABLE COST					21
22	SUBTOTAL	4432405				22
23	COINSURANCE	5679				23
24	SUBTOTAL	4426726				24
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	114083				25
25.01	REDUCED REIMBURSABLE BAD DEBTS	114083				25.01
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	98269				25.02
26	SUBTOTAL	4540809				26
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					27
28	OTHER ADJUSTMENTS					28
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					29
30	SUBTOTAL	4540809				30
31	SEQUESTRATION ADJUSTMENT					31
32	INTERIM PAYMENTS	4625247				32
32.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					32.01
33	BALANCE DUE PROVIDER/PROGRAM	-84438				33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	135128				34

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	3042484			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	12579206			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-9789790			6
7	INVENTORY	458766			7
8	PREPAID EXPENSES	479213			8
9	OTHER CURRENT ASSETS	1538808			9
10	DUE FROM OTHER FUNDS	1065000			10
11	TOTAL CURRENT ASSETS	9373687			11
FIXED ASSETS					
12	LAND	99383			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1059741			13
13.01	ACCUMULATED DEPRECIATION	-968939			13.01
14	BUILDINGS	5389052			14
14.01	ACCUMULATED DEPRECIATION	-4641218			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	10923335			16
16.01	ACCUMULATED DEPRECIATION	-7741804			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	15958179			18
18.01	ACCUMULATED DEPRECIATION	-12960465			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	7117264			21
OTHER ASSETS					
22	INVESTMENTS	27431646			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	122588			25
26	TOTAL OTHER ASSETS	27554234			26
27	TOTAL ASSETS	44045185			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	769479			28
29	SALARIES, WAGES & FEES PAYABLE	1495200			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1880156			35
36	TOTAL CURRENT LIABILITIES	4144835			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	11536655			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	11238989			41
42	TOTAL LONG TERM LIABILITIES	22775644			42
43	TOTAL LIABILITIES	26920479			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	17124706			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	17124706			51
52	TOTAL LIABILITIES AND FUND BALANCES	44045185			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	18553685			1
2 NET INCOME (LOSS)	3044799			2
3 TOTAL	21598484			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN PENSION FUND STATUS	80000			5
6 CHANGE IN TEMP RESTR ASSETS	47000			6
7 INVESTMENT INCOME				7
8				8
9				9
10 TOTAL ADDITIONS	127000			10
11 SUBTOTAL	21725484			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER FROM(TO) AFFILIATE	187006			13
14 CHANGE IN PENSION FUND STATUS	4413772			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	4600778			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	17124706			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	2621314		2621314	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	2621314		2621314	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1120834		1120834	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1120834		1120834	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	3742148		3742148	18
18.50 ANCILLARY SERVICES	11781219	50900960	62682179	18.50
18.60 OUTPATIENT SERVICES		12471844	12471844	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 OBSERVATION	88485	1363030	1451515	26
27 TOTAL PATIENT REVENUES	15611852	64735834	80347686	27

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		33448249	26
27 ADD (SPECIFY)			27
28 ROUNDING			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35 ROUNDING		-6	35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS		-6	39
40 TOTAL OPERATING EXPENSES		33448243	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	80347686	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	45194208	2
3	NET PATIENT REVENUES	35153478	3
4	LESS - TOTAL OPERATING EXPENSES	33448243	4
5	NET INCOME FROM SERVICE TO PATIENTS	1705235	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	28068	6
7	INCOME FROM INVESTMENTS	486010	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	2951	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	62470	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	225	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1866	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	35403	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	256502	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MISCELLANEOUS OPERATING REVENUE	147098	24
24.01	GAIN/LOSS ON SALE OF EQUIPMENT	20825	24.01
24.02	INTEREST INCOME	245719	24.02
24.03	HOUSEKEEPING INCOME	52427	24.03
24.07	INVESTMENT INCOME/(LOSS)		24.07
25	TOTAL OTHER INCOME	1339564	25
26	TOTAL	3044799	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	3044799	31