

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 05-30-2012 TIME: 03:56
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR USE ONLY 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: _____
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PROVENA COVENANT MEDICAL CENTER (14-0113) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2011 AND ENDING 12/31/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		419,075	-117,520		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		127,847			3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		546,922	-117,520		200

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1400 WEST PARK STREET
 2 CITY: URBANA

STATE: IL

P.O.BOX:
 ZIP CODE: 61801

COUNTY: CHAMPAIGN

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			3
											6	7	8	
3	HOSPITAL	PROVENA COVENANT MEDICAL CENT	14-0113	16580	1				07/01/1966	O	P	O	3	
4	SUBPROVIDER - IPF												4	
5	SUBPROVIDER - IRF	COVENANT REHABILITATION UNIT	14-T113	16580	5				10/01/1983	O	P	O	5	
6	SUBPROVIDER - (OTHER)												6	
7	SWING BEDS - SNF												7	
8	SWING BEDS - NF												8	
9	HOSPITAL-BASED SNF												9	
10	HOSPITAL-BASED NF												10	
11	HOSPITAL-BASED OLTC												11	
12	HOSPITAL-BASED HHA												12	
13	SEPARATELY CERTIFIED ASC												13	
14	HOSPITAL-BASED HOSPICE												14	
15	HOSPITAL-BASED HEALTH CLINIC - RHC												15	
16	HOSPITAL-BASED HEALTH CLINIC - FQHC												16	
17	HOSPITAL-BASED (CMHC)												17	
18	RENAL DIALYSIS												18	
19	OTHER												19	
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2011 TO: 12/31/2011												20	
21	TYPE OF CONTROL												21	

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.											Y	N	22
23	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO.											2	N	23

		1	2	3	4	5	6	24
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	4,772	1,059	26		4		24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	489	88	8				25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1				27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

		V	XVIII	XIX	
					1	2	3
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	Y			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME		PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))
1		2	3	4	5
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66					

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4). (SEE INSTRUCTIONS)

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 75
76	IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N N 76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 2 Y Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N	115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2	118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:		118.01
118.02	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.	N	118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N 120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y	121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N	125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.		134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	148003	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME: PROVENA HEALTH CONTRACTOR'S NAME: NGS CONTRACTOR'S NUMBER: 0131			141
142	STREET: 19065 HICKORY CREEK DRIVE, S P.O. BOX:			142
143	CITY: MOKENA STATE: IL ZIP CODE: 60448			143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC		N 160
		N 161

MULTICAMPUS

165	IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	165
166	IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.		
	NAME COUNTY STATE ZIP CODE CBSA FTE/CAMPUS		
	0 1 2 3 4 5		

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	167
168	IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'), ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.		168
169	IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH (LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.		169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 N	2	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES				
			Y/N	Y/N
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
				Y/N
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			N 12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15
PART A				
		Y/N	DATE	
PS&R REPORT DATA				
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 N	2	3 4 16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N 17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N 18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N 19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N 20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N 21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | Y/N | DATE | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	41,769,326	-1,939,632	39,829,694	1,577,423.80	25.25
2	NON-PHYSICIAN ANESTHETIST PART A						1
3	NON-PHYSICIAN ANESTHETIST PART B						2
4	PHYSICIAN-PART A						3
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4
5	PHYSICIAN-PART B						4.01
6	NON-PHYSICIAN-PART B						5
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					6
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)		1,026,359		1,026,359	31,200.00	7
8	HOME OFFICE PERSONNEL						7.01
9	SNF	44					8
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,230,039	42,084	4,272,123	195,290.01	9
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		5,613,545		5,613,545	201,712.00	11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A		283,174		283,174	1,726.50	13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		9,856,139		9,856,139	154,117.00	14
15	HOME OFFICE: PHYSICIAN-PART A						15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)		23,900		23,900	239.00	16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		11,511,300		11,511,300		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		1,383,045		1,383,045		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A						22
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS		816,803	-531,456	285,347	4,372.50	26
27	ADMINISTRATIVE & GENERAL		5,736,306	-1,385,076	4,351,230	177,668.41	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)						28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		775,497		775,497	29,194.07	30
31	LAUNDRY & LINEN SERVICE		98,273		98,273	6,331.50	31
32	HOUSEKEEPING		885,806		885,806	66,145.21	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		784,516	-547,174	237,342	18,005.00	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)		408,480		408,480	11,672.00	35
36	CAFETERIA			547,174	547,174	41,510.00	36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,251,510	-508,963	742,547	20,880.50	38
39	CENTRAL SERVICES AND SUPPLY		710,193		710,193	44,687.85	39
40	PHARMACY		1,791,660	-15,403	1,776,257	41,504.20	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		943,161	-62,817	880,344	38,813.88	41
42	SOCIAL SERVICE		607,253	39,717	646,970	20,183.64	42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	41,151,447	-1,939,632	39,211,815	1,557,895.8	25.17	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,230,039	42,084	4,272,123	195,290.01	21.88	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	36,921,408	-1,981,716	34,939,692	1,362,605.7	25.64	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	15,752,858		15,752,858	357,555.50	44.06	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	11,511,300		11,511,300		32.95%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	64,185,566	-1,981,716	62,203,850	1,720,161.2	36.16	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	14,809,458	-2,463,998	12,345,460	520,968.76	23.70	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	839,469	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	7,166	3
4 PRIOR YEAR PENSION SERVICE COST	1,272,560	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	5,786,935	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	337,163	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	63,032	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	121,285	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,178,815	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,921,273	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	54,425	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION	55,440	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	256,780	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	12,894,343	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)				0.220822	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				9,412,932	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				74,563,314	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				16,465,220	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				7,052,288	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				7,052,288	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	22,833,458	510,524	23,343,982		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,042,130	112,735	5,154,865		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	2,154,812	12,950	2,167,762		22
23	COST OF CHARITY CARE	2,887,318	99,785	2,987,103		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)					26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				707,748	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				-707,748	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				-156,286	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				2,830,817	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				9,883,105	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		5,815,478	5,815,478	1,679,739	1
2	00200				3,351,032	2
3	00300		1,347,364	1,347,364	-1,347,364	3
4	00400	816,803	14,173,351	14,990,154	80,117	4
5.01	00540	268,885	447,659	716,544		5.01
5.02	00550	141,387	5,098,865	5,240,252		5.02
5.03	00560	296,326	1,362,212	1,658,538	-832,942	5.03
5.04	00570	595,288	11,934	607,222	82,845	5.04
5.05	00580	1,264,872	13,239,155	14,504,027		5.05
5.06	00590	3,169,548	15,073,387	18,242,935	-165,709	5.06
6	00600					6
7	00700	775,215	3,269,527	4,044,742		7
7.01	01850	282	1,835,786	1,836,068		7.01
8	00800	98,273	476,678	574,951		8
9	00900	885,806	318,673	1,204,479		9
10	01000	784,516	1,179,219	1,963,735	-1,375,100	10
11	01100				1,369,640	11
12	01200					12
13	01300	1,251,510	42,529	1,294,039	-508,963	13
14	01400	710,193	650,324	1,360,517		14
15	01500	1,791,660	3,903,374	5,695,034	-3,911,324	15
16	01600	943,161	805,975	1,749,136	-62,817	16
17	01700	607,253	85,577	692,830	39,717	17
19	01900					19
20	02000					20
21	02100		1,592,883	1,592,883	-566,329	21
22	02200				667,869	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	7,680,459	509,855	8,190,314	250,115	30
31	03100	1,960,987	494,889	2,455,876	521,151	31
41	04100	1,342,793	1,556,811	2,899,604	-969,448	41
43	04300	339,638	831,006	1,170,644	16,281	43
44	04400		86	86	-86	44
ANCILLARY SERVICE COST CENTERS						
50	05000	2,989,386	10,525,576	13,514,962	-9,464,523	50
50.01	03330	695,907	629,744	1,325,651	-211,957	50.01
50.02	03950	142,629	72,375	215,004	3,055	50.02
51	05100	513,571	16,697	530,268	11,748	51
52	05200	1,232,716	194,553	1,427,269	-69,148	52
53	05300		1,838,524	1,838,524	-159,057	53
54	05400	1,263,697	303,367	1,567,064	-529,932	54
54.01	03630	261,405	26,276	287,681	85,759	54.01
54.02	03440	57,721	50,146	107,867	82,082	54.02
55	05500	34,343	15,468	49,811	-49,811	55
55.01	03480	174,406	17,155	191,561	49,811	55.01
56	05600	121,446	206,039	327,485	97,624	56
57	05700	346,832	134,433	481,265	143,467	57
58	05800	132,457	38,483	170,940	50,958	58
59	05900	723,769	2,098,326	2,822,095	-1,811,202	59
60	06000		4,453,091	4,453,091		60
62.30	06250					62.30
63	06300		654,285	654,285		63
65	06500	1,041,839	246,360	1,288,199	-261,699	65
66	06600		880,216	880,216	410,444	66
67	06700		310,736	310,736	403,674	67
68	06800		72,928	72,928	182,011	68
69	06900	66,138	93,099	159,237	3,893	69
69.01	03140	281,827	60,699	342,526	33,893	69.01
70	07000	73,850	2,083	75,933	4,382	70
71	07100				6,894,782	71
72	07200				5,850,079	72
73	07300				4,362,599	73
74	07400		97,154	97,154		74
76.97	07697	349,486	15,015	364,501	10,273	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	2,653,800	996,032	3,649,832	-114,618	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	1,821,895	985,673	2,807,568	94	95
SPECIAL PURPOSE COST CENTERS						
113	11300		3,623,490	3,623,490	-3,623,490	113
118		40,703,975	102,780,620	143,484,595	703,615	118
NONREIMBURSABLE COST CENTERS						
190	19000	37,315	193,022	230,337		190

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/30/2012 03:56

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192	19200 PHYSICIANS' PRIVATE OFFICES	206,054	466,044	672,098	-11	192
192.01	19201 COVENANT OUTPATIENT PHARMACY	169,773	908,422	1,078,195	15,403	192.01
192.02	19202 REAL ESTATE		1,564,125	1,564,125	-757,416	192.02
192.03	19203 FOUNDATION	362,157	250,172	612,329	38,629	192.03
192.04	19204 OUTREACH PROGRAMS	290,052	122,941	412,993	-220	192.04
192.05	19205 UNASSIGNED					192.05
200	TOTAL (SUM OF LINES 118-199)	41,769,326	106,285,346	148,054,672		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	7,495,217	-1,137,715	6,357,502	1
2	00200	3,351,032	-242,850	3,108,182	2
3	00300				3
4	00400	15,070,271	-9,382	15,060,889	4
5.01	00540	716,544	-5,005	711,539	5.01
5.02	00550	5,240,252	1,750,774	6,991,026	5.02
5.03	00560	825,596	33,815	859,411	5.03
5.04	00570	690,067		690,067	5.04
5.05	00580	14,504,027	-10,856,675	3,647,352	5.05
5.06	00590	18,077,226	-3,730,818	14,346,408	5.06
6	00600				6
7	00700	4,044,742	-81	4,044,661	7
7.01	01850	1,836,068		1,836,068	7.01
8	00800	574,951		574,951	8
9	00900	1,204,479	-1,942	1,202,537	9
10	01000	588,635		588,635	10
11	01100	1,369,640	-446,654	922,986	11
12	01200				12
13	01300	785,076	-385	784,691	13
14	01400	1,360,517	-20	1,360,497	14
15	01500	1,783,710	-1,116	1,782,594	15
16	01600	1,686,319	-6,779	1,679,540	16
17	01700	732,547	-22,865	709,682	17
19	01900				19
20	02000				20
21	02100	1,026,554		1,026,554	21
22	02200	667,869	-195	667,674	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	8,440,429	-63,278	8,377,151	30
31	03100	2,977,027	-364,049	2,612,978	31
41	04100	1,930,156		1,930,156	41
43	04300	1,186,925	-809,880	377,045	43
44	04400				44
ANCILLARY SERVICE COST CENTERS					
50	05000	4,050,439		4,050,439	50
50.01	03330	1,113,694		1,113,694	50.01
50.02	03950	218,059		218,059	50.02
51	05100	542,016		542,016	51
52	05200	1,358,121		1,358,121	52
53	05300	1,679,467	-1,549,604	129,863	53
54	05400	1,037,132	-3,056	1,034,076	54
54.01	03630	373,440		373,440	54.01
54.02	03440	189,949		189,949	54.02
55	05500				55
55.01	03480	241,372		241,372	55.01
56	05600	425,109		425,109	56
57	05700	624,732	-273	624,459	57
58	05800	221,898		221,898	58
59	05900	1,010,893		1,010,893	59
60	06000	4,453,091	-41,302	4,411,789	60
62.30	06250				62.30
63	06300	654,285		654,285	63
65	06500	1,026,500	-8,887	1,017,613	65
66	06600	1,290,660		1,290,660	66
67	06700	714,410		714,410	67
68	06800	254,939		254,939	68
69	06900	163,130	-90,182	72,948	69
69.01	03140	376,419		376,419	69.01
70	07000	80,315		80,315	70
71	07100	6,894,782		6,894,782	71
72	07200	5,850,079		5,850,079	72
73	07300	4,362,599		4,362,599	73
74	07400	97,154		97,154	74
76.97	07697	374,774	-6,580	368,194	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	3,535,214	-536,459	2,998,755	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	2,807,662	-189,693	2,617,969	95
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		144,188,210	-18,341,136	125,847,074	118
NONREIMBURSABLE COST CENTERS					
190	19000	230,337		230,337	190

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
192	19200	PHYSICIANS' PRIVATE OFFICES	672,087	672,087	192	
192.01	19201	COVENANT OUTPATIENT PHARMACY	1,093,598	1,093,598	192.01	
192.02	19202	REAL ESTATE	806,709	806,709	192.02	
192.03	19203	FOUNDATION	650,958	650,958	192.03	
192.04	19204	OUTREACH PROGRAMS	412,773	412,773	192.04	
192.05	19205	UNASSIGNED			192.05	
200		TOTAL (SUM OF LINES 118-199)	148,054,672	-18,341,136	129,713,536	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 PHARMACY	A	DRUGS CHARGED TO PATIENTS	73		3,891,531 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,891,531 500
1 REHAB SERVICES	B	PHYSICAL THERAPY	66		410,444 1
2 REHAB SERVICES	B	OCCUPATIONAL THERAPY	67		403,674 2
3 REHAB SERVICES	B	SPEECH PATHOLOGY	68		182,011 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					996,129 500
1 INTEREST EXPENSE	C	CAP REL COSTS-BLDG & FIXT	1		2,986,094 1
2 INTEREST EXPENSE	C	CAP REL COSTS-MVBLE EQUIP	2		637,396 2
3 CAPITAL LEASE INTEREST	C	CAP REL COSTS-MVBLE EQUIP	2		19,228 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					3,642,718 500
1 DEPRECIATION EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2		1,986,778 1
2 DEPRECIATION EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2		11 2
3 DEPRECIATION EXPENSE	D	DELIVERY ROOM & LABOR ROOM	52		53 3
4 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		55,019 4
5 DEPRECIATION EXPENSE	D	CARDIOLOGY	69.01		13,984 5
6 DEPRECIATION EXPENSE	D	AMBULANCE SERVICES	95		94 6
7 DEPRECIATION EXPENSE	D	ADMITTING	5.04		430 7
8 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		220 8
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					2,056,589 500
1 PH FEES	E	EMPLOYEE BENEFITS	4		531,456 1
2 PH FEES	E	PURCH,RCVING,STORING	5.03		143,304 2
3 PH FEES	E	CASHIERING,A/R	5.05		1,264,872 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					1,939,632 500
1 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		4,390,457 1
2 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		282,395 2
3 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		124,112 3
4 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		209,850 4
5 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		5,460 5
6 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		212,711 6
7 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		13,846 7
8 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		1,350,428 8
9 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		4,390 9
10 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		159,057 10
11 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		202,393 11
12 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		4,646 12
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					6,959,745 500
1 EICU	G	INTENSIVE CARE UNIT	31		476,052 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					476,052 500
1 EMM FEES	H	DRUGS CHARGED TO PATIENTS	73		1,116 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					1,116 500
1 INTERNS & RESIDENTS	I	I&R SRVCES-OTHER PRGM COSTS A	22		566,329 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					566,329 500
1 RADIOLOGY SHARED SERVICES	J	COMPUTED TOMOGRAPHY (CT) SCAN	57	98,318	45,149 1
2 RADIOLOGY SHARED SERVICES	J	ULTRASOUND	54.01	58,771	26,988 2
3 RADIOLOGY SHARED SERVICES	J	MAMMOGRAPHY	54.02	22,036	10,119 3
4 RADIOLOGY SHARED SERVICES	J	MAGNETIC RESONANCE IMAGING (M	58	34,922	16,036 4
5 RADIOLOGY SHARED SERVICES	J	RADIOISOTOPE	56	66,902	30,722 5
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				280,949	129,014 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
	1	2	LINE #	4	5
1 CPACS	K	CARDIOLOGY	69.01		11,028 1
500 TOTAL RECLASSIFICATIONS					11,028 500
CODE LETTER - K					
1 DIRECTORS	L	ADULTS & PEDIATRICS	30	89,178	1
2 DIRECTORS	L	EMERGENCY	91	95,232	2
3 DIRECTORS	L	ADULTS & PEDIATRICS	30	16	3
4 DIRECTORS	L	ENDOSCOPY	50.01	17,832	4
5 DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52	49,910	5
6 DIRECTORS	L	ADULTS & PEDIATRICS	30	34,401	6
7 DIRECTORS	L	NURSERY	43	14,798	7
8 DIRECTORS	L	ADULTS & PEDIATRICS	30	84,553	8
9 DIRECTORS	L	SUBPROVIDER - IRF	41	26,681	9
10 DIRECTORS	L	ADULTS & PEDIATRICS	30	48,365	10
11 DIRECTORS	L	INTENSIVE CARE UNIT	31	43,529	11
12 DIRECTORS	L	CARDIOLOGY	69.01	1,413	12
13 DIRECTORS	L	WOUND CARE CLINIC	50.02	3,055	13
14 DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52	5,001	14
15 DIRECTORS	L	NURSERY	43	1,483	15
16 DIRECTORS	L	CARDIAC REHABILITATION	76.97	14,919	16
17 DIRECTORS	L	CARDIAC CATHETERIZATION	59	28,644	17
18 DIRECTORS	L	CARDIOLOGY	69.01	7,468	18
19 DIRECTORS	L	ELECTROCARDIOLOGY	69	3,893	19
20 DIRECTORS	L	ELECTROENCEPHALOGRAPHY	70	4,382	20
21 DIRECTORS	L	COVENANT OUTPATIENT PHARMACY	192.01	15,403	21
22 DIRECTORS	L	RECOVERY ROOM	51	11,748	22
23 DIRECTORS	L	ADMITTING	5.04	62,817	23
24 DIRECTORS	L	SOCIAL SERVICE	17	39,717	24
500 TOTAL RECLASSIFICATIONS				704,438	500
CODE LETTER - L					
1 RECLASSIFICATION OF MOB EXPENSE	M	I&R SRVCES-OTHER PRGM COSTS A	22		101,540 1
2 RECLASSIFICATION OF MOB EXPENSE	M	OTHER ADMIN & GEN	5.06		165,653 2
3 RECLASSIFICATION OF MOB EXPENSE	M	MAMMOGRAPHY	54.02		49,927 3
500 TOTAL RECLASSIFICATIONS					317,120 500
CODE LETTER - M					
1 DIETARY RECLASSIFICATION	N	CAFETERIA	11	547,174	822,466 1
500 TOTAL RECLASSIFICATIONS				547,174	822,466 500
CODE LETTER - N					
1 PYXIS RECLASSIFICATION	O	MEDICAL SUPPLIES CHRGD TO PA	71		403,602 1
2 PYXIS RECLASSIFICATION	O	DRUGS CHARGED TO PATIENTS	73		469,952 2
500 TOTAL RECLASSIFICATIONS					873,554 500
CODE LETTER - O					
1 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		4,779,923 1
2 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		468,565 2
3 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		17,078 3
4 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		106,123 4
5 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		478,390 5
500 TOTAL RECLASSIFICATIONS					5,850,079 500
CODE LETTER - P					
1 RECLASS TO CORRECT DEPART	Q	ADULTS & PEDIATRICS	30		86 1
500 TOTAL RECLASSIFICATIONS					86 500
CODE LETTER - Q					
1 COUNTY PLAZA LEASE	R	EMPLOYEE BENEFITS	4		80,117 1
2 COUNTY PLAZA LEASE	R	PURCH,RCVING,STORING	5.03		40,612 2
3 COUNTY PLAZA LEASE	R	ADMITTING	5.04		19,598 3
4 COUNTY PLAZA LEASE	R	OTHER ADMIN & GEN	5.06		187,093 4
5 COUNTY PLAZA LEASE	R	FOUNDATION	192.03		38,629 5
500 TOTAL RECLASSIFICATIONS					366,049 500
CODE LETTER - R					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST	CENTER	LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 PHYSICIAN RECLASSIFICATION	S	INTENSIVE CARE UNIT		31		670	1
2 PHYSICIAN RECLASSIFICATION	S	INTENSIVE CARE UNIT		31		900	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - S						1,570	500
1 CLOSED DEPARTMENT	T	ONCOLOGY		55.01	34,343	15,468	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T					34,343	15,468	500
GRAND TOTAL (INCREASES)					1,566,904	28,916,275	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PHARMACY	A	PHARMACY	15		3,891,531	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,891,531	500
1 REHAB SERVICES	B	SUBPROVIDER - IRF	41		410,444	1
2 REHAB SERVICES	B	SUBPROVIDER - IRF	41		403,674	2
3 REHAB SERVICES	B	SUBPROVIDER - IRF	41		182,011	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					996,129	500
1 INTEREST EXPENSE	C	INTEREST EXPENSE	113		2,986,094	11 1
2 INTEREST EXPENSE	C	INTEREST EXPENSE	113		637,396	11 2
3 CAPITAL LEASE INTEREST	C	REAL ESTATE	192.02		19,228	11 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					3,642,718	500
1 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		1,986,778	9 1
2 DEPRECIATION EXPENSE	D	PHYSICIANS' PRIVATE OFFICES	192		11	9 2
3 DEPRECIATION EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2		53	9 3
4 DEPRECIATION EXPENSE	D	REAL ESTATE	192.02		55,019	9 4
5 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		13,984	9 5
6 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		94	9 6
7 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		430	9 7
8 DEPRECIATION EXPENSE	D	OUTREACH PROGRAMS	192.04		220	9 8
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					2,056,589	500
1 PH FEES	E	EMPLOYEE BENEFITS	4	531,456		1
2 PH FEES	E	PURCH,RCVING,STORING	5.03	143,304		2
3 PH FEES	E	CASHIERING,A/R	5.05	1,264,872		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				1,939,632		500
1 MEDICAL SUPPLIES	F	OPERATING ROOM	50		4,390,457	1
2 MEDICAL SUPPLIES	F	OPERATING ROOM	50		282,395	2
3 MEDICAL SUPPLIES	F	DELIVERY ROOM & LABOR ROOM	52		124,112	3
4 MEDICAL SUPPLIES	F	EMERGENCY	91		209,850	4
5 MEDICAL SUPPLIES	F	DIETARY	10		5,460	5
6 MEDICAL SUPPLIES	F	ENDOSCOPY	50.01		212,711	6
7 MEDICAL SUPPLIES	F	RADIOLOGY-DIAGNOSTIC	54		13,846	7
8 MEDICAL SUPPLIES	F	CARDIAC CATHETERIZATION	59		1,350,428	8
9 MEDICAL SUPPLIES	F	PHARMACY	15		4,390	9
10 MEDICAL SUPPLIES	F	ANESTHESIOLOGY	53		159,057	10
11 MEDICAL SUPPLIES	F	RESPIRATORY THERAPY	65		202,393	11
12 MEDICAL SUPPLIES	F	CARDIAC REHABILITATION	76.97		4,646	12
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					6,959,745	500
1 EICU	G	OTHER ADMIN & GEN	5.06		476,052	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					476,052	500
1 EMM FEES	H	OTHER ADMIN & GEN	5.06		1,116	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					1,116	500
1 INTERNS & RESIDENTS	I	I&R SRVCES-SALARY & FRINGES A	21		566,329	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					566,329	500
1 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	98,318	45,149	1
2 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	58,771	26,988	2
3 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	22,036	10,119	3
4 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	34,922	16,036	4
5 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	66,902	30,722	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				280,949	129,014	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CPACS	K	CARDIAC CATHETERIZATION	59		11,028	1
500 TOTAL RECLASSIFICATIONS					11,028	500
CODE LETTER - K						
1 DIRECTORS	L	NURSING ADMINISTRATION	13	89,178		1
2 DIRECTORS	L	NURSING ADMINISTRATION	13	95,232		2
3 DIRECTORS	L	NURSING ADMINISTRATION	13	16		3
4 DIRECTORS	L	NURSING ADMINISTRATION	13	17,832		4
5 DIRECTORS	L	NURSING ADMINISTRATION	13	49,910		5
6 DIRECTORS	L	NURSING ADMINISTRATION	13	34,401		6
7 DIRECTORS	L	NURSING ADMINISTRATION	13	14,798		7
8 DIRECTORS	L	NURSING ADMINISTRATION	13	84,553		8
9 DIRECTORS	L	NURSING ADMINISTRATION	13	26,681		9
10 DIRECTORS	L	NURSING ADMINISTRATION	13	48,365		10
11 DIRECTORS	L	NURSING ADMINISTRATION	13	43,529		11
12 DIRECTORS	L	NURSING ADMINISTRATION	13	1,413		12
13 DIRECTORS	L	NURSING ADMINISTRATION	13	3,055		13
14 DIRECTORS	L	ADULTS & PEDIATRICS	30	5,001		14
15 DIRECTORS	L	ADULTS & PEDIATRICS	30	1,483		15
16 DIRECTORS	L	RESPIRATORY THERAPY	65	14,919		16
17 DIRECTORS	L	RESPIRATORY THERAPY	65	28,644		17
18 DIRECTORS	L	RESPIRATORY THERAPY	65	7,468		18
19 DIRECTORS	L	RESPIRATORY THERAPY	65	3,893		19
20 DIRECTORS	L	RESPIRATORY THERAPY	65	4,382		20
21 DIRECTORS	L	PHARMACY	15	15,403		21
22 DIRECTORS	L	OPERATING ROOM	50	11,748		22
23 DIRECTORS	L	MEDICAL RECORDS & LIBRARY	16	62,817		23
24 DIRECTORS	L	OTHER ADMIN & GEN	5.06	39,717		24
500 TOTAL RECLASSIFICATIONS				704,438		500
CODE LETTER - L						
1 RECLASSIFICATION OF MOB EXPENSE	M	REAL ESTATE	192.02		101,540	1
2 RECLASSIFICATION OF MOB EXPENSE	M	REAL ESTATE	192.02		165,653	2
3 RECLASSIFICATION OF MOB EXPENSE	M	REAL ESTATE	192.02		49,927	3
500 TOTAL RECLASSIFICATIONS					317,120	500
CODE LETTER - M						
1 DIETARY RECLASSIFICATION	N	DIETARY	10	547,174	822,466	1
500 TOTAL RECLASSIFICATIONS				547,174	822,466	500
CODE LETTER - N						
1 PYXIS RECLASSIFICATION	O	PURCH,RCVING,STORING	5.03		403,602	1
2 PYXIS RECLASSIFICATION	O	PURCH,RCVING,STORING	5.03		469,952	2
500 TOTAL RECLASSIFICATIONS					873,554	500
CODE LETTER - O						
1 IMPLANT SUPPLIES	P	OPERATING ROOM	50		4,779,923	1
2 IMPLANT SUPPLIES	P	MEDICAL SUPPLIES CHRGD TO PA	71		468,565	2
3 IMPLANT SUPPLIES	P	ENDOSCOPY	50.01		17,078	3
4 IMPLANT SUPPLIES	P	RADIOLOGY-DIAGNOSTIC	54		106,123	4
5 IMPLANT SUPPLIES	P	CARDIAC CATHETERIZATION	59		478,390	5
500 TOTAL RECLASSIFICATIONS					5,850,079	500
CODE LETTER - P						
1 RECLASS TO CORRECT DEPART	Q	SKILLED NURSING FACILITY	44		86	1
500 TOTAL RECLASSIFICATIONS					86	500
CODE LETTER - Q						
1 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		80,117	1
2 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		40,612	2
3 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		19,598	3
4 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		187,093	4
5 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		38,629	5
500 TOTAL RECLASSIFICATIONS					366,049	500
CODE LETTER - R						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PHYSICIAN RECLASSIFICATION	S	OTHER ADMIN & GEN	5.06		670	1
2 PHYSICIAN RECLASSIFICATION	S	OTHER ADMIN & GEN	5.06		900	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					1,570	500
1 CLOSED DEPARTMENT	T	RADIOLOGY-THERAPEUTIC	55	34,343	15,468	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				34,343	15,468	500
GRAND TOTAL (DECREASES)				3,506,536	26,976,643	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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	6,156,757					6,156,757		1
2 LAND IMPROVEMENTS	4,865,252					4,865,252	2,487,237	2
3 BUILDINGS AND FIXTURES	56,829,047	3,397,035		3,397,035	639,470	59,586,612	4,805,051	3
4 BUILDING IMPROVEMENTS	3,622,481	3,051,095		3,051,095	4,868,102	1,805,474		4
5 FIXED EQUIPMENT	2,973,274	108,576		108,576		3,081,850	1,297,662	5
6 MOVABLE EQUIPMENT	86,070,406	7,763,952		7,763,952	23,617,641	70,216,717	43,612,387	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	160,517,217	14,320,658		14,320,658	29,125,213	145,712,662	52,202,337	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	160,517,217	14,320,658		14,320,658	29,125,213	145,712,662	52,202,337	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	5,815,478						5,815,478	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	5,815,478						5,815,478	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL	
								(SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	66,257,337		66,257,337	0.474773			639,692	639,692	1
2 CAP REL COSTS-MVBLE EQUIP	73,298,567		73,298,567	0.525227			707,672	707,672	2
3 TOTAL (SUM OF LINES 1-2)	139,555,904		139,555,904	1.000000			1,347,364	1,347,364	3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14) 15	
1 CAP REL COSTS-BLDG & FIXT	3,869,431		1,848,379			639,692	6,357,502	1
2 CAP REL COSTS-MVBLE EQUIP	1,986,736		413,774			707,672	3,108,182	2
3 TOTAL	5,856,167		2,262,153			1,347,364	9,465,684	3

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-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-1,475	PURCH,RCVING,STORING	5.03	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-5,005	NONPATIENT TELEPHONE	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,359,858			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,901,027			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-446,654	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-6,779	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 MUSCLR SKEL CLINIC REV	B	-950	OTHER ADMIN & GEN	5.06	33
34 EDUCATION SERVICES REV	B	-360	EMPLOYEE BENEFITS	4	34
35 CARDIO PULM REHAB FITNESS	B	-6,580	CARDIAC REHABILITATION	76.97	35
36 RESIDENCY PROGRAM	B	-195	I&R SRVCS-OTHER PRGM COSTS APP	22	36
37 OB/GYN MISC INCOME	B	-230	ADULTS & PEDIATRICS	30	37
38 CENTRAL SUPPLY MISC INCOME	B	-20	CENTRAL SERVICES & SUPPLY	14	38
39 EMS RESOURCE HOSP MISC	B	-80,262	EMERGENCY	91	39
40 AMBULANCE MISC INCOME	B	-8,290	AMBULANCE SERVICES	95	40
41 CT SCAN MISC INCOME	B	-40	COMPUTED TOMOGRAPHY (CT) SCAN	57	41
42 LABORATORY MISC INCOME	B	-7,910	LABORATORY	60	42
43 CLINICAL EDUCATION	B	-385	NURSING ADMINISTRATION	13	43
44 OTHER OPER REV	B	-51,195	OTHER ADMIN & GEN	5.06	44
45 PLANT OPERATIONS MISC INCOME	B	-81	OPERATION OF PLANT	7	45
46 ENVIRONMENT SERV MISC INCOME	B	-1,942	HOUSEKEEPING	9	46
47 INFORM TECH MISC REV	B	-90	DATA PROCESSING	5.02	47
48 EMP ACTIVITY EOMM MISC INCOME	B	-9,022	EMPLOYEE BENEFITS	4	48
49 PROC IMPROVE MISC INCOME	B	-140	OTHER ADMIN & GEN	5.06	49
49.01 OTHER OPER UNRESTRICTED SOURCE	B	-714	OTHER ADMIN & GEN	5.06	49.01
49.02 PAT ACCT INV INCOME	B	-398,800	CASHIERING,A/R	5.05	49.02
49.03 NON REIMBURSABLE COSTS	A	-9,733	OTHER ADMIN & GEN	5.06	49.03
49.04 COMMIT TO POOR-CASE MANAGEMENT	A	-22,865	SOCIAL SERVICE	17	49.04
49.05 COMMIT TO POOR-SPONSERSHIPS	A	-109,137	OTHER ADMIN & GEN	5.06	49.05
49.06 AMBULANCE BAD DEBT EXP	A	-181,403	AMBULANCE SERVICES	95	49.06
49.07 BAD DEBT EXPENSE	A	-10,634,512	CASHIERING,A/R	5.05	49.07
49.08 ADVERTISING	A	-274,164	OTHER ADMIN & GEN	5.06	49.08
49.09 LOBBYING COSTS	A	-39,115	OTHER ADMIN & GEN	5.06	49.09
49.10 PHYSICIAN HOSPITALIST SUBSIDY	A	-842,203	OTHER ADMIN & GEN	5.06	49.10
49.11 WRITE OFF OF QUARANTEE	A	60,000	OTHER ADMIN & GEN	5.06	49.11
50 TOTAL (SUM OF LINES 1 THRU 49)		-18,341,136			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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 (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.06	OTHER ADMIN & GEN	ADMINISTRATIVE FEE	2,501,963	4,965,430	-2,463,467	1
2	1	CAP REL COSTS-BLDG & FIXT	INTEREST	1,848,379	2,986,094	-1,137,715	11 2
3	2	CAP REL COSTS-MVBLE EQUIP	INTEREST	394,545	637,395	-242,850	11 3
4	5.06	OTHER ADMIN & GEN	MALPRACTISE INS	3,354,476	3,354,476		4
4.01	4	EMPLOYEE BENEFITS	CENTRALIZED HR	1,244,244	1,244,244		4.01
4.02	4	EMPLOYEE BENEFITS	WORKERS COMPENSATION	1,056,072	1,056,072		4.02
4.03	5.06	OTHER ADMIN & GEN	INSURANCE OTHER	38,724	38,724		4.03
4.04	5.06	OTHER ADMIN & GEN	AUTO/HELIPORT	92,184	92,184		4.04
4.05	5.06	OTHER ADMIN & GEN	PROPERTY INSURANCE	124,944	124,944		4.05
4.06	5.06	OTHER ADMIN & GEN	EXCESS GEN INSURANCE	56,232	56,232		4.06
4.07	5.02	DATA PROCESSING	INFOR TECH FEES	5,072,316	3,321,452	1,750,864	4.07
4.08	5.02	DATA PROCESSING	PACS	207,192	207,192		4.08
4.09	5.02	DATA PROCESSING	CPACS	123,192	123,192		4.09
4.10	5.05	CASHIERING,A/R	CBO FEES	1,449,945	1,273,308	176,637	4.10
4.11	5.05	CASHIERING,A/R	REVENUE CYCLE	371,352	371,352		4.11
4.12	5.05	CASHIERING,A/R	FERCC	297,696	297,696		4.12
4.13	15	PHARMACY	EMM		1,116	-1,116	4.13
4.14	5.03	PURCH,RCVING,STORING	MATERIALS MGMT	344,686	309,396	35,290	4.14
4.15	31	INTENSIVE CARE UNIT	EICU	389,378	408,048	-18,670	4.15
4.16	60	LABORATORY	ALVERNO LABS	4,280,855	4,280,855		4.16
5		TOTALS (SUM OF LINES 1-4)		23,248,375	25,149,402	-1,901,027	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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 (2)	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS (6)
		PERCENT OF OWNERSHIP (3)	PERCENT OF OWNERSHIP (5)	
B	PROVENA HEALTH	100.00		HEALTH MANAGEMENT
G	APHL LABS			LAB SERVICE

(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: FINANCIAL

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	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS	88,808	38,308	50,500	142,500	376	25,760	1,288	1
2	43	NURSERY	809,880	809,880		171,400				2
3	31	INTENSIVE CARE UNIT	360,000	307,651	52,349	231,100	134	14,888	744	3
4	69	ELECTROCARDIOLOGY	90,182	90,182		171,400				4
5	65	RESPIRATORY THERAPY	17,800		17,800	171,400	148	12,196	610	5
6	91	EMERGENCY	456,197	456,197		171,400				6
7	54	RADIOLOGY-DIAGNOSTIC	7,500		7,500	231,100	40	4,444	222	7
8	57	COMPUTED TOMOGRAPHY (CT)	233	233		231,100				8
9	65	RESPIRATORY THERAPY	6,250		6,250	171,400	36	2,967	148	9
10	60	LABORATORY	57,875		57,875	219,500	232	24,483	1,224	10
11	53	ANESTHESIOLOGY	1,584,604	1,549,604	35,000	200,300	480	46,223	2,311	11
12	31	INTENSIVE CARE UNIT	900		900	219,500	6	633	32	12
200		TOTAL	3,480,229	3,252,055	228,174		1,452	131,594	6,579	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11		12	13	14	15	16	17	18	
1 30	ADULTS & PEDIATRICS	DR S & DR B					25,760	24,740	63,048	1
2 43	NURSERY	DR N							809,880	2
3 31	INTENSIVE CARE UNIT	DR CC					14,888	37,461	345,112	3
4 69	ELECTROCARDIOLOGY	DR CC							90,182	4
5 65	RESPIRATORY THERAPY	DR P					12,196	5,604	5,604	5
6 91	EMERGENCY	DR ER							456,197	6
7 54	RADIOLOGY-DIAGNOSTIC	DR L					4,444	3,056	3,056	7
8 57	COMPUTED TOMOGRAPHY (CT)	DR L							233	8
9 65	RESPIRATORY THERAPY	DR B					2,967	3,283	3,283	9
10 60	LABORATORY	DR CC					24,483	33,392	33,392	10
11 53	ANESTHESIOLOGY	DR P					46,223		1,549,604	11
12 31	INTENSIVE CARE UNIT	DR A					633	267	267	12
200	TOTAL						131,594	107,803	3,359,858	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONE 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,357,502	6,357,502				1
2 CAP REL COSTS-MVBLE EQUIP	3,108,182		3,108,182			2
4 EMPLOYEE BENEFITS	15,060,889	3,267	1,864	15,066,020		4
5.01 NONPATIENT TELEPHONE	711,539	12,278	49,872	102,442	876,131	5.01
5.02 DATA PROCESSING	6,991,026	46,217	1,633	53,867	32,160	5.02
5.03 PURCH,RCVING,STORING	859,411		72,990	58,300	8,692	5.03
5.04 ADMITTING	690,067	36,161	39,389	250,731	44,328	5.04
5.05 CASHIERING,A/R	3,647,352	4,834			2,608	5.05
5.06 OTHER ADMIN & GEN	14,346,408	279,337	137,503	1,192,434	137,331	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	4,044,661	1,318,552	507,011	295,349	13,907	7
7.01 BIOENGINEERING	1,836,068	23,816		107	5,215	7.01
8 LAUNDRY & LINEN SERVICE	574,951	16,388	352	37,441	1,738	8
9 HOUSEKEEPING	1,202,537	74,529	2,782	337,483	6,953	9
10 DIETARY	588,635	152,882	13,143	90,425	38,244	10
11 CAFETERIA	922,986	84,214		208,468		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	784,691	8,051	102,608	282,903	5,215	13
14 CENTRAL SERVICES & SUPPLY	1,360,497	222,577	42,380	270,576	7,823	14
15 PHARMACY	1,782,594	57,501	6,464	676,736	21,729	15
16 MEDICAL RECORDS & LIBRARY	1,679,540	139,896	3,651	335,402	30,421	16
17 SOCIAL SERVICE	709,682	10,577		246,489	10,430	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,026,554					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	667,674		451		1,738	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,377,151	1,062,003	32,567	3,021,456	101,694	30
31 INTENSIVE CARE UNIT	2,612,978	171,089	12,541	763,701	15,645	31
41 SUBPROVIDER - IRF	1,930,156	224,531	6,394	521,756	35,636	41
43 NURSERY	377,045	64,592	8,086	135,602	9,561	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,050,439	461,913	429,154	1,134,450	48,674	50
50.01 ENDOSCOPY	1,113,694	74,277	10,525	271,927	15,645	50.01
50.02 WOUND CARE CLINIC	218,059	2,072	4,925	55,504	869	50.02
51 RECOVERY ROOM	542,016	40,254		200,141	16,514	51
52 DELIVERY ROOM & LABOR ROOM	1,358,121	162,213	94,774	490,573	14,776	52
53 ANESTHESIOLOGY	129,863	6,804	9,970		3,477	53
54 RADIOLOGY-DIAGNOSTIC	1,034,076	119,146	119,483	374,417	20,860	54
54.01 ULTRASOUND	373,440	38,317	26,268	121,984	6,953	54.01
54.02 MAMMOGRAPHY	189,949		30,360	30,387	2,608	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	241,372	100,467		79,531	4,346	55.01
56 RADIOISOTOPE	425,109	33,601	16,230	71,759	7,823	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	624,459	52,432	200,338	169,598	11,299	57
58 MAGNETIC RESONANCE IMAGING (MRI)	221,898	26,628	222,744	63,770	4,346	58
59 CARDIAC CATHETERIZATION	1,010,893	140,907	482,682	286,662	13,907	59
60 LABORATORY	4,411,789	196,319			40,851	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	654,285					63
65 RESPIRATORY THERAPY	1,017,613	103,297	47,623	374,335	24,337	65
66 PHYSICAL THERAPY	1,290,660	60,466	2,500		1,738	66
67 OCCUPATIONAL THERAPY	714,410	39,210	229		1,738	67
68 SPEECH PATHOLOGY	254,939	3,200	81		869	68
69 ELECTROCARDIOLOGY	72,948	4,446	30,884	26,681	2,608	69
69.01 RADIOLOGY	376,419	33,147	63,868	110,757	8,692	69.01
70 ELECTROENCEPHALOGRAPHY	80,315	5,659	1,340	29,806	3,477	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	6,894,782					71
72 IMPL. DEV. CHARGED TO PATIENT	5,850,079					72
73 DRUGS CHARGED TO PATIENTS	4,362,599					73
74 RENAL DIALYSIS	97,154	7,158	869		2,608	74
76.97 CARDIAC REHABILITATION	368,194	52,162	16,647	138,835	4,346	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,998,755	186,685	52,600	1,047,354	51,281	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,617,969		133,272	694,124		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	125,847,074	5,964,072	3,039,047	14,654,263	845,710	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	230,337	28,279	7,321	14,217		190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION	CAP	CAP	EMPLOYEE	NONPATIENT	
	(FROM WKST A, COL.7) 0	BLDGS & FIXTURES 1	MOVABLE EQUIPMENT 2	BENEFITS 4	TELEPHONE 5.01	
192 PHYSICIANS' PRIVATE OFFICES	672,087	114,430	5,292	78,505	14,776	192
192.01 COVENANT OUTPATIENT PHARMACY	1,093,598	12,480		70,550	4,346	192.01
192.02 REAL ESTATE	806,709	1,651	20,766			192.02
192.03 FOUNDATION	650,958		28,164	137,978	5,215	192.03
192.04 OUTREACH PROGRAMS	412,773		7,592	110,507	6,084	192.04
192.05 UNASSIGNED		236,590				192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	129,713,536	6,357,502	3,108,182	15,066,020	876,131	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCH RCVING STORING 5.03	ADMITTING 5.04	CASHIERING A/R 5.05	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING	7,124,903					5.02
5.03 PURCH,RCVING,STORING	37,434	1,036,827				5.03
5.04 ADMITTING	224,603	571	1,285,850			5.04
5.05 CASHIERING,A/R	112,301	43		3,767,138		5.05
5.06 OTHER ADMIN & GEN	923,367	2,505			17,018,885	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	99,824	9,529			6,288,833	7
7.01 BIOENGINEERING	49,912	306			1,915,424	7.01
8 LAUNDRY & LINEN SERVICE		182			631,052	8
9 HOUSEKEEPING	49,912	7,309			1,681,505	9
10 DIETARY	137,257	9,079			1,029,665	10
11 CAFETERIA					1,215,668	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,113			1,184,581	13
14 CENTRAL SERVICES & SUPPLY	74,868				1,978,721	14
15 PHARMACY	199,647				2,744,671	15
16 MEDICAL RECORDS & LIBRARY	424,250	6,117			2,619,277	16
17 SOCIAL SERVICE	37,434	30			1,014,642	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					1,026,554	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		63			669,926	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	998,233	18,056	168,864	281,119	14,061,143	30
31 INTENSIVE CARE UNIT	336,904	7,330	47,202	68,831	4,036,221	31
41 SUBPROVIDER - IRF	286,993	3,205	33,655	49,076	3,091,402	41
43 NURSERY		919	15,157	22,102	633,064	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	449,206	28,158	102,610	369,660	7,074,264	50
50.01 ENDOSCOPY	149,735	3,186	8,053	123,428	1,770,470	50.01
50.02 WOUND CARE CLINIC		3,168	70	3,764	288,431	50.02
51 RECOVERY ROOM	62,390	923	18,653	66,968	947,859	51
52 DELIVERY ROOM & LABOR ROOM	324,426	2,397	26,875	40,672	2,514,827	52
53 ANESTHESIOLOGY		819	43,826	181,173	375,932	53
54 RADIOLOGY-DIAGNOSTIC	149,735		23,424	96,531	1,937,672	54
54.01 ULTRASOUND	49,912	1,608	8,189	33,357	660,028	54.01
54.02 MAMMOGRAPHY	12,478	2,640	4	6,930	275,356	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	12,478	434	29	8,642	447,299	55.01
56 RADIOISOTOPE	49,912	12,185	3,722	19,427	639,768	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	74,868	7,477	28,998	146,771	1,316,240	57
58 MAGNETIC RESONANCE IMAGING (MRI)	24,956	1,776	14,899	52,897	633,914	58
59 CARDIAC CATHETERIZATION	137,257	7,296	32,214	138,279	2,250,097	59
60 LABORATORY	374,338		134,300	423,731	5,581,328	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		42,014	7,050	13,264	716,613	63
65 RESPIRATORY THERAPY	112,301	387	106,357	173,916	1,960,166	65
66 PHYSICAL THERAPY		1,046	16,877	53,367	1,426,654	66
67 OCCUPATIONAL THERAPY		117	15,321	30,642	801,667	67
68 SPEECH PATHOLOGY		19	4,138	6,907	270,153	68
69 ELECTROCARDIOLOGY	24,956	183	3,239	10,152	176,097	69
69.01 RADIOLOGY	62,390	4,062	13,384	45,624	718,343	69.01
70 ELECTROENCEPHALOGRAPHY	24,956	128	1,295	4,217	151,193	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		451,584	85,591	278,825	7,710,782	71
72 IMPL. DEV. CHARGED TO PATIENT		375,657	56,342	149,171	6,431,249	72
73 DRUGS CHARGED TO PATIENTS			217,535	484,895	5,065,029	73
74 RENAL DIALYSIS	24,956	4	3,220	5,078	141,047	74
76.97 CARDIAC REHABILITATION	37,434	510	2,319	11,314	631,761	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	374,338	6,614	42,438	308,473	5,068,538	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	299,471	6,651		57,935	3,809,422	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,825,432	1,027,400	1,285,850	3,767,138	124,633,433	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		6,700			286,854	190

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	SUBTOTAL (COLS.0-4) 4A	
	5.02	5.03	5.04	5.05		
192 PHYSICIANS' PRIVATE OFFICES		22			885,112	192
192.01 COVENANT OUTPATIENT PHARMACY		451			1,181,425	192.01
192.02 REAL ESTATE		988			830,114	192.02
192.03 FOUNDATION	74,868	303			897,486	192.03
192.04 OUTREACH PROGRAMS	224,603	963			762,522	192.04
192.05 UNASSIGNED					236,590	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,124,903	1,036,827	1,285,850	3,767,138	129,713,536	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	BIOENG	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
	5.06	7	7.01	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN	17,018,885					5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	949,727	7,238,560				7
7.01 BIOENGINEERING	289,264	37,019	2,241,707			7.01
8 LAUNDRY & LINEN SERVICE	95,300	25,473		751,825		8
9 HOUSEKEEPING	253,938	115,847			2,051,290	9
10 DIETARY	155,498	237,638			69,044	10
11 CAFETERIA	183,588	130,901			38,032	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	178,893	12,514			3,636	13
14 CENTRAL SERVICES & SUPPLY	298,822	345,971		3,331	100,519	14
15 PHARMACY	414,495	89,379			25,968	15
16 MEDICAL RECORDS & LIBRARY	395,558	217,453			63,179	16
17 SOCIAL SERVICE	153,229	16,441			4,777	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	155,028					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	101,171					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,123,453	1,650,764	196,118	259,781	479,618	30
31 INTENSIVE CARE UNIT	609,542	265,938	84,405	49,055	77,266	31
41 SUBPROVIDER - IRF	466,857	349,008		82,179	101,401	41
43 NURSERY	95,604	100,401	2,483	11,049	29,171	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,068,341	717,992	310,314	89,580	208,607	50
50.01 ENDOSCOPY	267,373	115,455	114,195	26,720	33,544	50.01
50.02 WOUND CARE CLINIC	43,558	3,220	2,483	864	936	50.02
51 RECOVERY ROOM	143,144	62,571	29,790	14,105	18,179	51
52 DELIVERY ROOM & LABOR ROOM	379,784	252,141	54,615	37,436	73,258	52
53 ANESTHESIOLOGY	56,772	10,577	54,615		3,073	53
54 RADIOLOGY-DIAGNOSTIC	292,623	185,199	310,314	11,758	53,808	54
54.01 ULTRASOUND	99,676	59,560	17,378	3,795	17,305	54.01
54.02 MAMMOGRAPHY	41,584			1,423		54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	67,550	156,165	32,273	747	45,372	55.01
56 RADIOISOTOPE	96,616	52,229	62,063	4,320	15,175	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	198,776	81,499	24,825	6,348	23,679	57
58 MAGNETIC RESONANCE IMAGING (MRI)	95,732	41,391	22,343	2,256	12,026	58
59 CARDIAC CATHETERIZATION	339,805	219,023	69,510	14,928	63,635	59
60 LABORATORY	842,881	305,156	94,335	681	88,661	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	108,221					63
65 RESPIRATORY THERAPY	296,020	160,563	84,405	113	46,650	65
66 PHYSICAL THERAPY	215,450	93,987	24,825	4,060	27,307	66
67 OCCUPATIONAL THERAPY	121,066	60,947		4,059	17,708	67
68 SPEECH PATHOLOGY	40,798	4,974		2,030	1,445	68
69 ELECTROCARDIOLOGY	26,594	6,912	62,063		2,008	69
69.01 RADIOLOGY	108,483	51,523	22,343	4,989	14,969	69.01
70 ELECTROENCEPHALOGRAPHY	22,833	8,797	2,483		2,556	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,164,467		342,584			71
72 IMPL. DEV. CHARGED TO PATIENT	971,234					72
73 DRUGS CHARGED TO PATIENTS	764,911		4,965			73
74 RENAL DIALYSIS	21,301	11,127		1,172	3,233	74
76.97 CARDIAC REHABILITATION	95,407	81,080	37,238		23,557	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	765,440	290,181	148,951	106,159	84,310	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	575,291		17,378	1,941		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	16,251,698	6,627,016	2,229,294	744,879	1,873,612	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	43,320	43,957			12,771	190

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	BIOENG	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	7	7.01	8	9	
192 PHYSICIANS' PRIVATE OFFICES	133,668	177,868	4,965	870	51,678	192
192.01 COVENANT OUTPATIENT PHARMACY	178,416	19,400			5,636	192.01
192.02 REAL ESTATE	125,362	2,566		6,076	745	192.02
192.03 FOUNDATION	135,537					192.03
192.04 OUTREACH PROGRAMS	115,155		7,448			192.04
192.05 UNASSIGNED	35,729	367,753			106,848	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	17,018,885	7,238,560	2,241,707	751,825	2,051,290	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIOENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	1,491,845					10
11 CAFETERIA		1,568,189				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		25,347	1,404,971			13
14 CENTRAL SERVICES & SUPPLY		57,012		2,784,376		14
15 PHARMACY		52,951			3,327,464	15
16 MEDICAL RECORDS & LIBRARY		48,067		27		16
17 SOCIAL SERVICE		25,745		1	56	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,043,321	398,234	475,774	39,081	17,477	30
31 INTENSIVE CARE UNIT	139,806	82,624	98,713	20,237	7,069	31
41 SUBPROVIDER - IRF	214,115	65,717	78,514	6,765	844	41
43 NURSERY	94,603	15,049	17,980	2,741	822	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		152,163	181,793	8,210	53,213	50
50.01 ENDOSCOPY		31,186	37,259		13,775	50.01
50.02 WOUND CARE CLINIC		5,786	6,913	8,989	133	50.02
51 RECOVERY ROOM		19,880	23,751	1,832	2,086	51
52 DELIVERY ROOM & LABOR ROOM		50,748	60,629		11,893	52
53 ANESTHESIOLOGY					26,281	53
54 RADIOLOGY-DIAGNOSTIC		50,562	60,407		2,825	54
54.01 ULTRASOUND		12,076	14,428	4,236	113	54.01
54.02 MAMMOGRAPHY		3,238	3,869	7,275	6	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY		8,281	9,893	1,226	3,776	55.01
56 RADIOISOTOPE		7,697	9,196	37,949	487	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		22,454	26,827	22,151	10,313	57
58 MAGNETIC RESONANCE IMAGING (MRI)		8,095	9,672	5,265	5,793	58
59 CARDIAC CATHETERIZATION		30,576	36,530	10,553	13,698	59
60 LABORATORY					18	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		48,332	57,744	406	184	65
66 PHYSICAL THERAPY				2,050	21	66
67 OCCUPATIONAL THERAPY				307	11	67
68 SPEECH PATHOLOGY				32		68
69 ELECTROCARDIOLOGY		4,167	4,978	348		69
69.01 RADIOLOGY		10,670	12,747	10,371	2,272	69.01
70 ELECTROENCEPHALOGRAPHY		4,671	5,581	259		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,401,987	44,579	71
72 IMPL. DEV. CHARGED TO PATIENT				1,176,345		72
73 DRUGS CHARGED TO PATIENTS					3,072,566	73
74 RENAL DIALYSIS					1	74
76.97 CARDIAC REHABILITATION		15,925	19,026			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		127,851	152,747	1,469	31,091	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		140,830		12,309	6,061	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,491,845	1,525,934	1,404,971	2,782,421	3,327,464	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,716				190

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COST ALLOCATION - GENERAL SERVICE COSTS

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 PART I

COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15
192 PHYSICIANS' PRIVATE OFFICES		7,777		43	192
192.01 COVENANT OUTPATIENT PHARMACY		5,998		10	192.01
192.02 REAL ESTATE				14	192.02
192.03 FOUNDATION		11,944			192.03
192.04 OUTREACH PROGRAMS		12,820		1,888	192.04
192.05 UNASSIGNED					192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,491,845	1,568,189	1,404,971	2,784,376	3,327,464 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIOENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	3,343,561					16
17 SOCIAL SERVICE		1,214,891				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			1,181,582			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				771,097		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,221,797	798,669	923,997	602,997	25,292,224	30
31 INTENSIVE CARE UNIT	297,577	107,032	83,538	54,517	6,013,540	31
41 SUBPROVIDER - IRF	455,727	163,889			5,076,418	41
43 NURSERY	201,282	72,408			1,276,657	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					9,864,477	50
50.01 ENDOSCOPY			95,708	62,459	2,568,144	50.01
50.02 WOUND CARE CLINIC					361,313	50.02
51 RECOVERY ROOM					1,263,197	51
52 DELIVERY ROOM & LABOR ROOM					3,435,331	52
53 ANESTHESIOLOGY					527,250	53
54 RADIOLOGY-DIAGNOSTIC					2,905,168	54
54.01 ULTRASOUND					888,595	54.01
54.02 MAMMOGRAPHY					332,751	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY					772,582	55.01
56 RADIOISOTOPE					925,500	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					1,733,112	57
58 MAGNETIC RESONANCE IMAGING (MRI)					836,487	58
59 CARDIAC CATHETERIZATION					3,048,355	59
60 LABORATORY					6,913,060	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					824,834	63
65 RESPIRATORY THERAPY					2,654,583	65
66 PHYSICAL THERAPY					1,794,354	66
67 OCCUPATIONAL THERAPY					1,005,765	67
68 SPEECH PATHOLOGY					319,432	68
69 ELECTROCARDIOLOGY					283,167	69
69.01 RADIOLOGY			78,339	51,124	1,086,173	69.01
70 ELECTROENCEPHALOGRAPHY					198,373	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					10,664,399	71
72 IMPL. DEV. CHARGED TO PATIENT					8,578,828	72
73 DRUGS CHARGED TO PATIENTS					8,907,471	73
74 RENAL DIALYSIS					177,881	74
76.97 CARDIAC REHABILITATION					903,994	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	167,178	72,893			7,016,808	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					4,563,232	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,343,561	1,214,891	1,181,582	771,097	123,013,455	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					390,618	190

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
192 PHYSICIANS' PRIVATE OFFICES					1,261,981	192
192.01 COVENANT OUTPATIENT PHARMACY					1,390,885	192.01
192.02 REAL ESTATE					964,877	192.02
192.03 FOUNDATION					1,044,967	192.03
192.04 OUTREACH PROGRAMS					899,833	192.04
192.05 UNASSIGNED					746,920	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,343,561	1,214,891	1,181,582	771,097	129,713,536	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1	CAP REL COSTS-BLDG & FIXT			1
2	CAP REL COSTS-MVBLE EQUIP			2
4	EMPLOYEE BENEFITS			4
5.01	NONPATIENT TELEPHONE			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCH,RCVING,STORING			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING,A/R			5.05
5.06	OTHER ADMIN & GEN			5.06
6	MAINTENANCE & REPAIRS			6
7	OPERATION OF PLANT			7
7.01	BIOENGINEERING			7.01
8	LAUNDRY & LINEN SERVICE			8
9	HOUSEKEEPING			9
10	DIETARY			10
11	CAFETERIA			11
12	MAINTENANCE OF PERSONNEL			12
13	NURSING ADMINISTRATION			13
14	CENTRAL SERVICES & SUPPLY			14
15	PHARMACY			15
16	MEDICAL RECORDS & LIBRARY			16
17	SOCIAL SERVICE			17
19	NONPHYSICIAN ANESTHETISTS			19
20	NURSING SCHOOL			20
21	I&R SRVCES-SALARY & FRINGES APPRVD			21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23	PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	-1,526,994	23,765,230	30
31	INTENSIVE CARE UNIT	-138,055	5,875,485	31
41	SUBPROVIDER - IRF		5,076,418	41
43	NURSERY		1,276,657	43
44	SKILLED NURSING FACILITY			44
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM		9,864,477	50
50.01	ENDOSCOPY	-158,167	2,409,977	50.01
50.02	WOUND CARE CLINIC		361,313	50.02
51	RECOVERY ROOM		1,263,197	51
52	DELIVERY ROOM & LABOR ROOM		3,435,331	52
53	ANESTHESIOLOGY		527,250	53
54	RADIOLOGY-DIAGNOSTIC		2,905,168	54
54.01	ULTRASOUND		888,595	54.01
54.02	MAMMOGRAPHY		332,751	54.02
55	RADIOLOGY-THERAPEUTIC			55
55.01	ONCOLOGY		772,582	55.01
56	RADIOISOTOPE		925,500	56
57	COMPUTED TOMOGRAPHY (CT) SCAN		1,733,112	57
58	MAGNETIC RESONANCE IMAGING (MRI)		836,487	58
59	CARDIAC CATHETERIZATION		3,048,355	59
60	LABORATORY		6,913,060	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63	BLOOD STORING, PROCESSING & TRANS.		824,834	63
65	RESPIRATORY THERAPY		2,654,583	65
66	PHYSICAL THERAPY		1,794,354	66
67	OCCUPATIONAL THERAPY		1,005,765	67
68	SPEECH PATHOLOGY		319,432	68
69	ELECTROCARDIOLOGY		283,167	69
69.01	CARDIOLOGY	-129,463	956,710	69.01
70	ELECTROENCEPHALOGRAPHY		198,373	70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS		10,664,399	71
72	IMPL. DEV. CHARGED TO PATIENT		8,578,828	72
73	DRUGS CHARGED TO PATIENTS		8,907,471	73
74	RENAL DIALYSIS		177,881	74
76.97	CARDIAC REHABILITATION		903,994	76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY		7,016,808	91
92	OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES		4,563,232	95
SPECIAL PURPOSE COST CENTERS				
113	INTEREST EXPENSE			113
118	SUBTOTALS (SUM OF LINES 1-117)	-1,952,679	121,060,776	118
NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		390,618	190

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COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
192 PHYSICIANS' PRIVATE OFFICES		1,261,981	192
192.01 COVENANT OUTPATIENT PHARMACY		1,390,885	192.01
192.02 REAL ESTATE		964,877	192.02
192.03 FOUNDATION		1,044,967	192.03
192.04 OUTREACH PROGRAMS		899,833	192.04
192.05 UNASSIGNED		746,920	192.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-1,952,679	127,760,857	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	101,655	3,267	1,864	106,786	106,786	4
5.01 NONPATIENT TELEPHONE		12,278	49,872	62,150	726	5.01
5.02 DATA PROCESSING	1,392,824	46,217	1,633	1,440,674	382	5.02
5.03 PURCH,RCVING,STORING	66,654		72,990	139,644	413	5.03
5.04 ADMITTING	19,598	36,161	39,389	95,148	1,777	5.04
5.05 CASHIERING,A/R	127,467	4,834		132,301		5.05
5.06 OTHER ADMIN & GEN	854,567	279,337	137,503	1,271,407	8,451	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		1,318,552	507,011	1,825,563	2,093	7
7.01 BIOENGINEERING	826	23,816		24,642	1	7.01
8 LAUNDRY & LINEN SERVICE		16,388	352	16,740	265	8
9 HOUSEKEEPING		74,529	2,782	77,311	2,392	9
10 DIETARY		152,882	13,143	166,025	641	10
11 CAFETERIA		84,214		84,214	1,477	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,051	102,608	110,659	2,005	13
14 CENTRAL SERVICES & SUPPLY	415,461	222,577	42,380	680,418	1,918	14
15 PHARMACY	469,952	57,501	6,464	533,917	4,796	15
16 MEDICAL RECORDS & LIBRARY		139,896	3,651	143,547	2,377	16
17 SOCIAL SERVICE		10,577		10,577	1,747	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	101,540		451	101,991		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,517	1,062,003	32,567	1,101,087	21,427	30
31 INTENSIVE CARE UNIT	77,087	171,089	12,541	260,717	5,412	31
41 SUBPROVIDER - IRF	20,070	224,531	6,394	250,995	3,698	41
43 NURSERY		64,592	8,086	72,678	961	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,777	461,913	429,154	911,844	8,040	50
50.01 ENDOSCOPY	313,196	74,277	10,525	397,998	1,927	50.01
50.02 WOUND CARE CLINIC	142	2,072	4,925	7,139	393	50.02
51 RECOVERY ROOM	37	40,254		40,291	1,418	51
52 DELIVERY ROOM & LABOR ROOM	60	162,213	94,774	257,047	3,477	52
53 ANESTHESIOLOGY		6,804	9,970	16,774		53
54 RADIOLOGY-DIAGNOSTIC	42,269	119,146	119,483	280,898	2,653	54
54.01 ULTRASOUND	13,642	38,317	26,268	78,227	864	54.01
54.02 MAMMOGRAPHY	55,042		30,360	85,402	215	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	568	100,467		101,035	564	55.01
56 RADIOISOTOPE	15,529	33,601	16,230	65,360	509	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,822	52,432	200,338	275,592	1,202	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,106	26,628	222,744	257,478	452	58
59 CARDIAC CATHETERIZATION	47,187	140,907	482,682	670,776	2,032	59
60 LABORATORY	124,301	196,319		320,620		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		103,297	47,623	150,920	2,653	65
66 PHYSICAL THERAPY	33,837	60,466	2,500	96,803		66
67 OCCUPATIONAL THERAPY		39,210	229	39,439		67
68 SPEECH PATHOLOGY		3,200	81	3,281		68
69 ELECTROCARDIOLOGY		4,446	30,884	35,330	189	69
69.01 CARDIOLOGY	5,721	33,147	63,868	102,736	785	69.01
70 ELECTROENCEPHALOGRAPHY		5,659	1,340	6,999	211	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		7,158	869	8,027		74
76.97 CARDIAC REHABILITATION		52,162	16,647	68,809	984	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	349	186,685	52,600	239,634	7,422	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	140,424		133,272	273,696	4,919	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,498,227	5,964,072	3,039,047	13,501,346	103,868	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,279	7,321	35,600	101	190

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT	2A	4	
	0	1	2			
192 PHYSICIANS' PRIVATE OFFICES		114,430	5,292	119,722	556	192
192.01 COVENANT OUTPATIENT PHARMACY		12,480		12,480	500	192.01
192.02 REAL ESTATE	581,464	1,651	20,766	603,881		192.02
192.03 FOUNDATION	38,629		28,164	66,793	978	192.03
192.04 OUTREACH PROGRAMS	65,373		7,592	72,965	783	192.04
192.05 UNASSIGNED		236,590		236,590		192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,183,693	6,357,502	3,108,182	14,649,377	106,786	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCH	ADMITTING	CASHIERING	
	TELEPHONE	PROCESSING	RCVING		A/R	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE	62,876					5.01
5.02 DATA PROCESSING	2,308	1,443,364				5.02
5.03 PURCH,RCVING,STORING	624	7,583	148,264			5.03
5.04 ADMITTING	3,181	45,500	82	145,688		5.04
5.05 CASHIERING,A/R	187	22,750	6		155,244	5.05
5.06 OTHER ADMIN & GEN	9,856	187,056	358			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	998	20,222	1,363			7
7.01 BIOENGINEERING	374	10,111	44			7.01
8 LAUNDRY & LINEN SERVICE	125		26			8
9 HOUSEKEEPING	499	10,111	1,045			9
10 DIETARY	2,745	27,806	1,298			10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	374		159			13
14 CENTRAL SERVICES & SUPPLY	561	15,167				14
15 PHARMACY	1,559	40,445				15
16 MEDICAL RECORDS & LIBRARY	2,183	85,945	875			16
17 SOCIAL SERVICE	749	7,583	4			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	125		9			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	7,298	202,222	2,582	19,142	11,577	30
31 INTENSIVE CARE UNIT	1,123	68,250	1,048	5,351	2,835	31
41 SUBPROVIDER - IRF	2,557	58,139	458	3,815	2,021	41
43 NURSERY	686		131	1,718	910	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,493	91,000	4,026	11,632	15,223	50
50.01 ENDOSCOPY	1,123	30,333	456	913	5,083	50.01
50.02 WOUND CARE CLINIC	62		453	8	155	50.02
51 RECOVERY ROOM	1,185	12,639	132	2,114	2,758	51
52 DELIVERY ROOM & LABOR ROOM	1,060	65,722	343	3,047	1,675	52
53 ANESTHESIOLOGY	250		117	4,968	7,461	53
54 RADIOLOGY-DIAGNOSTIC	1,497	30,333		2,655	3,975	54
54.01 ULTRASOUND	499	10,111	230	928	1,374	54.01
54.02 MAMMOGRAPHY	187	2,528	377		285	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	312	2,528	62	3	356	55.01
56 RADIOISOTOPE	561	10,111	1,742	422	800	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	811	15,167	1,069	3,287	6,044	57
58 MAGNETIC RESONANCE IMAGING (MRI)	312	5,056	254	1,689	2,178	58
59 CARDIAC CATHETERIZATION	998	27,806	1,043	3,652	5,695	59
60 LABORATORY	2,932	75,833		15,224	17,450	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			6,008	799	546	63
65 RESPIRATORY THERAPY	1,747	22,750	55	12,057	7,162	65
66 PHYSICAL THERAPY	125		150	1,913	2,198	66
67 OCCUPATIONAL THERAPY	125		17	1,737	1,262	67
68 SPEECH PATHOLOGY	62		3	469	284	68
69 ELECTROCARDIOLOGY	187	5,056	26	367	418	69
69.01 RADIOLOGY	624	12,639	581	1,517	1,879	69.01
70 ELECTROENCEPHALOGRAPHY	250	5,056	18	147	174	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			64,580	9,703	11,483	71
72 IMPL. DEV. CHARGED TO PATIENT			53,715	6,387	6,143	72
73 DRUGS CHARGED TO PATIENTS				24,585	20,076	73
74 RENAL DIALYSIS	187	5,056	1	365	209	74
76.97 CARDIAC REHABILITATION	312	7,583	73	263	466	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	3,680	75,833	946	4,811	12,703	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		60,667	951		2,386	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	60,693	1,382,697	146,916	145,688	155,244	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			958			190

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	
	5.01	5.02	5.03	5.04	5.05	
192 PHYSICIANS' PRIVATE OFFICES	1,060		3			192
192.01 COVENANT OUTPATIENT PHARMACY	312		65			192.01
192.02 REAL ESTATE			141			192.02
192.03 FOUNDATION	374	15,167	43			192.03
192.04 OUTREACH PROGRAMS	437	45,500	138			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	62,876	1,443,364	148,264	145,688	155,244	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	BIOENG	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	
	5.06	7	7.01	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN	1,477,128					5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	82,428	1,932,667				7
7.01 BIOENGINEERING	25,105	9,884	70,161			7.01
8 LAUNDRY & LINEN SERVICE	8,271	6,801		32,228		8
9 HOUSEKEEPING	22,039	30,931			144,328	9
10 DIETARY	13,496	63,448			4,858	10
11 CAFETERIA	15,934	34,950			2,676	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	15,526	3,341			256	13
14 CENTRAL SERVICES & SUPPLY	25,935	92,373		143	7,072	14
15 PHARMACY	35,974	23,864			1,827	15
16 MEDICAL RECORDS & LIBRARY	34,331	58,059			4,445	16
17 SOCIAL SERVICE	13,299	4,390			336	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	13,455					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	8,781					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	184,342	440,748	6,138	11,135	33,749	30
31 INTENSIVE CARE UNIT	52,903	71,004	2,642	2,103	5,436	31
41 SUBPROVIDER - IRF	40,519	93,184		3,523	7,135	41
43 NURSERY	8,298	26,807	78	474	2,052	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	92,722	191,701	9,712	3,840	14,677	50
50.01 ENDOSCOPY	23,206	30,826	3,574	1,145	2,360	50.01
50.02 WOUND CARE CLINIC	3,780	860	78	37	66	50.02
51 RECOVERY ROOM	12,424	16,706	932	605	1,279	51
52 DELIVERY ROOM & LABOR ROOM	32,962	67,321	1,709	1,605	5,154	52
53 ANESTHESIOLOGY	4,927	2,824	1,709		216	53
54 RADIOLOGY-DIAGNOSTIC	25,397	49,447	9,712	504	3,786	54
54.01 ULTRASOUND	8,651	15,902	544	163	1,218	54.01
54.02 MAMMOGRAPHY	3,609			61		54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	5,863	41,695	1,010	32	3,192	55.01
56 RADIOISOTOPE	8,385	13,945	1,942	185	1,068	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	17,252	21,760	777	272	1,666	57
58 MAGNETIC RESONANCE IMAGING (MRI)	8,309	11,051	699	97	846	58
59 CARDIAC CATHETERIZATION	29,492	58,478	2,176	640	4,477	59
60 LABORATORY	73,154	81,476	2,953	29	6,238	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	9,393					63
65 RESPIRATORY THERAPY	25,692	42,870	2,642	5	3,282	65
66 PHYSICAL THERAPY	18,699	25,094	777	174	1,921	66
67 OCCUPATIONAL THERAPY	10,507	16,273		174	1,246	67
68 SPEECH PATHOLOGY	3,541	1,328		87	102	68
69 ELECTROCARDIOLOGY	2,308	1,845	1,942		141	69
69.01 RADIOLOGY	9,415	13,756	699	214	1,053	69.01
70 ELECTROENCEPHALOGRAPHY	1,982	2,349	78		180	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	101,065		10,724			71
72 IMPL. DEV. CHARGED TO PATIENT	84,294					72
73 DRUGS CHARGED TO PATIENTS	66,387		155			73
74 RENAL DIALYSIS	1,849	2,971		50	227	74
76.97 CARDIAC REHABILITATION	8,280	21,648	1,165		1,657	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	66,433	77,477	4,662	4,551	5,932	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	49,930		544	83		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,410,544	1,769,387	69,773	31,931	131,826	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,760	11,736			899	190

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COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	BIOENG	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	7	7.01	8	9	
192 PHYSICIANS' PRIVATE OFFICES	11,601	47,490	155	37	3,636	192
192.01 COVENANT OUTPATIENT PHARMACY	15,485	5,180			397	192.01
192.02 REAL ESTATE	10,880	685		260	52	192.02
192.03 FOUNDATION	11,763					192.03
192.04 OUTREACH PROGRAMS	9,994		233			192.04
192.05 UNASSIGNED	3,101	98,189			7,518	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,477,128	1,932,667	70,161	32,228	144,328	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIOENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	280,317					10
11 CAFETERIA		139,251				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,251	134,571			13
14 CENTRAL SERVICES & SUPPLY		5,062		828,649		14
15 PHARMACY		4,702			647,084	15
16 MEDICAL RECORDS & LIBRARY		4,268		8		16
17 SOCIAL SERVICE		2,286			11	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	196,040	35,362	45,570	11,631	3,399	30
31 INTENSIVE CARE UNIT	26,269	7,337	9,455	6,023	1,375	31
41 SUBPROVIDER - IRF	40,232	5,836	7,520	2,013	164	41
43 NURSERY	17,776	1,336	1,722	816	160	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		13,512	17,412	2,443	10,348	50
50.01 ENDOSCOPY		2,769	3,569		2,679	50.01
50.02 WOUND CARE CLINIC		514	662	2,675	26	50.02
51 RECOVERY ROOM		1,765	2,275	545	406	51
52 DELIVERY ROOM & LABOR ROOM		4,506	5,807		2,313	52
53 ANESTHESIOLOGY					5,111	53
54 RADIOLOGY-DIAGNOSTIC		4,490	5,786		549	54
54.01 ULTRASOUND		1,072	1,382	1,261	22	54.01
54.02 MAMMOGRAPHY		288	371	2,165	1	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY		735	948	365	734	55.01
56 RADIOISOTOPE		683	881	11,294	95	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,994	2,570	6,592	2,006	57
58 MAGNETIC RESONANCE IMAGING (MRI)		719	926	1,567	1,127	58
59 CARDIAC CATHETERIZATION		2,715	3,499	3,141	2,664	59
60 LABORATORY					4	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY		4,292	5,531	121	36	65
66 PHYSICAL THERAPY				610	4	66
67 OCCUPATIONAL THERAPY				91	2	67
68 SPEECH PATHOLOGY				10		68
69 ELECTROCARDIOLOGY		370	477	104		69
69.01 RADIOLOGY		947	1,221	3,086	442	69.01
70 ELECTROENCEPHALOGRAPHY		415	535	77		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				417,243	8,669	71
72 IMPL. DEV. CHARGED TO PATIENT				350,086		72
73 DRUGS CHARGED TO PATIENTS					597,512	73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION		1,414	1,822			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		11,353	14,630	437	6,046	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		12,505		3,663	1,179	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	280,317	135,498	134,571	828,067	647,084	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		330				190

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COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	13	14	15
192 PHYSICIANS' PRIVATE OFFICES		691		13	192
192.01 COVENANT OUTPATIENT PHARMACY		533		3	192.01
192.02 REAL ESTATE				4	192.02
192.03 FOUNDATION		1,061			192.03
192.04 OUTREACH PROGRAMS		1,138		562	192.04
192.05 UNASSIGNED					192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	280,317	139,251	134,571	828,649	647,084 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	I&R PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 BIOENGINEERING						7.01
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	336,038					16
17 SOCIAL SERVICE		40,982				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			13,455			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				110,906		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	223,298	26,941			2,583,688	30
31 INTENSIVE CARE UNIT	29,907	3,611			562,801	31
41 SUBPROVIDER - IRF	45,802	5,528			573,139	41
43 NURSERY	20,229	2,443			159,275	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					1,401,625	50
50.01 ENDOSCOPY					507,961	50.01
50.02 WOUND CARE CLINIC					16,908	50.02
51 RECOVERY ROOM					97,474	51
52 DELIVERY ROOM & LABOR ROOM					453,748	52
53 ANESTHESIOLOGY					44,357	53
54 RADIOLOGY-DIAGNOSTIC					421,682	54
54.01 ULTRASOUND					122,448	54.01
54.02 MAMMOGRAPHY					95,489	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY					159,434	55.01
56 RADIOISOTOPE					117,983	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					358,061	57
58 MAGNETIC RESONANCE IMAGING (MRI)					292,760	58
59 CARDIAC CATHETERIZATION					819,284	59
60 LABORATORY					595,913	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					16,746	63
65 RESPIRATORY THERAPY					281,815	65
66 PHYSICAL THERAPY					148,468	66
67 OCCUPATIONAL THERAPY					70,873	67
68 SPEECH PATHOLOGY					9,167	68
69 ELECTROCARDIOLOGY					48,760	69
69.01 CARDIOLOGY					151,594	69.01
70 ELECTROENCEPHALOGRAPHY					18,471	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					623,467	71
72 IMPL. DEV. CHARGED TO PATIENT					500,625	72
73 DRUGS CHARGED TO PATIENTS					708,715	73
74 RENAL DIALYSIS					18,942	74
76.97 CARDIAC REHABILITATION					114,476	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	16,802	2,459			555,811	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					410,523	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	336,038	40,982			13,062,483	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					53,384	190

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	
	16	17	21	22	24	
192 PHYSICIANS' PRIVATE OFFICES					184,964	192
192.01 COVENANT OUTPATIENT PHARMACY					34,955	192.01
192.02 REAL ESTATE					615,903	192.02
192.03 FOUNDATION					96,179	192.03
192.04 OUTREACH PROGRAMS					131,750	192.04
192.05 UNASSIGNED					345,398	192.05
200 CROSS FOOT ADJUSTMENTS				13,455	110,906	200
201 NEGATIVE COST CENTER					124,361	201
202 TOTAL (SUM OF LINES 118-201)	336,038	40,982	13,455	110,906	14,649,377	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS				
1	CAP REL COSTS-BLDG & FIXT			1
2	CAP REL COSTS-MVBLE EQUIP			2
4	EMPLOYEE BENEFITS			4
5.01	NONPATIENT TELEPHONE			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCH,RCVING,STORING			5.03
5.04	ADMITTING			5.04
5.05	CASHIERING,A/R			5.05
5.06	OTHER ADMIN & GEN			5.06
6	MAINTENANCE & REPAIRS			6
7	OPERATION OF PLANT			7
7.01	BIOENGINEERING			7.01
8	LAUNDRY & LINEN SERVICE			8
9	HOUSEKEEPING			9
10	DIETARY			10
11	CAFETERIA			11
12	MAINTENANCE OF PERSONNEL			12
13	NURSING ADMINISTRATION			13
14	CENTRAL SERVICES & SUPPLY			14
15	PHARMACY			15
16	MEDICAL RECORDS & LIBRARY			16
17	SOCIAL SERVICE			17
19	NONPHYSICIAN ANESTHETISTS			19
20	NURSING SCHOOL			20
21	I&R SRVCES-SALARY & FRINGES APPRVD			21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23	PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS				
30	ADULTS & PEDIATRICS	2,583,688		30
31	INTENSIVE CARE UNIT	562,801		31
41	SUBPROVIDER - IRF	573,139		41
43	NURSERY	159,275		43
44	SKILLED NURSING FACILITY			44
ANCILLARY SERVICE COST CENTERS				
50	OPERATING ROOM	1,401,625		50
50.01	ENDOSCOPY	507,961		50.01
50.02	WOUND CARE CLINIC	16,908		50.02
51	RECOVERY ROOM	97,474		51
52	DELIVERY ROOM & LABOR ROOM	453,748		52
53	ANESTHESIOLOGY	44,357		53
54	RADIOLOGY-DIAGNOSTIC	421,682		54
54.01	ULTRASOUND	122,448		54.01
54.02	MAMMOGRAPHY	95,489		54.02
55	RADIOLOGY-THERAPEUTIC			55
55.01	ONCOLOGY	159,434		55.01
56	RADIOISOTOPE	117,983		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	358,061		57
58	MAGNETIC RESONANCE IMAGING (MRI)	292,760		58
59	CARDIAC CATHETERIZATION	819,284		59
60	LABORATORY	595,913		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63	BLOOD STORING, PROCESSING & TRANS.	16,746		63
65	RESPIRATORY THERAPY	281,815		65
66	PHYSICAL THERAPY	148,468		66
67	OCCUPATIONAL THERAPY	70,873		67
68	SPEECH PATHOLOGY	9,167		68
69	ELECTROCARDIOLOGY	48,760		69
69.01	CARDIOLOGY	151,594		69.01
70	ELECTROENCEPHALOGRAPHY	18,471		70
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	623,467		71
72	IMPL. DEV. CHARGED TO PATIENT	500,625		72
73	DRUGS CHARGED TO PATIENTS	708,715		73
74	RENAL DIALYSIS	18,942		74
76.97	CARDIAC REHABILITATION	114,476		76.97
76.98	HYPERBARIC OXYGEN THERAPY			76.98
76.99	LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS				
91	EMERGENCY	555,811		91
92	OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS				
95	AMBULANCE SERVICES	410,523		95
SPECIAL PURPOSE COST CENTERS				
113	INTEREST EXPENSE			113
118	SUBTOTALS (SUM OF LINES 1-117)	13,062,483		118
NONREIMBURSABLE COST CENTERS				
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,384		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	
192 PHYSICIANS' PRIVATE OFFICES		184,964	192
192.01 COVENANT OUTPATIENT PHARMACY		34,955	192.01
192.02 REAL ESTATE		615,903	192.02
192.03 FOUNDATION		96,179	192.03
192.04 OUTREACH PROGRAMS		131,750	192.04
192.05 UNASSIGNED		345,398	192.05
200 CROSS FOOT ADJUSTMENTS		124,361	200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)		14,649,377	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONE N LINES	DATA PROCESSING N DEVICES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	377,462					1
2 CAP REL COSTS-MVBLE EQUIP		3,642,604				2
4 EMPLOYEE BENEFITS	194	2,185	39,544,347			4
5.01 NONPATIENT TELEPHONE	729	58,447	268,885	1,008		5.01
5.02 DATA PROCESSING	2,744	1,914	141,387	37	571	5.02
5.03 PURCH,RCVING,STORING		85,540	153,022	10	3	5.03
5.04 ADMITTING	2,147	46,162	658,105	51	18	5.04
5.05 CASHIERING,A/R		287		3	9	5.05
5.06 OTHER ADMIN & GEN	16,585	161,145	3,129,831	158	74	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	78,286	594,185	775,215	16	8	7
7.01 BIOENGINEERING	1,414		282	6	4	7.01
8 LAUNDRY & LINEN SERVICE	973	413	98,273	2		8
9 HOUSEKEEPING	4,425	3,260	885,806	8	4	9
10 DIETARY	9,077	15,403	237,342	44	11	10
11 CAFETERIA	5,000		547,174			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	478	120,251	742,547	6		13
14 CENTRAL SERVICES & SUPPLY	13,215	49,667	710,193	9	6	14
15 PHARMACY	3,414	7,576	1,776,257	25	16	15
16 MEDICAL RECORDS & LIBRARY	8,306	4,279	880,344	35	34	16
17 SOCIAL SERVICE	628		646,970	12	3	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		528		2		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,054	38,166	7,930,488	117	80	30
31 INTENSIVE CARE UNIT	10,158	14,697	2,004,516	18	27	31
41 SUBPROVIDER - IRF	13,331	7,493	1,369,474	41	23	41
43 NURSERY	3,835	9,476	355,919	11		43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,425	502,943	2,977,638	56	36	50
50.01 ENDOSCOPY	4,410	12,335	713,739	18	12	50.01
50.02 WOUND CARE CLINIC	123	5,772	145,684	1		50.02
51 RECOVERY ROOM	2,390		525,319	19	5	51
52 DELIVERY ROOM & LABOR ROOM	9,631	111,070	1,287,627	17	26	52
53 ANESTHESIOLOGY	404	11,684		4		53
54 RADIOLOGY-DIAGNOSTIC	7,074	140,027	982,748	24	12	54
54.01 ULTRASOUND	2,275	30,785	320,176	8	4	54.01
54.02 MAMMOGRAPHY		35,580	79,757	3	1	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	5,965		208,749	5	1	55.01
56 RADIOISOTOPE	1,995	19,021	188,348	9	4	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,113	234,784	445,150	13	6	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,581	261,043	167,379	5	2	58
59 CARDIAC CATHETERIZATION	8,366	565,674	752,413	16	11	59
60 LABORATORY	11,656			47	30	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	6,133	55,811	982,533	28	9	65
66 PHYSICAL THERAPY	3,590	2,930		2		66
67 OCCUPATIONAL THERAPY	2,328	268		2		67
68 SPEECH PATHOLOGY	190	95		1		68
69 ELECTROCARDIOLOGY	264	36,194	70,031	3	2	69
69.01 RADIOLOGY	1,968	74,850	290,708	10	5	69.01
70 ELECTROENCEPHALOGRAPHY	336	1,570	78,232	4	2	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	425	1,019		3	2	74
76.97 CARDIAC REHABILITATION	3,097	19,509	364,405	5	3	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	11,084	61,644	2,749,032	59	30	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		156,187	1,821,895		24	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	354,103	3,561,582	38,463,593	973	547	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,679	8,580	37,315			190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONE N LINES	DATA PROCESSING N DEVICES	
	1	2	4	5.01	5.02	
192 PHYSICIANS' PRIVATE OFFICES	6,794	6,202	206,054	17		192
192.01 COVENANT OUTPATIENT PHARMACY	741		185,176	5		192.01
192.02 REAL ESTATE	98	24,337				192.02
192.03 FOUNDATION		33,006	362,157	6	6	192.03
192.04 OUTREACH PROGRAMS		8,897	290,052	7	18	192.04
192.05 UNASSIGNED	14,047					192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,357,502	3,108,182	15,066,020	876,131	7,124,903	202
203 UNIT COST MULT-WS B PT I	16.842760	0.853286	0.380990	869.177579	12,477.938704	203
204 COST TO BE ALLOC PER B PT II			106,786	62,876	1,443,364	204
205 UNIT COST MULT-WS B PT II			0.002700	62.376984	2,527.782837	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH RCVING STORING SUPPLIES \$	ADMITTING INPATIENT REVENUE	CASHIERING A/R GROSS REVENUE	RECON- CILIATION	OTHER ADMIN GEN ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING	16,146,492					5.03
5.04 ADMITTING	8,898	279,801,675				5.04
5.05 CASHIERING,A/R	666		562,081,973			5.05
5.06 OTHER ADMIN & GEN	39,013			-17,018,885	112,694,651	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	148,394				6,288,833	7
7.01 BIOENGINEERING	4,761				1,915,424	7.01
8 LAUNDRY & LINEN SERVICE	2,830				631,052	8
9 HOUSEKEEPING	113,825				1,681,505	9
10 DIETARY	141,392				1,029,665	10
11 CAFETERIA					1,215,668	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	17,333				1,184,581	13
14 CENTRAL SERVICES & SUPPLY					1,978,721	14
15 PHARMACY					2,744,671	15
16 MEDICAL RECORDS & LIBRARY	95,262				2,619,277	16
17 SOCIAL SERVICE	472				1,014,642	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					1,026,554	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	975				669,926	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	281,192	36,741,420	41,945,569		14,061,143	30
31 INTENSIVE CARE UNIT	114,151	10,270,165	10,270,165		4,036,221	31
41 SUBPROVIDER - IRF	49,915	7,322,565	7,322,565		3,091,402	41
43 NURSERY	14,307	3,297,865	3,297,865		633,064	43
44 SKILLED NURSING FACILITY						44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	438,495	22,326,032	55,156,693		7,074,264	50
50.01 ENDOSCOPY	49,610	1,752,127	18,416,595		1,770,470	50.01
50.02 WOUND CARE CLINIC	49,337	15,261	561,631		288,431	50.02
51 RECOVERY ROOM	14,368	4,058,444	9,992,249		947,859	51
52 DELIVERY ROOM & LABOR ROOM	37,329	5,847,482	6,068,595		2,514,827	52
53 ANESTHESIOLOGY	12,755	9,535,731	27,032,747		375,932	53
54 RADIOLOGY-DIAGNOSTIC		5,096,654	14,403,280		1,937,672	54
54.01 ULTRASOUND	25,042	1,781,777	4,977,161		660,028	54.01
54.02 MAMMOGRAPHY	41,112	850	1,034,091		275,356	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	6,765	6,239	1,289,453		447,299	55.01
56 RADIOISOTOPE	189,751	809,809	2,898,652		639,768	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	116,444	6,309,335	21,899,539		1,316,240	57
58 MAGNETIC RESONANCE IMAGING (MRI)	27,657	3,241,742	7,892,666		633,914	58
59 CARDIAC CATHETERIZATION	113,613	7,009,071	20,632,441		2,250,097	59
60 LABORATORY		29,221,105	63,224,631		5,581,328	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	654,285	1,534,051	1,979,065		716,613	63
65 RESPIRATORY THERAPY	6,026	23,141,145	25,949,939		1,960,166	65
66 PHYSICAL THERAPY	16,292	3,672,034	7,962,850		1,426,654	66
67 OCCUPATIONAL THERAPY	1,826	3,333,496	4,572,106		801,667	67
68 SPEECH PATHOLOGY	294	900,433	1,030,604		270,153	68
69 ELECTROCARDIOLOGY	2,844	704,777	1,514,719		176,097	69
69.01 RADIOLOGY	63,260	2,912,168	6,807,592		718,343	69.01
70 ELECTROENCEPHALOGRAPHY	1,991	281,805	629,287		151,193	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	7,032,547	18,623,008	41,603,278		7,710,782	71
72 IMPL. DEV. CHARGED TO PATIENT	5,850,078	12,258,913	22,257,694		6,431,249	72
73 DRUGS CHARGED TO PATIENTS		47,357,206	72,341,093		5,065,029	73
74 RENAL DIALYSIS	68	700,657	757,654		141,047	74
76.97 CARDIAC REHABILITATION	7,945	504,559	1,688,097		631,761	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	102,993	9,233,749	46,027,009		5,068,538	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	103,576		8,644,398		3,809,422	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	15,999,689	279,801,675	562,081,973	-17,018,885	107,614,548	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	104,331				286,854	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH RCVING STORING SUPPLIES \$	ADMITTING INPATIENT REVENUE	CASHIERING A/R GROSS REVENUE	RECON- CILIATION	OTHER ADMIN GEN ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
192 PHYSICIANS' PRIVATE OFFICES	350				885,112	192
192.01 COVENANT OUTPATIENT PHARMACY	7,028				1,181,425	192.01
192.02 REAL ESTATE	15,391				830,114	192.02
192.03 FOUNDATION	4,714				897,486	192.03
192.04 OUTREACH PROGRAMS	14,989				762,522	192.04
192.05 UNASSIGNED					236,590	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,036,827	1,285,850	3,767,138		17,018,885	202
203 UNIT COST MULT-WS B PT I	0.064214	0.004596	0.006702		0.151018	203
204 COST TO BE ALLOC PER B PT II	148,264	145,688	155,244		1,477,128	204
205 UNIT COST MULT-WS B PT II	0.009182	0.000521	0.000276		0.013107	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	BIOENG	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	SQUARE FEET	WORKORDERS	POUNDS OF LAUNDRY	SQUARE FEET	TOTAL MEALS	
	7	7.01	8	9	10	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7	276,490					7
7.01	1,414	903				7.01
8	973		1,036,280			8
9	4,425			269,678		9
10	9,077			9,077	146,436	10
11	5,000			5,000		11
12						12
13	478			478		13
14	13,215		4,591	13,215		14
15	3,414			3,414		15
16	8,306			8,306		16
17	628			628		17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	63,054	79	358,071	63,054	102,410	30
31	10,158	34	67,615	10,158	13,723	31
41	13,331		113,272	13,331	21,017	41
43	3,835	1	15,229	3,835	9,286	43
44						44
ANCILLARY SERVICE COST CENTERS						
50	27,425	125	123,473	27,425		50
50.01	4,410	46	36,830	4,410		50.01
50.02	123	1	1,191	123		50.02
51	2,390	12	19,441	2,390		51
52	9,631	22	51,600	9,631		52
53	404	22	404			53
54	7,074	125	16,207	7,074		54
54.01	2,275	7	5,231	2,275		54.01
54.02			1,961			54.02
55						55
55.01	5,965	13	1,029	5,965		55.01
56	1,995	25	5,954	1,995		56
57	3,113	10	8,750	3,113		57
58	1,581	9	3,109	1,581		58
59	8,366	28	20,576	8,366		59
60	11,656	38	939	11,656		60
62.30						62.30
63						63
65	6,133	34	156	6,133		65
66	3,590	10	5,596	3,590		66
67	2,328		5,595	2,328		67
68	190		2,798	190		68
69	264	25		264		69
69.01	1,968	9	6,876	1,968		69.01
70	336	1		336		70
71		138				71
72						72
73		2				73
74	425		1,616	425		74
76.97	3,097	15		3,097		76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
91	11,084	60	146,324	11,084		91
92						92
OTHER REIMBURSABLE COST CENTERS						
95		7	2,676			95
SPECIAL PURPOSE COST CENTERS						
118	253,131	898	1,026,706	246,319	146,436	118
NONREIMBURSABLE COST CENTERS						
190	1,679			1,679		190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	BIOENG	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY
	SQUARE FEET 7	WORKORDERS 7.01	POUNDS OF LAUNDRY 8	SQUARE FEET 9	TOTAL MEALS 10
192 PHYSICIANS' PRIVATE OFFICES	6,794	2	1,199	6,794	192
192.01 COVENANT OUTPATIENT PHARMACY	741			741	192.01
192.02 REAL ESTATE	98		8,375	98	192.02
192.03 FOUNDATION					192.03
192.04 OUTREACH PROGRAMS		3			192.04
192.05 UNASSIGNED	14,047			14,047	192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 COST TO BE ALLOC PER B PT I	7,238,560	2,241,707	751,825	2,051,290	1,491,845
203 UNIT COST MULT-WS B PT I	26.180187	2,482.510520	0.725504	7.606442	10.187693
204 COST TO BE ALLOC PER B PT II	1,932,667	70,161	32,228	144,328	280,317
205 UNIT COST MULT-WS B PT II	6.990007	77.697674	0.031100	0.535186	1.914263

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	TOTAL	ADMINIS-	SERVICES &	COSTED	RECORDS &	
	EMPL FTE	TRATION	SUPPLY	REQUIS.	LIBRARY	
	11	TOTAL	COSTED	REQUIS.	TIME	
		REV EMP	REQUIS.	15	SPENT	16
		13	14			16
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11	59,084					11
12						12
13	955	44,307				13
14	2,148		13,846,974			14
15	1,995			5,287,842		15
16	1,811		136		10,000	16
17	970		3	89		17
19						19
20						20
21						21
22						22
23						23
INPATIENT ROUTINE SERV COST CENTERS						
30	15,004	15,004	194,353	27,773	6,645	30
31	3,113	3,113	100,640	11,234	890	31
41	2,476	2,476	33,643	1,342	1,363	41
43	567	567	13,633	1,307	602	43
44						44
ANCILLARY SERVICE COST CENTERS						
50	5,733	5,733	40,831	84,564		50
50.01	1,175	1,175		21,891		50.01
50.02	218	218	44,704	211		50.02
51	749	749	9,112	3,315		51
52	1,912	1,912		18,899		52
53				41,765		53
54	1,905	1,905		4,489		54
54.01	455	455	21,064	180		54.01
54.02	122	122	36,181	10		54.02
55						55
55.01	312	312	6,097	6,000		55.01
56	290	290	188,722	774		56
57	846	846	110,157	16,389		57
58	305	305	26,182	9,206		58
59	1,152	1,152	52,480	21,768		59
60				29		60
62.30						62.30
63						63
65	1,821	1,821	2,020	292		65
66			10,196	34		66
67			1,525	17		67
68			159			68
69	157	157	1,732			69
69.01	402	402	51,576	3,610		69.01
70	176	176	1,288			70
71			6,972,219	70,842		71
72			5,850,078			72
73				4,882,770		73
74				1		74
76.97	600	600				76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
91	4,817	4,817	7,306	49,409	500	91
92						92
OTHER REIMBURSABLE COST CENTERS						
95	5,306		61,216	9,632		95
SPECIAL PURPOSE COST CENTERS						
118	57,492	44,307	13,837,253	5,287,842	10,000	118
NONREIMBURSABLE COST CENTERS						
190	140					190

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	TOTAL EMPL FTE 11	ADMINIS- TRATION TOTAL REV EMP 13	SUPPLY COSTED REQUIS. 14	COSTED REQUIS. 15	RECORDS & LIBRARY TIME SPENT 16	
192 PHYSICIANS' PRIVATE OFFICES	293		213			192
192.01 COVENANT OUTPATIENT PHARMACY	226		50			192.01
192.02 REAL ESTATE			71			192.02
192.03 FOUNDATION	450					192.03
192.04 OUTREACH PROGRAMS	483		9,387			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,568,189	1,404,971	2,784,376	3,327,464	3,343,561	202
203 UNIT COST MULT-WS B PT I	26.541686	31.709910	0.201082	0.629267	334.356100	203
204 COST TO BE ALLOC PER B PT II	139,251	134,571	828,649	647,084	336,038	204
205 UNIT COST MULT-WS B PT II	2.356831	3.037240	0.059843	0.122372	33.603800	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES ASSIGNED	I&R PROGRAM COSTS ASSIGNED	
	TIME SPENT	TIME	TIME	
	17	21	22	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 NONPATIENT TELEPHONE				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCH,RCVING,STORING				5.03
5.04 ADMITTING				5.04
5.05 CASHIERING,A/R				5.05
5.06 OTHER ADMIN & GEN				5.06
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
7.01 BIOENGINEERING				7.01
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
12 MAINTENANCE OF PERSONNEL				12
13 NURSING ADMINISTRATION				13
14 CENTRAL SERVICES & SUPPLY				14
15 PHARMACY				15
16 MEDICAL RECORDS & LIBRARY				16
17 SOCIAL SERVICE	10,000			17
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		10,000		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			10,000	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	6,574	7,820	7,820	30
31 INTENSIVE CARE UNIT	881	707	707	31
41 SUBPROVIDER - IRF	1,349			41
43 NURSERY	596			43
44 SKILLED NURSING FACILITY				44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM				50
50.01 ENDOSCOPY		810	810	50.01
50.02 WOUND CARE CLINIC				50.02
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM				52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC				54
54.01 ULTRASOUND				54.01
54.02 MAMMOGRAPHY				54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY				55.01
56 RADIOISOTOPE				56
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION				59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.				63
65 RESPIRATORY THERAPY				65
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY				69
69.01 CARDIOLOGY		663	663	69.01
70 ELECTROENCEPHALOGRAPHY				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
74 RENAL DIALYSIS				74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	600			91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	10,000	10,000	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE TIME SPENT 17	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 COVENANT OUTPATIENT PHARMACY				192.01
192.02 REAL ESTATE				192.02
192.03 FOUNDATION				192.03
192.04 OUTREACH PROGRAMS				192.04
192.05 UNASSIGNED				192.05
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	1,214,891	1,181,582	771,097	202
203 UNIT COST MULT-WS B PT I	121.489100	118.158200	77.109700	203
204 COST TO BE ALLOC PER B PT II	40,982	13,455	110,906	204
205 UNIT COST MULT-WS B PT II	4.098200	1.345500	11.090600	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	23,765,230		23,765,230	24,740	23,789,970	30
31 INTENSIVE CARE UNIT	5,875,485		5,875,485	37,728	5,913,213	31
41 SUBPROVIDER - IRF	5,076,418		5,076,418		5,076,418	41
43 NURSERY	1,276,657		1,276,657		1,276,657	43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS						44
50 OPERATING ROOM	9,864,477		9,864,477		9,864,477	50
50.01 ENDOSCOPY	2,409,977		2,409,977		2,409,977	50.01
50.02 WOUND CARE CLINIC	361,313		361,313		361,313	50.02
51 RECOVERY ROOM	1,263,197		1,263,197		1,263,197	51
52 DELIVERY ROOM & LABOR ROOM	3,435,331		3,435,331		3,435,331	52
53 ANESTHESIOLOGY	527,250		527,250		527,250	53
54 RADIOLOGY-DIAGNOSTIC	2,905,168		2,905,168	3,056	2,908,224	54
54.01 ULTRASOUND	888,595		888,595		888,595	54.01
54.02 MAMMOGRAPHY	332,751		332,751		332,751	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	772,582		772,582		772,582	55.01
56 RADIOISOTOPE	925,500		925,500		925,500	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,733,112		1,733,112		1,733,112	57
58 MAGNETIC RESONANCE IMAGING	836,487		836,487		836,487	58
59 CARDIAC CATHETERIZATION	3,048,355		3,048,355		3,048,355	59
60 LABORATORY	6,913,060		6,913,060	33,392	6,946,452	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	824,834		824,834		824,834	63
65 RESPIRATORY THERAPY	2,654,583		2,654,583	8,887	2,663,470	65
66 PHYSICAL THERAPY	1,794,354		1,794,354		1,794,354	66
67 OCCUPATIONAL THERAPY	1,005,765		1,005,765		1,005,765	67
68 SPEECH PATHOLOGY	319,432		319,432		319,432	68
69 ELECTROCARDIOLOGY	283,167		283,167		283,167	69
69.01 CARDIOLOGY	956,710		956,710		956,710	69.01
70 ELECTROENCEPHALOGRAPHY	198,373		198,373		198,373	70
71 MEDICAL SUPPLIES CHRGD TO	10,664,399		10,664,399		10,664,399	71
72 IMPL. DEV. CHARGED TO PATIE	8,578,828		8,578,828		8,578,828	72
73 DRUGS CHARGED TO PATIENTS	8,907,471		8,907,471		8,907,471	73
74 RENAL DIALYSIS	177,881		177,881		177,881	74
76.97 CARDIAC REHABILITATION	903,994		903,994		903,994	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	7,016,808		7,016,808		7,016,808	91
92 OBSERVATION BEDS	3,059,292		3,059,292		3,059,292	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,563,232		4,563,232		4,563,232	95
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	124,120,068		124,120,068	107,803	124,227,871	200
201 LESS OBSERVATION BEDS	3,059,292		3,059,292		3,059,292	201
202 TOTAL (SEE INSTRUCTIONS)	121,060,776		121,060,776		121,168,579	202

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 (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	36,741,420		36,741,420			30
31 INTENSIVE CARE UNIT	10,270,165		10,270,165			31
41 SUBPROVIDER - IRF	7,322,565		7,322,565			41
43 NURSERY	3,297,865		3,297,865			43
44 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS						44
50 OPERATING ROOM	22,326,032	32,830,661	55,156,693	0.178845	0.178845	0.178845 50
50.01 ENDOSCOPY	1,752,127	16,664,468	18,416,595	0.130859	0.130859	0.130859 50.01
50.02 WOUND CARE CLINIC	15,261	546,370	561,631	0.643328	0.643328	0.643328 50.02
51 RECOVERY ROOM	4,058,444	5,933,805	9,992,249	0.126418	0.126418	0.126418 51
52 DELIVERY ROOM & LABOR ROOM	5,847,482	221,113	6,068,595	0.566083	0.566083	0.566083 52
53 ANESTHESIOLOGY	9,535,731	17,497,016	27,032,747	0.019504	0.019504	0.019504 53
54 RADIOLOGY-DIAGNOSTIC	5,096,654	9,306,626	14,403,280	0.201702	0.201702	0.201914 54
54.01 ULTRASOUND	1,781,777	3,195,384	4,977,161	0.178535	0.178535	0.178535 54.01
54.02 MAMMOGRAPHY	850	1,033,241	1,034,091	0.321781	0.321781	0.321781 54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	6,239	1,283,214	1,289,453	0.599155	0.599155	0.599155 55.01
56 RADIOISOTOPE	809,809	2,088,843	2,898,652	0.319286	0.319286	0.319286 56
57 COMPUTED TOMOGRAPHY (CT) SC	6,309,335	15,590,204	21,899,539	0.079139	0.079139	0.079139 57
58 MAGNETIC RESONANCE IMAGING	3,241,742	4,650,924	7,892,666	0.105983	0.105983	0.105983 58
59 CARDIAC CATHETERIZATION	7,009,071	13,623,370	20,632,441	0.147746	0.147746	0.147746 59
60 LABORATORY	29,221,105	34,003,526	63,224,631	0.109341	0.109341	0.109869 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,534,051	445,014	1,979,065	0.416780	0.416780	0.416780 63
65 RESPIRATORY THERAPY	23,141,145	2,808,794	25,949,939	0.102296	0.102296	0.102639 65
66 PHYSICAL THERAPY	3,672,034	4,290,816	7,962,850	0.225341	0.225341	0.225341 66
67 OCCUPATIONAL THERAPY	3,333,496	1,238,610	4,572,106	0.219978	0.219978	0.219978 67
68 SPEECH PATHOLOGY	900,433	130,171	1,030,604	0.309946	0.309946	0.309946 68
69 ELECTROCARDIOLOGY	704,777	809,942	1,514,719	0.186944	0.186944	0.186944 69
69.01 CARDIOLOGY	2,912,168	3,895,424	6,807,592	0.140536	0.140536	0.140536 69.01
70 ELECTROENCEPHALOGRAPHY	281,805	347,482	629,287	0.315235	0.315235	0.315235 70
71 MEDICAL SUPPLIES CHRGD TO	18,623,008	22,980,270	41,603,278	0.256336	0.256336	0.256336 71
72 IMPL. DEV. CHARGED TO PATIE	12,258,913	9,998,781	22,257,694	0.385432	0.385432	0.385432 72
73 DRUGS CHARGED TO PATIENTS	47,357,206	24,983,887	72,341,093	0.123132	0.123132	0.123132 73
74 RENAL DIALYSIS	700,657	56,997	757,654	0.234779	0.234779	0.234779 74
76.97 CARDIAC REHABILITATION	504,559	1,183,538	1,688,097	0.535511	0.535511	0.535511 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,233,749	36,793,260	46,027,009	0.152450	0.152450	0.152450 91
92 OBSERVATION BEDS	673,838	4,530,311	5,204,149	0.587856	0.587856	0.587856 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		8,644,398	8,644,398	0.527883	0.527883	0.527883 95
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	280,475,513	281,606,460	562,081,973			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	280,475,513	281,606,460	562,081,973			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)		(COL.3 + COL.4)		(COL.5 x COL.6)
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,583,688		2,583,688	26,004	99.36		30
31 INTENSIVE CARE UNIT	562,801		562,801	3,023	186.17		31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF							40
41 SUBPROVIDER - IRF	573,139		573,139	4,769	120.18		41
42 SUBPROVIDER I							42
43 NURSERY	159,275		159,275	2,065	77.13		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,878,903		3,878,903	35,861			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [XX] TITLE V [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,401,625	55,156,693	0.025412		50
50.01 ENDOSCOPY	507,961	18,416,595	0.027582		50.01
50.02 WOUND CARE CLINIC	16,908	561,631	0.030105		50.02
51 RECOVERY ROOM	97,474	9,992,249	0.009755		51
52 DELIVERY ROOM & LABOR ROOM	453,748	6,068,595	0.074770		52
53 ANESTHESIOLOGY	44,357	27,032,747	0.001641		53
54 RADIOLOGY-DIAGNOSTIC	421,682	14,403,280	0.029277		54
54.01 ULTRASOUND	122,448	4,977,161	0.024602		54.01
54.02 MAMMOGRAPHY	95,489	1,034,091	0.092341		54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY	159,434	1,289,453	0.123645		55.01
56 RADIOISOTOPE	117,983	2,898,652	0.040703		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	358,061	21,899,539	0.016350		57
58 MAGNETIC RESONANCE IMAGING (M	292,760	7,892,666	0.037093		58
59 CARDIAC CATHETERIZATION	819,284	20,632,441	0.039709		59
60 LABORATORY	595,913	63,224,631	0.009425		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	16,746	1,979,065	0.008462		63
65 RESPIRATORY THERAPY	281,815	25,949,939	0.010860		65
66 PHYSICAL THERAPY	148,468	7,962,850	0.018645		66
67 OCCUPATIONAL THERAPY	70,873	4,572,106	0.015501		67
68 SPEECH PATHOLOGY	9,167	1,030,604	0.008895		68
69 ELECTROCARDIOLOGY	48,760	1,514,719	0.032191		69
69.01 RADIOLOGY	151,594	6,807,592	0.022268		69.01
70 ELECTROENCEPHALOGRAPHY	18,471	629,287	0.029352		70
71 MEDICAL SUPPLIES CHRGD TO PA	623,467	41,603,278	0.014986		71
72 IMPL. DEV. CHARGED TO PATIENT	500,625	22,257,694	0.022492		72
73 DRUGS CHARGED TO PATIENTS	708,715	72,341,093	0.009797		73
74 RENAL DIALYSIS	18,942	757,654	0.025001		74
76.97 CARDIAC REHABILITATION	114,476	1,688,097	0.067814		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	555,811	46,027,009	0.012076		91
92 OBSERVATION BEDS		5,204,149	5,204,149		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	8,773,057	495,805,560	495,805,560		200

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

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

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT					34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF					40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY					43
45 SKILLED NURSING FACILITY					44
200 NURSING FACILITY					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/30/2012 03:56

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	26,004				30
31 INTENSIVE CARE UNIT	3,023				31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,769				41
42 SUBPROVIDER I					42
43 NURSERY	2,065				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	35,861				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [XX] TITLE V [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
50.02 WOUND CARE CLINIC						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIOLOGY						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0113) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA	COST CENTER DESCRIPTION		TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS														
50							OPERATING ROOM	55,156,693						50
50.01							ENDOSCOPY	18,416,595						50.01
50.02							WOUND CARE CLINIC	561,631						50.02
51							RECOVERY ROOM	9,992,249						51
52							DELIVERY ROOM & LABOR ROOM	6,068,595						52
53							ANESTHESIOLOGY	27,032,747						53
54							RADIOLOGY-DIAGNOSTIC	14,403,280						54
54.01							ULTRASOUND	4,977,161						54.01
54.02							MAMMOGRAPHY	1,034,091						54.02
55							RADIOLOGY-THERAPEUTIC							55
55.01							ONCOLOGY	1,289,453						55.01
56							RADIOISOTOPE	2,898,652						56
57							COMPUTED TOMOGRAPHY (CT) SCA	21,899,539						57
58							MAGNETIC RESONANCE IMAGING (	7,892,666						58
59							CARDIAC CATHETERIZATION	20,632,441						59
60							LABORATORY	63,224,631						60
62.30							BLOOD CLOTTING FOR HEMOPHILI							62.30
63							BLOOD STORING, PROCESSING &	1,979,065						63
65							RESPIRATORY THERAPY	25,949,939						65
66							PHYSICAL THERAPY	7,962,850						66
67							OCCUPATIONAL THERAPY	4,572,106						67
68							SPEECH PATHOLOGY	1,030,604						68
69							ELECTROCARDIOLOGY	1,514,719						69
69.01							CARDIOLOGY	6,807,592						69.01
70							ELECTROENCEPHALOGRAPHY	629,287						70
71							MEDICAL SUPPLIES CHRGED TO P	41,603,278						71
72							IMPL. DEV. CHARGED TO PATIEN	22,257,694						72
73							DRUGS CHARGED TO PATIENTS	72,341,093						73
74							RENAL DIALYSIS	757,654						74
76.97							CARDIAC REHABILITATION	1,688,097						76.97
76.98							HYPERBARIC OXYGEN THERAPY							76.98
76.99							LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS														
91							EMERGENCY	46,027,009						91
92							OBSERVATION BEDS	5,204,149						92
OTHER REIMBURSABLE COST CENTERS														
95							AMBULANCE SERVICES	8,644,398						95
200							TOTAL (SUM OF LINES 50-199)	495,805,560						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [XX] TITLE V - O/P [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.178845						50
50.01 ENDOSCOPY	0.130859						50.01
50.02 WOUND CARE CLINIC	0.643328						50.02
51 RECOVERY ROOM	0.126418						51
52 DELIVERY ROOM & LABOR ROOM	0.566083						52
53 ANESTHESIOLOGY	0.019504						53
54 RADIOLOGY-DIAGNOSTIC	0.201702						54
54.01 ULTRASOUND	0.178535						54.01
54.02 MAMMOGRAPHY	0.321781						54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.599155						55.01
56 RADIOISOTOPE	0.319286						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983						58
59 CARDIAC CATHETERIZATION	0.147746						59
60 LABORATORY	0.109341						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780						63
65 RESPIRATORY THERAPY	0.102296						65
66 PHYSICAL THERAPY	0.225341						66
67 OCCUPATIONAL THERAPY	0.219978						67
68 SPEECH PATHOLOGY	0.309946						68
69 ELECTROCARDIOLOGY	0.186944						69
69.01 CARDIOLOGY	0.140536						69.01
70 ELECTROENCEPHALOGRAPHY	0.315235						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.256336						71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432						72
73 DRUGS CHARGED TO PATIENTS	0.123132						73
74 RENAL DIALYSIS	0.234779						74
76.97 CARDIAC REHABILITATION	0.535511						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.152450						91
92 OBSERVATION BEDS	0.587856						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.527883						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [XX] TITLE V [] HOSPITAL [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T113)

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,401,625	55,156,693	0.025412		50
50.01 ENDOSCOPY	507,961	18,416,595	0.027582		50.01
50.02 WOUND CARE CLINIC	16,908	561,631	0.030105		50.02
51 RECOVERY ROOM	97,474	9,992,249	0.009755		51
52 DELIVERY ROOM & LABOR ROOM	453,748	6,068,595	0.074770		52
53 ANESTHESIOLOGY	44,357	27,032,747	0.001641		53
54 RADIOLOGY-DIAGNOSTIC	421,682	14,403,280	0.029277		54
54.01 ULTRASOUND	122,448	4,977,161	0.024602		54.01
54.02 MAMMOGRAPHY	95,489	1,034,091	0.092341		54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY	159,434	1,289,453	0.123645		55.01
56 RADIOISOTOPE	117,983	2,898,652	0.040703		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	358,061	21,899,539	0.016350		57
58 MAGNETIC RESONANCE IMAGING (M	292,760	7,892,666	0.037093		58
59 CARDIAC CATHETERIZATION	819,284	20,632,441	0.039709		59
60 LABORATORY	595,913	63,224,631	0.009425		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	16,746	1,979,065	0.008462		63
65 RESPIRATORY THERAPY	281,815	25,949,939	0.010860		65
66 PHYSICAL THERAPY	148,468	7,962,850	0.018645		66
67 OCCUPATIONAL THERAPY	70,873	4,572,106	0.015501		67
68 SPEECH PATHOLOGY	9,167	1,030,604	0.008895		68
69 ELECTROCARDIOLOGY	48,760	1,514,719	0.032191		69
69.01 RADIOLOGY	151,594	6,807,592	0.022268		69.01
70 ELECTROENCEPHALOGRAPHY	18,471	629,287	0.029352		70
71 MEDICAL SUPPLIES CHRGD TO PA	623,467	41,603,278	0.014986		71
72 IMPL. DEV. CHARGED TO PATIENT	500,625	22,257,694	0.022492		72
73 DRUGS CHARGED TO PATIENTS	708,715	72,341,093	0.009797		73
74 RENAL DIALYSIS	18,942	757,654	0.025001		74
76.97 CARDIAC REHABILITATION	114,476	1,688,097	0.067814		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	555,811	46,027,009	0.012076		91
92 OBSERVATION BEDS		5,204,149	5,204,149		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	8,773,057	495,805,560	495,805,560		200

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/30/2012 03:56

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF (14-T113) NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
50.02 WOUND CARE CLINIC						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIOLOGY						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T113)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA	COST CENTER DESCRIPTION		TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS														
50							OPERATING ROOM	55,156,693						50
50.01							ENDOSCOPY	18,416,595						50.01
50.02							WOUND CARE CLINIC	561,631						50.02
51							RECOVERY ROOM	9,992,249						51
52							DELIVERY ROOM & LABOR ROOM	6,068,595						52
53							ANESTHESIOLOGY	27,032,747						53
54							RADIOLOGY-DIAGNOSTIC	14,403,280						54
54.01							ULTRASOUND	4,977,161						54.01
54.02							MAMMOGRAPHY	1,034,091						54.02
55							RADIOLOGY-THERAPEUTIC							55
55.01							ONCOLOGY	1,289,453						55.01
56							RADIOISOTOPE	2,898,652						56
57							COMPUTED TOMOGRAPHY (CT) SCA	21,899,539						57
58							MAGNETIC RESONANCE IMAGING (	7,892,666						58
59							CARDIAC CATHETERIZATION	20,632,441						59
60							LABORATORY	63,224,631						60
62.30							BLOOD CLOTTING FOR HEMOPHILI							62.30
63							BLOOD STORING, PROCESSING &	1,979,065						63
65							RESPIRATORY THERAPY	25,949,939						65
66							PHYSICAL THERAPY	7,962,850						66
67							OCCUPATIONAL THERAPY	4,572,106						67
68							SPEECH PATHOLOGY	1,030,604						68
69							ELECTROCARDIOLOGY	1,514,719						69
69.01							CARDIOLOGY	6,807,592						69.01
70							ELECTROENCEPHALOGRAPHY	629,287						70
71							MEDICAL SUPPLIES CHRGED TO P	41,603,278						71
72							IMPL. DEV. CHARGED TO PATIEN	22,257,694						72
73							DRUGS CHARGED TO PATIENTS	72,341,093						73
74							RENAL DIALYSIS	757,654						74
76.97							CARDIAC REHABILITATION	1,688,097						76.97
76.98							HYPERBARIC OXYGEN THERAPY							76.98
76.99							LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS														
91							EMERGENCY	46,027,009						91
92							OBSERVATION BEDS	5,204,149						92
OTHER REIMBURSABLE COST CENTERS														
95							AMBULANCE SERVICES	8,644,398						95
200							TOTAL (SUM OF LINES 50-199)	495,805,560						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [XX] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T113) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.178845						50
50.01 ENDOSCOPY	0.130859						50.01
50.02 WOUND CARE CLINIC	0.643328						50.02
51 RECOVERY ROOM	0.126418						51
52 DELIVERY ROOM & LABOR ROOM	0.566083						52
53 ANESTHESIOLOGY	0.019504						53
54 RADIOLOGY-DIAGNOSTIC	0.201702						54
54.01 ULTRASOUND	0.178535						54.01
54.02 MAMMOGRAPHY	0.321781						54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.599155						55.01
56 RADIOISOTOPE	0.319286						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983						58
59 CARDIAC CATHETERIZATION	0.147746						59
60 LABORATORY	0.109341						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780						63
65 RESPIRATORY THERAPY	0.102296						65
66 PHYSICAL THERAPY	0.225341						66
67 OCCUPATIONAL THERAPY	0.219978						67
68 SPEECH PATHOLOGY	0.309946						68
69 ELECTROCARDIOLOGY	0.186944						69
69.01 CARDIOLOGY	0.140536						69.01
70 ELECTROENCEPHALOGRAPHY	0.315235						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.256336						71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432						72
73 DRUGS CHARGED TO PATIENTS	0.123132						73
74 RENAL DIALYSIS	0.234779						74
76.97 CARDIAC REHABILITATION	0.535511						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.152450						91
92 OBSERVATION BEDS	0.587856						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.527883						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

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	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,583,688		2,583,688	26,004	99.36	10,932	1,086,204	30
31 INTENSIVE CARE UNIT	562,801		562,801	3,023	186.17	1,395	259,707	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	573,139		573,139	4,769	120.18	3,226	387,701	41
42 SUBPROVIDER I								42
43 NURSERY	159,275		159,275	2,065	77.13			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,878,903		3,878,903	35,861		15,553	1,733,612	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,401,625	55,156,693	0.025412	9,034,372	229,581	50
50.01 ENDOSCOPY	507,961	18,416,595	0.027582	1,379,815	38,058	50.01
50.02 WOUND CARE CLINIC	16,908	561,631	0.030105	4,618	139	50.02
51 RECOVERY ROOM	97,474	9,992,249	0.009755	1,759,965	17,168	51
52 DELIVERY ROOM & LABOR ROOM	453,748	6,068,595	0.074770	30,873	2,308	52
53 ANESTHESIOLOGY	44,357	27,032,747	0.001641	3,536,896	5,804	53
54 RADIOLOGY-DIAGNOSTIC	421,682	14,403,280	0.029277	2,776,169	81,278	54
54.01 ULTRASOUND	122,448	4,977,161	0.024602	899,467	22,129	54.01
54.02 MAMMOGRAPHY	95,489	1,034,091	0.092341	253	23	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	159,434	1,289,453	0.123645	6,239	771	55.01
56 RADIOISOTOPE	117,983	2,898,652	0.040703	479,798	19,529	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	358,061	21,899,539	0.016350	3,755,044	61,395	57
58 MAGNETIC RESONANCE IMAGING (M	292,760	7,892,666	0.037093	1,660,487	61,592	58
59 CARDIAC CATHETERIZATION	819,284	20,632,441	0.039709	3,449,047	136,958	59
60 LABORATORY	595,913	63,224,631	0.009425	15,309,971	144,296	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	16,746	1,979,065	0.008462	1,017,765	8,612	63
65 RESPIRATORY THERAPY	281,815	25,949,939	0.010860	11,725,088	127,334	65
66 PHYSICAL THERAPY	148,468	7,962,850	0.018645	911,745	16,999	66
67 OCCUPATIONAL THERAPY	70,873	4,572,106	0.015501	610,045	9,456	67
68 SPEECH PATHOLOGY	9,167	1,030,604	0.008895	165,362	1,471	68
69 ELECTROCARDIOLOGY	48,760	1,514,719	0.032191	443,119	14,264	69
69.01 RADIOLOGY	151,594	6,807,592	0.022268	1,772,129	39,462	69.01
70 ELECTROENCEPHALOGRAPHY	18,471	629,287	0.029352	148,943	4,372	70
71 MEDICAL SUPPLIES CHRGD TO PA	623,467	41,603,278	0.014986	9,157,866	137,240	71
72 IMPL. DEV. CHARGED TO PATIENT	500,625	22,257,694	0.022492	6,268,565	140,993	72
73 DRUGS CHARGED TO PATIENTS	708,715	72,341,093	0.009797	22,846,362	223,826	73
74 RENAL DIALYSIS	18,942	757,654	0.025001	499,561	12,490	74
76.97 CARDIAC REHABILITATION	114,476	1,688,097	0.067814	126,333	8,567	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPS						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	555,811	46,027,009	0.012076	4,862,287	58,717	91
92 OBSERVATION BEDS	332,251	5,204,149	0.063843	673,838	43,020	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	9,105,308	495,805,560	495,805,560	105,312,022	1,667,852	200

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/30/2012 03:56

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	NURSING SCHOOL 1	ALLIED HEALTH COST 2	ALL OTHER MEDICAL EDUCATION COST 3	SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4	TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5
30 INPAT ROUTINE SERV COST CTRS					30
31 ADULTS & PEDIATRICS					31
32 INTENSIVE CARE UNIT					32
33 CORONARY CARE UNIT					32
34 BURN INTENSIVE CARE UNIT					33
35 SURGICAL INTENSIVE CARE UNIT					34
40 OTHER SPECIAL CARE (SPECIFY)					35
41 SUBPROVIDER - IPF					40
42 SUBPROVIDER - IRF					41
43 SUBPROVIDER I					42
44 NURSERY					43
45 SKILLED NURSING FACILITY					44
200 NURSING FACILITY					45
TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/30/2012 03:56

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	26,004		10,932		30
31 INTENSIVE CARE UNIT	3,023		1,395		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	4,769		3,226		41
42 SUBPROVIDER I					42
43 NURSERY	2,065				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	35,861		15,553		200

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/30/2012 03:56

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
50.02 WOUND CARE CLINIC						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIOLOGY						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0113)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	55,156,693		9,034,372		7,096,156	50
50.01	ENDOSCOPY	18,416,595		1,379,815		4,320,728	50.01
50.02	WOUND CARE CLINIC	561,631		4,618		253,002	50.02
51	RECOVERY ROOM	9,992,249		1,759,965		1,573,539	51
52	DELIVERY ROOM & LABOR ROOM	6,068,595		30,873		471	52
53	ANESTHESIOLOGY	27,032,747		3,536,896		3,709,633	53
54	RADIOLOGY-DIAGNOSTIC	14,403,280		2,776,169		2,412,429	54
54.01	ULTRASOUND	4,977,161		899,467		768,999	54.01
54.02	MAMMOGRAPHY	1,034,091		253		101,879	54.02
55	RADIOLOGY-THERAPEUTIC						55
55.01	ONCOLOGY	1,289,453		6,239		464,041	55.01
56	RADIOISOTOPE	2,898,652		479,798		815,872	56
57	COMPUTED TOMOGRAPHY (CT) SCA	21,899,539		3,755,044		3,905,301	57
58	MAGNETIC RESONANCE IMAGING (	7,892,666		1,660,487		1,116,012	58
59	CARDIAC CATHETERIZATION	20,632,441		3,449,047		5,511,096	59
60	LABORATORY	63,224,631		15,309,971		2,659,652	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	1,979,065		1,017,765		222,633	63
65	RESPIRATORY THERAPY	25,949,939		11,725,088		476,396	65
66	PHYSICAL THERAPY	7,962,850		911,745			66
67	OCCUPATIONAL THERAPY	4,572,106		610,045			67
68	SPEECH PATHOLOGY	1,030,604		165,362			68
69	ELECTROCARDIOLOGY	1,514,719		443,119		264,942	69
69.01	CARDIOLOGY	6,807,592		1,772,129		1,020,228	69.01
70	ELECTROENCEPHALOGRAPHY	629,287		148,943		81,606	70
71	MEDICAL SUPPLIES CHRGED TO P	41,603,278		9,157,866		5,719,420	71
72	IMPL. DEV. CHARGED TO PATIEN	22,257,694		6,268,565		3,926,341	72
73	DRUGS CHARGED TO PATIENTS	72,341,093		22,846,362		5,984,314	73
74	RENAL DIALYSIS	757,654		499,561		38,801	74
76.97	CARDIAC REHABILITATION	1,688,097		126,333		410,458	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	46,027,009		4,862,287		6,596,053	91
92	OBSERVATION BEDS	5,204,149		673,838		1,519,767	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	495,805,560		105,312,022		60,969,769	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.178845	7,096,156			1,269,112		50
50.01 ENDOSCOPY	0.130859	4,320,728			565,406		50.01
50.02 WOUND CARE CLINIC	0.643328	253,002			162,763		50.02
51 RECOVERY ROOM	0.126418	1,573,539			198,924		51
52 DELIVERY ROOM & LABOR ROOM	0.566083	471			267		52
53 ANESTHESIOLOGY	0.019504	3,709,633			72,353		53
54 RADIOLOGY-DIAGNOSTIC	0.201702	2,412,429			486,592		54
54.01 ULTRASOUND	0.178535	768,999			137,293		54.01
54.02 MAMMOGRAPHY	0.321781	101,879			32,783		54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.599155	464,041			278,032		55.01
56 RADIOISOTOPE	0.319286	815,872			260,497		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139	3,905,301			309,062		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983	1,116,012			118,278		58
59 CARDIAC CATHETERIZATION	0.147746	5,511,096			814,242		59
60 LABORATORY	0.109341	2,659,652			290,809		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780	222,633			92,789		63
65 RESPIRATORY THERAPY	0.102296	476,396			48,733		65
66 PHYSICAL THERAPY	0.225341						66
67 OCCUPATIONAL THERAPY	0.219978						67
68 SPEECH PATHOLOGY	0.309946						68
69 ELECTROCARDIOLOGY	0.186944	264,942			49,529		69
69.01 CARDIOLOGY	0.140536	1,020,228			143,379		69.01
70 ELECTROENCEPHALOGRAPHY	0.315235	81,606			25,725		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.256336	5,719,420			1,466,093		71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432	3,926,341			1,513,337		72
73 DRUGS CHARGED TO PATIENTS	0.123132	5,984,314		51,368	736,861	6,325	73
74 RENAL DIALYSIS	0.234779	38,801			9,110		74
76.97 CARDIAC REHABILITATION	0.535511	410,458			219,805		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.152450	6,596,053			1,005,568		91
92 OBSERVATION BEDS	0.587856	1,519,767			893,404		92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.527883						95
200 SUBTOTAL (SEE INSTRUCTIONS)		60,969,769		51,368	11,200,746	6,325	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		60,969,769		51,368	11,200,746	6,325	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T113)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,401,625	55,156,693	0.025412	51,186	1,301	50
50.01	ENDOSCOPY	507,961	18,416,595	0.027582	26,652	735	50.01
50.02	WOUND CARE CLINIC	16,908	561,631	0.030105			50.02
51	RECOVERY ROOM	97,474	9,992,249	0.009755	18,222	178	51
52	DELIVERY ROOM & LABOR ROOM	453,748	6,068,595	0.074770			52
53	ANESTHESIOLOGY	44,357	27,032,747	0.001641	27,124	45	53
54	RADIOLOGY-DIAGNOSTIC	421,682	14,403,280	0.029277	113,662	3,328	54
54.01	ULTRASOUND	122,448	4,977,161	0.024602	39,504	972	54.01
54.02	MAMMOGRAPHY	95,489	1,034,091	0.092341			54.02
55	RADIOLOGY-THERAPEUTIC						55
55.01	ONCOLOGY	159,434	1,289,453	0.123645			55.01
56	RADIOISOTOPE	117,983	2,898,652	0.040703	9,238	376	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	358,061	21,899,539	0.016350	105,407	1,723	57
58	MAGNETIC RESONANCE IMAGING (M	292,760	7,892,666	0.037093	166,638	6,181	58
59	CARDIAC CATHETERIZATION	819,284	20,632,441	0.039709			59
60	LABORATORY	595,913	63,224,631	0.009425	1,210,826	11,412	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T	16,746	1,979,065	0.008462	34,213	290	63
65	RESPIRATORY THERAPY	281,815	25,949,939	0.010860	371,768	4,037	65
66	PHYSICAL THERAPY	148,468	7,962,850	0.018645	1,748,145	32,594	66
67	OCCUPATIONAL THERAPY	70,873	4,572,106	0.015501	1,677,497	26,003	67
68	SPEECH PATHOLOGY	9,167	1,030,604	0.008895	414,664	3,688	68
69	ELECTROCARDIOLOGY	48,760	1,514,719	0.032191	19,253	620	69
69.01	CARDIOLOGY	151,594	6,807,592	0.022268	34,491	768	69.01
70	ELECTROENCEPHALOGRAPHY	18,471	629,287	0.029352	11,272	331	70
71	MEDICAL SUPPLIES CHRGD TO PA	623,467	41,603,278	0.014986	394,648	5,914	71
72	IMPL. DEV. CHARGED TO PATIENT	500,625	22,257,694	0.022492	15,117	340	72
73	DRUGS CHARGED TO PATIENTS	708,715	72,341,093	0.009797	1,419,999	13,912	73
74	RENAL DIALYSIS	18,942	757,654	0.025001	62,206	1,555	74
76.97	CARDIAC REHABILITATION	114,476	1,688,097	0.067814			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	555,811	46,027,009	0.012076	37,992	459	91
92	OBSERVATION BEDS	332,251	5,204,149	0.063843			92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	9,105,308	495,805,560	495,805,560	8,009,724	116,762	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T113) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 ENDOSCOPY						50.01
50.02 WOUND CARE CLINIC						50.02
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 MAMMOGRAPHY						54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY						55.01
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T						63
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 CARDIOLOGY						69.01
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T113)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	55,156,693			51,186		50
50.01	ENDOSCOPY	18,416,595			26,652		50.01
50.02	WOUND CARE CLINIC	561,631					50.02
51	RECOVERY ROOM	9,992,249			18,222		51
52	DELIVERY ROOM & LABOR ROOM	6,068,595					52
53	ANESTHESIOLOGY	27,032,747			27,124		53
54	RADIOLOGY-DIAGNOSTIC	14,403,280			113,662		54
54.01	ULTRASOUND	4,977,161			39,504		54.01
54.02	MAMMOGRAPHY	1,034,091					54.02
55	RADIOLOGY-THERAPEUTIC						55
55.01	ONCOLOGY	1,289,453					55.01
56	RADIOISOTOPE	2,898,652			9,238		56
57	COMPUTED TOMOGRAPHY (CT) SCA	21,899,539			105,407		57
58	MAGNETIC RESONANCE IMAGING (	7,892,666			166,638		58
59	CARDIAC CATHETERIZATION	20,632,441					59
60	LABORATORY	63,224,631			1,210,826		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	1,979,065			34,213		63
65	RESPIRATORY THERAPY	25,949,939			371,768		65
66	PHYSICAL THERAPY	7,962,850			1,748,145		66
67	OCCUPATIONAL THERAPY	4,572,106			1,677,497		67
68	SPEECH PATHOLOGY	1,030,604			414,664		68
69	ELECTROCARDIOLOGY	1,514,719			19,253		69
69.01	CARDIOLOGY	6,807,592			34,491		69.01
70	ELECTROENCEPHALOGRAPHY	629,287			11,272		70
71	MEDICAL SUPPLIES CHRGED TO P	41,603,278			394,648		71
72	IMPL. DEV. CHARGED TO PATIEN	22,257,694			15,117		72
73	DRUGS CHARGED TO PATIENTS	72,341,093			1,419,999		73
74	RENAL DIALYSIS	757,654			62,206		74
76.97	CARDIAC REHABILITATION	1,688,097					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	46,027,009			37,992		91
92	OBSERVATION BEDS	5,204,149					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	495,805,560			8,009,724		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [XX] IRF (14-T113) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.178845						50
50.01 ENDOSCOPY	0.130859						50.01
50.02 WOUND CARE CLINIC	0.643328						50.02
51 RECOVERY ROOM	0.126418						51
52 DELIVERY ROOM & LABOR ROOM	0.566083						52
53 ANESTHESIOLOGY	0.019504						53
54 RADIOLOGY-DIAGNOSTIC	0.201702						54
54.01 ULTRASOUND	0.178535						54.01
54.02 MAMMOGRAPHY	0.321781						54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.599155						55.01
56 RADIOISOTOPE	0.319286						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983						58
59 CARDIAC CATHETERIZATION	0.147746						59
60 LABORATORY	0.109341						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780						63
65 RESPIRATORY THERAPY	0.102296						65
66 PHYSICAL THERAPY	0.225341						66
67 OCCUPATIONAL THERAPY	0.219978						67
68 SPEECH PATHOLOGY	0.309946						68
69 ELECTROCARDIOLOGY	0.186944						69
69.01 CARDIOLOGY	0.140536						69.01
70 ELECTROENCEPHALOGRAPHY	0.315235						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.256336						71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432						72
73 DRUGS CHARGED TO PATIENTS	0.123132						73
74 RENAL DIALYSIS	0.234779						74
76.97 CARDIAC REHABILITATION	0.535511						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.152450						91
92 OBSERVATION BEDS	0.587856						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.527883						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [XX] TITLE V-INPT [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	26,004	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,004	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,004	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,065	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	23,765,230	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	23,765,230	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,741,420	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,741,420	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.646824	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,412.91	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	23,765,230	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input checked="" type="checkbox"/>	HOSPITAL (14-0113)	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF			<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input type="checkbox"/>	IRF			<input checked="" type="checkbox"/>	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)			913.91	38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)				40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42	NURSERY (TITLES V AND XIX ONLY)	1,276,657	2,065	618.24	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	5,875,485	3,023	1,943.59	43
44	CORONARY CARE UNIT				44
45	BURN INTENSIVE CARE UNIT				45
46	SURGICAL INTENSIVE CARE UNIT				46
47	OTHER SPECIAL CARE (SPECIFY)				47
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)				48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)				49

PASS-THROUGH COST ADJUSTMENTS					
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)				51
52	TOTAL PROGRAM EXCLUDABLE COST				52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)				53

TARGET AMOUNT AND LIMIT COMPUTATION					
54	PROGRAM DISCHARGES				54
55	TARGET AMOUNT PER DISCHARGE				55
56	TARGET AMOUNT (LINE 54 x LINE 55)				56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT				57
58	BONUS PAYMENT (SEE INSTRUCTIONS)				58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET				59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET				60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E				61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)				62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)				63

PROGRAM INPATIENT ROUTINE SWING BED COST					
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)				64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)				65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)				66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)				67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)				68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)				69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)			3,344	87
88	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)				88
89	OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)				89

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4
90	CAPITAL-RELATED COST			90
91	NURSING SCHOOL COST			91
92	ALLIED HEALTH COST			92
93	ALL OTHER MEDICAL EDUCATION			93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX-INPT IRF (14-T113) NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,769	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,769	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,769	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	5,076,418	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,076,418	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,322,565	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,322,565	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.693257	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,535.45	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,076,418	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	<input checked="" type="checkbox"/>	TITLE V-INPT	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	PPS
APPLICABLE	<input type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF				TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX-INPT	<input checked="" type="checkbox"/>	IRF (14-T113)				OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,064.46	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)		39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)		41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)		49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)		50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST		52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	26,004	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,004	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,004	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,932	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	23,789,970	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	23,789,970	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,741,420	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,741,420	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.647497	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,412.91	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	23,789,970	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0113) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 914.86 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,001,250 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 10,001,250 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	5,913,213	3,023	1,956.07	1,395	2,728,718	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					16,947,614	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					29,677,582	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,345,911 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,667,852 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,013,763 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 26,663,819 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59
 60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60
 61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61
 62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62
 63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 3,344 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 914.86 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 3,059,292 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,583,688	23,789,970	0.108604	3,059,292	332,251	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T113) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,769	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,769	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,769	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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,226	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 (SEE INSTRUCTIONS)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
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 (SEE INSTRUCTIONS)	5,076,418	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,076,418	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,322,565	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,322,565	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.693257	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,535.45	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,076,418	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[]	TITLE XIX-INPT	[XX]	IRF (14-T113)			[]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	1,064.46 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,433,948 39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,433,948 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,465,576 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	4,899,524 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	387,701 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	116,762 51
52	TOTAL PROGRAM EXCLUDABLE COST	504,463 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,395,061 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [XX] TITLE V [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.178845			50
50.01 ENDOSCOPY	0.130859			50.01
50.02 WOUND CARE CLINIC	0.643328			50.02
51 RECOVERY ROOM	0.126418			51
52 DELIVERY ROOM & LABOR ROOM	0.566083			52
53 ANESTHESIOLOGY	0.019504			53
54 RADIOLOGY-DIAGNOSTIC	0.201702			54
54.01 ULTRASOUND	0.178535			54.01
54.02 MAMMOGRAPHY	0.321781			54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY	0.599155			55.01
56 RADIOISOTOPE	0.319286			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983			58
59 CARDIAC CATHETERIZATION	0.147746			59
60 LABORATORY	0.109341			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780			63
65 RESPIRATORY THERAPY	0.102296			65
66 PHYSICAL THERAPY	0.225341			66
67 OCCUPATIONAL THERAPY	0.219978			67
68 SPEECH PATHOLOGY	0.309946			68
69 ELECTROCARDIOLOGY	0.186944			69
69.01 RADIOLOGY	0.140536			69.01
70 ELECTROENCEPHALOGRAPHY	0.315235			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.256336			71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432			72
73 DRUGS CHARGED TO PATIENTS	0.123132			73
74 RENAL DIALYSIS	0.234779			74
76.97 CARDIAC REHABILITATION	0.535511			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.152450			91
92 OBSERVATION BEDS	0.587856			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [XX] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T113) [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.178845			50
50.01 ENDOSCOPY	0.130859			50.01
50.02 WOUND CARE CLINIC	0.643328			50.02
51 RECOVERY ROOM	0.126418			51
52 DELIVERY ROOM & LABOR ROOM	0.566083			52
53 ANESTHESIOLOGY	0.019504			53
54 RADIOLOGY-DIAGNOSTIC	0.201702			54
54.01 ULTRASOUND	0.178535			54.01
54.02 MAMMOGRAPHY	0.321781			54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY	0.599155			55.01
56 RADIOISOTOPE	0.319286			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983			58
59 CARDIAC CATHETERIZATION	0.147746			59
60 LABORATORY	0.109341			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780			63
65 RESPIRATORY THERAPY	0.102296			65
66 PHYSICAL THERAPY	0.225341			66
67 OCCUPATIONAL THERAPY	0.219978			67
68 SPEECH PATHOLOGY	0.309946			68
69 ELECTROCARDIOLOGY	0.186944			69
69.01 RADIOLOGY	0.140536			69.01
70 ELECTROENCEPHALOGRAPHY	0.315235			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.256336			71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432			72
73 DRUGS CHARGED TO PATIENTS	0.123132			73
74 RENAL DIALYSIS	0.234779			74
76.97 CARDIAC REHABILITATION	0.535511			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.152450			91
92 OBSERVATION BEDS	0.587856			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0113) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		18,393,973		30
31 INTENSIVE CARE UNIT		4,941,395		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.178845	9,034,372	1,615,752	50
50.01 ENDOSCOPY	0.130859	1,379,815	180,561	50.01
50.02 WOUND CARE CLINIC	0.643328	4,618	2,971	50.02
51 RECOVERY ROOM	0.126418	1,759,965	222,491	51
52 DELIVERY ROOM & LABOR ROOM	0.566083	30,873	17,477	52
53 ANESTHESIOLOGY	0.019504	3,536,896	68,984	53
54 RADIOLOGY-DIAGNOSTIC	0.201914	2,776,169	560,547	54
54.01 ULTRASOUND	0.178535	899,467	160,586	54.01
54.02 MAMMOGRAPHY	0.321781	253	81	54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY	0.599155	6,239	3,738	55.01
56 RADIOISOTOPE	0.319286	479,798	153,193	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139	3,755,044	297,170	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983	1,660,487	175,983	58
59 CARDIAC CATHETERIZATION	0.147746	3,449,047	509,583	59
60 LABORATORY	0.109869	15,309,971	1,682,091	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780	1,017,765	424,184	63
65 RESPIRATORY THERAPY	0.102639	11,725,088	1,203,451	65
66 PHYSICAL THERAPY	0.225341	911,745	205,454	66
67 OCCUPATIONAL THERAPY	0.219978	610,045	134,196	67
68 SPEECH PATHOLOGY	0.309946	165,362	51,253	68
69 ELECTROCARDIOLOGY	0.186944	443,119	82,838	69
69.01 RADIOLOGY	0.140536	1,772,129	249,048	69.01
70 ELECTROENCEPHALOGRAPHY	0.315235	148,943	46,952	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.256336	9,157,866	2,347,491	71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432	6,268,565	2,416,106	72
73 DRUGS CHARGED TO PATIENTS	0.123132	22,846,362	2,813,118	73
74 RENAL DIALYSIS	0.234779	499,561	117,286	74
76.97 CARDIAC REHABILITATION	0.535511	126,333	67,653	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.152450	4,862,287	741,256	91
92 OBSERVATION BEDS	0.587856	673,838	396,120	92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		105,312,022	16,947,614	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		105,312,022		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T113) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF		4,990,437			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.178845	51,186	9,154		50
50.01 ENDOSCOPY	0.130859	26,652	3,488		50.01
50.02 WOUND CARE CLINIC	0.643328				50.02
51 RECOVERY ROOM	0.126418	18,222	2,304		51
52 DELIVERY ROOM & LABOR ROOM	0.566083				52
53 ANESTHESIOLOGY	0.019504	27,124	529		53
54 RADIOLOGY-DIAGNOSTIC	0.201914	113,662	22,950		54
54.01 ULTRASOUND	0.178535	39,504	7,053		54.01
54.02 MAMMOGRAPHY	0.321781				54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY	0.599155				55.01
56 RADIOISOTOPE	0.319286	9,238	2,950		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.079139	105,407	8,342		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.105983	166,638	17,661		58
59 CARDIAC CATHETERIZATION	0.147746				59
60 LABORATORY	0.109869	1,210,826	133,032		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRA	0.416780	34,213	14,259		63
65 RESPIRATORY THERAPY	0.102639	371,768	38,158		65
66 PHYSICAL THERAPY	0.225341	1,748,145	393,929		66
67 OCCUPATIONAL THERAPY	0.219978	1,677,497	369,012		67
68 SPEECH PATHOLOGY	0.309946	414,664	128,523		68
69 ELECTROCARDIOLOGY	0.186944	19,253	3,599		69
69.01 RADIOLOGY	0.140536	34,491	4,847		69.01
70 ELECTROENCEPHALOGRAPHY	0.315235	11,272	3,553		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.256336	394,648	101,162		71
72 IMPL. DEV. CHARGED TO PATIENT	0.385432	15,117	5,827		72
73 DRUGS CHARGED TO PATIENTS	0.123132	1,419,999	174,847		73
74 RENAL DIALYSIS	0.234779	62,206	14,605		74
76.97 CARDIAC REHABILITATION	0.535511				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.152450	37,992	5,792		91
92 OBSERVATION BEDS	0.587856				92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,009,724	1,465,576		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,009,724			202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0113)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	23,024,109	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	525,942	2
3	MANAGED CARE SIMULATED PAYMENTS	1,588,557	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	157.84	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	9.59	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)	0.09	7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	9.50	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.68	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	9.50	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	9.50	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	9.50	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	9.50	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	9.50	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.060188	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.060761	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.060188	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	795,900	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.19	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	3.18	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.19	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.007539	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.002010	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	49,471	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	845,371	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0472	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2062	31
32	SUM OF LINES 30 AND 31	0.2534	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1012	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,330,040	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	26,725,462	47
48	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS)		48
49	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	26,725,462	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,134,153	50
51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0113)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	404,482	52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29,264,097	59
60	PRIMARY PAYER PAYMENTS	76,094	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,188,003	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,458,000	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	58,565	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	531,386	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	371,970	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	460,898	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27,043,408	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	27,043,408	71
72	INTERIM PAYMENTS	26,624,333	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	419,075	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	301,980	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T113)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0113) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26,489,704		8,509,504	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.					
				NONE	3.01
					3.02
	12/02/2011	140,115			3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
					3.50
	12/09/2011	5,486	12/02/2011	83,011	3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		134,629		-83,011	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		26,624,333		8,426,493	4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
					5.01
					5.02
					5.03
					5.04
					5.05
					5.06
					5.07
					5.08
					5.09
					5.50
					5.51
					5.52
					5.53
					5.54
					5.55
					5.56
					5.57
					5.58
					5.59
					5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)					
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT					6.01
					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

8 NAME OF CONTRACTOR: _____ CONTRACTOR NUMBER: _____ DATE: _____

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/30/2012 03:56

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0113) [] CAH
APPLICABLE BOX

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	8,385 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	12,327 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	744 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	25,683 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	562,081,973 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	23,343,982 6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IRF (14-T113)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,438,145	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.057100	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	351,696	3
4	OUTLIER PAYMENTS	92,725	4
5	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		5
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.065753	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$		11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)		12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	4,882,566	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	4,882,566	17
18	PRIMARY PAYER PAYMENTS	24,607	18
19	SUBTOTAL LINE 17b LESS LINE 18)	4,857,959	19
20	DEDUCTIBLES	54,272	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	4,803,687	21
22	COINSURANCE	11,886	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	4,791,801	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	18,331	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	12,832	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	4,804,633	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,804,633	32
33	INTERIM PAYMENTS	4,676,786	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	127,847	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [XX] TITLE V [XX] HOSPITAL (14-0113) [] SNF [] PPS
APPLICABLE [] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [] IRF [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VII

CHECK [XX] TITLE V [] HOSPITAL [] SNF [] PPS
APPLICABLE [] TITLE XIX [] IPF [] NF [] TEFRA
BOXES: [XX] IRF (14-T113) [] ICF/MR [XX] OTHER
[] SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	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)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22 THROUGH 26)	27
28	CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)	28
29	SUM OF LINES 27 AND 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS			26
27	TOTAL INPATIENT DAYS	30,452		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS			28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			8.70 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTMENT CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			8.70 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			12.68 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			8.70 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	12.68		12.68 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	8.70		8.70 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	8.70		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	8.70		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	8.70		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	8.70		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	8.70		17
18	PER RESIDENT AMOUNT	93,757.43	88,780.02	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	815,690		815,690 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			1.99 20
21	GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			3.98 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			1.99 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			90,729.82 23
24	MULTIPLY LINE 22 TIMES LINE 23			180,552 24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			996,242 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	15,553	961	26
27	TOTAL INPATIENT DAYS	30,452	30,452	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.510738	0.031558	28
29	PROGRAM DIRECT GME AMOUNT	508,819	31,439	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		4,442	30
31	NET PROGRAM DIRECT GME AMOUNT			535,816 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			757,654 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			34,577,106 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			100,701 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			34,476,405 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			11,207,071 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			12,725 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			11,194,346 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45,670,751 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.754890 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.245110 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			535,816 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			404,482 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			131,334 50

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	4,968,731			1
2	TEMPORARY INVESTMENTS	-10,736			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	73,285,035			4
5	OTHER RECEIVABLES	751,063			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-50,893,619			6
7	INVENTORY	3,628,509			7
8	PREPAID EXPENSES				8
9	OTHER CURRENT ASSETS	2,428,324			9
10	DUE FROM OTHER FUNDS	1,495,822			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	35,653,129			11
FIXED ASSETS					
12	LAND	6,156,756			12
13	LAND IMPROVEMENTS	4,865,252			13
14	ACCUMULATED DEPRECIATION	-4,805,748			14
15	BUILDINGS	59,586,611			15
16	ACCUMULATED DEPRECIATION	-38,345,758			16
17	LEASEHOLD IMPROVEMENTS	1,883,944			17
18	ACCUMULATED AMORTIZATION	-1,143,750			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION	-14,683,645			20
21	AUTOMOBILES AND TRUCKS	59,626			21
22	ACCUMULATED DEPRECIATION	-63,601			22
23	MAJOR MOVABLE EQUIPMENT	70,165,477			23
24	ACCUMULATED DEPRECIATION	-35,439,203			24
25	MINOR EQUIPMENT DEPRECIABLE	1,138,280			25
26	ACCUMULATED DEPRECIATION	-738,974			26
27	HIT DESIGNATED ASSETS	1,805,474			27
28	ACCUMULATED DEPRECIATION	-763,579			28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	49,677,162			30
OTHER ASSETS					
31	INVESTMENTS	4,775,778			31
32	DEPOSITS ON LEASES	1,099,273			32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	71,479			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	5,946,530			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	91,276,821			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	6,594,784			37
38	SALARIES, WAGES & FEES PAYABLE	5,111,909			38
39	PAYROLL TAXES PAYABLE	320,232			39
40	NOTES & LOANS PAYABLE (SHORT TERM)	187,479			40
41	DEFERRED INCOME	2,655,366			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	2,203,017			43
44	OTHER CURRENT LIABILITIES	13,100,427			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	30,173,214			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	534,338			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	269,944			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	804,282			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	30,977,496			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	60,299,325			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	60,299,325			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	91,276,821			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		53,840,308							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-4,942,890							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		48,897,418							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 EQUITY TRANSFER	10,998,611								5
6 CONTRIBUTIONS	643,050								6
7 CONTRIBUTIONS-RESTRICTED	6,029								7
8 INVESTMENT INCOME REALIZED	11,016								8
9 ROUNDING	1								9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		11,658,707							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		60,556,125							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 ASSETS RELEASED	256,489								13
14 OTHER	311								14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		256,800							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		60,299,325							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	51,023,853		51,023,853	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	7,322,565		7,322,565	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	58,346,418		58,346,418	11
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	58,346,418		58,346,418	17
18 ANCILLARY SERVICES	221,910,829		221,910,829	18
19 OUTPATIENT SERVICES		273,502,711	273,502,711	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE		8,644,398	8,644,398	23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 COVENANT OUTPATIENT PHARMACY		1,185,640	1,185,640	27.01
27.02 OUTREACH PROGRAMS		146	146	27.02
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	280,257,247	283,332,895	563,590,142	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		148,054,672	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		148,054,672	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	563,590,142	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	421,274,934	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	142,315,208	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	148,054,672	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-5,739,464	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	256,489	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	5,005	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1,475	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	446,654	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE 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	179,370	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (RENTAL INCOME)	262,893	24.01
24.02	OTHER (EMS RESOURCE)	80,262	24.02
24.03	OTHER (MISCELLANEOUS)	102,659	24.03
24.04	OTHER (SILVER RECOVERY)	33,662	24.04
24.05	OTHER (COMMUNITY OUTREACH)	20,730	24.05
24.06	OTHER (PROPERTY MANAGEMENT)	21,680	24.06
24.07	OTHER (PATIENT ACCOUNTING INV INC)	398,800	24.07
24.08	OTHER (OTHER NON OPERATING INCOME)	3,157	24.08
24.09	OTHER (ROUNDING)	1	24.09
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,812,837	25
26	TOTAL (LINE 5 PLUS LINE 25)	-3,926,627	26
27			27
27.01	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)	992,616	27.01
27.02	OTHER EXPENSES (CHANGE IN FOUNDATION ASSETS VALUES)	23,647	27.02
27.03	OTHER EXPENSES (ROUNDING)		27.03
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	1,016,263	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-4,942,890	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-011) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	1,869,293	1
2	CAPITAL DRG OUTLIER PAYMENTS	85,781	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	71.52	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	10.69	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0431	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	80,567	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0472	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2062	8
9	SUM OF LINES 7 AND 8	0.2534	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0527	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	98,512	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,134,153	12

PART II - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS)		2
3	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2)		3
4	CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS)		4
5	TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS)		1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		2
3	NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2)		3
4	APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS)		4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4)		5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS)		6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6)		7
8	CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7)		8
9	CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE)		9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9)		10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14)		11
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11)		12
13	CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE)		13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE)		14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)		15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)		16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS)		17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT TELEPHONE					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCH,RCVING,STORING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING,A/R					5.05
5.06 OTHER ADMIN & GEN					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 BIOENGINEERING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
50.02 WOUND CARE CLINIC					50.02
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 MAMMOGRAPHY					54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY					55.01
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 CARDIOLOGY					69.01
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

PROVIDER CCN: 14-0113 PROVENA COVENANT MEDICAL CENTE
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
192 PHYSICIANS' PRIVATE OFFICES						192
192.01 COVENANT OUTPATIENT PHARMACY						192.01
192.02 REAL ESTATE						192.02
192.03 FOUNDATION						192.03
192.04 OUTREACH PROGRAMS						192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204