

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: _____ TIME: _____
 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 TRINITY ROCK ISLAND (14-0280) (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 PROVIDED 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		-375,649	-128,358			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		-76,217	1			3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY		3,751				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		-448,115	-128,357			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.

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 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
 05/17/2012 11:28

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2701 17TH STREET
 2 CITY: ROCK ISLAND

STATE: IL

P.O.BOX:
 ZIP CODE: 61201

COUNTY: ROCK ISLAND

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0280	19340	1	06/01/1972	N	P	N	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T280	19340	5	06/01/1984	N	P	P	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5564	19340		01/22/1987	N	P	P	9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPIECE								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

		1	2
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
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.	3	N

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID ELIGIBLE DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPFS 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.	4,611	6,748	413	312	372
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.	99	136	13	20	
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		
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		
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.					
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:	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.					
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:	

	V 1	XVIII 2	XIX 3
45	PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL		
46	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y
47	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
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N
49	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N

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.	N			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.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			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)	Y			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 IIME 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	IIME 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))
			3	4	5
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			
	1	2			
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))
			3	4	5

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	PROGRAM CODE	UNWEIGHTED FTES NONPROVIDER SITE	UNWEIGHTED FTES IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	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.			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 N N 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- RESPI- SICAL ATIONAL SPEECH RATORY	N 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.	1		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		5,000,000 25,000,000	119
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	H00186	140
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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: TRINITY REGIONAL HEALTH SYSTEM	CONTRACTOR'S NUMBER: 05001	141
142	STREET: 2701 17TH STREET	P.O. BOX:	142
143	CITY: ROCK ISLAND	STATE: IL	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	N	160

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

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 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)	Y		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 Y	2 A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		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 Y	2 Y	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	Y		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.		Y	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.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
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)	N		N	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)	Y	04/03/2012	Y	04/03/2012 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	81,341,005	-2,076,198	79,264,807	2,574,995.00	30.78
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A		285,081		285,081	2,284.00	124.82
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01
5	PHYSICIAN-PART B		3,817,148		3,817,148	21,077.00	181.10
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21					7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)						7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44	1,427,605		1,427,605	66,310.00	21.53
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		13,889,060	-126,479	13,762,581	449,859.00	30.59
	OTHER WAGES & RELATED COSTS						10
11	CONTRACT LABOR (SEE INSTRUCTIONS)		844,192		844,192	25,063.00	33.68
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A		1,411,800		1,411,800	35,441.00	39.84
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		39,925,736		39,925,736	1,320,621.00	30.23
15	HOME OFFICE: PHYSICIAN-PART A		14,009		14,009	60.00	233.48
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16
	WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)		15,812,816		15,812,816		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		3,810,041		3,810,041		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A		56,597		56,597		22
23	PHYSICIAN PART B		455,625		455,625		23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
	OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS						26
27	ADMINISTRATIVE & GENERAL		2,101,936		2,101,936	28,636.00	73.40
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		1,315,475		1,315,475	15,255.00	86.23
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT						30
31	LAUNDRY & LINEN SERVICE						31
32	HOUSEKEEPING						32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY						34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA						36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION						38
39	CENTRAL SERVICES AND SUPPLY						39
40	PHARMACY		3,955,089		3,955,089	102,192.00	38.70
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						41
42	SOCIAL SERVICE						42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	78,839,332	-2,076,198	76,763,134	2,569,173.0	29.88	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	15,316,665	-126,479	15,190,186	516,169.00	29.43	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	63,522,667	-1,949,719	61,572,948	2,053,004.0	29.99	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	42,195,737		42,195,737	1,381,185.0	30.55	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	15,869,413		15,869,413		25.77%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	121,587,817	-1,949,719	119,638,098	3,434,189.0	34.84	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	7,372,500		7,372,500	146,083.00	50.47	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	3,883,689	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST		3
4 PRIOR YEAR PENSION SERVICE COST		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)	8,588,509	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	415,565	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	119,679	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	261,724	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,360,433	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	5,149,962	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	103,672	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	251,845	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	20,135,078	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
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
05/17/2012 11:28

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	3,571,467	2
3	SUBPROVIDER - IPF	3,571,467	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 OLTIC		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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL
	GROUP				SNF	SWING BED	(COLS.
	1				DAYS	SNF DAYS	2 + 3)
					2	3	4
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL				16		16
7	RHX				3		3
8	RHL				330		330
9	RMX				34		34
10	RML				220		220
11	RLX						
12	RUC						
13	RUB						
14	RUA						
15	RVC				67		67
16	RVB				121		121
17	RVA				216		216
18	RHC				493		493
19	RHB				1,429		1,429
20	RHA				2,347		2,347
21	RMC				168		168
22	RMB				220		220
23	RMA				816		816
24	RLB						
25	RLA						
26	ES3						
27	ES2						
28	ES1				15		15
29	HE2						
30	HE1						
31	HD2						
32	HD1						
33	HC2						
34	HC1				4		4
35	HB2						
36	HB1				286		286
37	LE2						
38	LE1						
39	LD2						
40	LD1				7		7
41	LC2						
42	LC1						
43	LB2						
44	LB1				11		11
45	CE2						
46	CE1						
47	CD2						
48	CD1						
49	CC2						
50	CC1				7		7
51	CB2						
52	CB1				14		14
53	CA2						
54	CA1				1		1
55	SE3						
56	SE2						
57	SE1						
58	SSC						
59	SSB						
60	SSA						
61	IB2						
62	IB1						
63	IA1						
64	IA2						
65	BB2						
66	BB1				2		2
67	BA2						
68	BA1						

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
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KPMG LLP COMPU-MAX MICRO SYSTEM
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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP 1	SNF DAYS 2	SWING BED SNF DAYS 3	TOTAL (COLS. 2 + 3) 4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1	4		4 72
73	PC2			73
74	PC1			74
75	PB2			75
76	PB1	3		3 76
77	PA2			77
78	PA1			78
199	AAA			199
200	TOTAL	6,834		6,834 200

		CBSA AT BEGINNING OF COST REPORTING PERIOD 1	CBSA ON/AFTER OF THE COST REPORTING PERIOD (IF APPLICABLE) 2	
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	19340	19340	201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207: ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

		EXPENSES 1	PERCENTAGE 2	ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES? 3
202	STAFFING			202
203	RECRUITMENT			203
204	RETENTION OF EMPLOYEES			204
205	TRAINING			205
206	OTHER (SPECIFY)			206
207	TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3)	3,594,630		207

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)				0.363053	1																																																																																																		
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)																																																																																																								
2	NET REVENUE FROM MEDICAID				8,599,117	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				66,029,059	6																																																																																																		
7	MEDICAID COST (LINE 1 TIMES LINE 6)				23,972,048	7																																																																																																		
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				15,372,931	8																																																																																																		
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)																																																																																																								
9	NET REVENUE FROM STAND-ALONE SCHIP				11,101	9																																																																																																		
10	STAND-ALONE SCHIP CHARGES				16,031	10																																																																																																		
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)				5,820	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)				260	13																																																																																																		
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)				490,187	14																																																																																																		
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)				177,964	15																																																																																																		
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)				177,704	16																																																																																																		
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)																																																																																																								
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				3,308,988	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)				15,550,635	19																																																																																																		
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th></th> <th style="text-align: center;">UNINSURED PATIENTS</th> <th style="text-align: center;">INSURED PATIENTS</th> <th style="text-align: center;">TOTAL</th> <th></th> <th></th> </tr> <tr> <th></th> <th></th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>20</td> <td>TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY</td> <td style="text-align: right;">16,164,897</td> <td style="text-align: right;">1,774,769</td> <td style="text-align: right;">17,939,666</td> <td>20</td> <td></td> </tr> <tr> <td>21</td> <td>COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)</td> <td style="text-align: right;">5,868,714</td> <td style="text-align: right;">644,335</td> <td style="text-align: right;">6,513,049</td> <td>21</td> <td></td> </tr> <tr> <td>22</td> <td>PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE</td> <td style="text-align: right;">155,048</td> <td style="text-align: right;">68,474</td> <td style="text-align: right;">223,522</td> <td>22</td> <td></td> </tr> <tr> <td>23</td> <td>COST OF CHARITY CARE</td> <td style="text-align: right;">5,713,666</td> <td style="text-align: right;">575,861</td> <td style="text-align: right;">6,289,527</td> <td>23</td> <td></td> </tr> <tr> <td>24</td> <td>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</td> <td></td> <td></td> <td></td> <td>N</td> <td>24</td> </tr> <tr> <td>25</td> <td>IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td></td> <td></td> <td>25</td> </tr> <tr> <td>26</td> <td>TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)</td> <td></td> <td></td> <td style="text-align: right;">19,128,368</td> <td>26</td> <td></td> </tr> <tr> <td>27</td> <td>MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V</td> <td></td> <td></td> <td style="text-align: right;">1,268,571</td> <td>27</td> <td></td> </tr> <tr> <td>28</td> <td>NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)</td> <td></td> <td></td> <td style="text-align: right;">17,859,797</td> <td>28</td> <td></td> </tr> <tr> <td>29</td> <td>COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)</td> <td></td> <td></td> <td style="text-align: right;">6,484,053</td> <td>29</td> <td></td> </tr> <tr> <td>30</td> <td>COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)</td> <td></td> <td></td> <td style="text-align: right;">12,773,580</td> <td>30</td> <td></td> </tr> <tr> <td>31</td> <td>TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)</td> <td></td> <td></td> <td style="text-align: right;">28,324,215</td> <td>31</td> <td></td> </tr> </tbody> </table>									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 FAMILY	16,164,897	1,774,769	17,939,666	20		21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	5,868,714	644,335	6,513,049	21		22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	155,048	68,474	223,522	22		23	COST OF CHARITY CARE	5,713,666	575,861	6,289,527	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				N	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)			19,128,368	26		27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			1,268,571	27		28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			17,859,797	28		29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			6,484,053	29		30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			12,773,580	30		31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			28,324,215	31	
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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				6,775,682	1
2	00200					2
3	00300					3
4	00400				2,255,045	4
5.01	00560					5.01
5.02	00570					5.02
5.03	00580					5.03
5.04	00590					5.04
6	00600	2,101,936	26,026,300	28,128,236	-1,841,378	6
7	00700					7
8	00800					8
9	00900					9
10	01000					10
11	01100					11
11.01	01101					11.01
12	01200					12
13	01300					13
14	01400					14
15	01500	3,955,089	17,093,103	21,048,192	-14,812,328	15
16	01600					16
17	01700					17
19	01900					19
20	02000	947,253	582,912	1,530,165	-213,451	20
21	02100					21
22	02200					22
23	02300	177,041	63,675	240,716	-35	23
23.01	02301	55,902	18,517	74,419		23.01
23.02	02302	58,220	14,421	72,641		23.02
23.03	02303	164,500	57,407	221,907	-100	23.03
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	15,538,757	7,998,383	23,537,140	-2,883,090	30
31	03100	2,957,335	1,847,445	4,804,780	-384,969	31
31.01	02060	935,925	959,354	1,895,279	-14,491	31.01
32	03200	2,338,044	1,561,369	3,899,413	-580,727	32
41	04100	1,276,560	816,880	2,093,440	-281,256	41
43	04300				1,012,797	43
44	04400	1,427,605	830,158	2,257,763	-232,018	44
ANCILLARY SERVICE COST CENTERS						
50	05000	3,652,504	20,545,389	24,197,893	-13,243,531	50
51	05100	2,538,848	1,174,036	3,712,884	-15,129	51
52	05200	1,700,506	1,080,182	2,780,688	-1,090,582	52
53	05300		777,580	777,580	-45,467	53
54	05400	2,357,857	2,236,489	4,594,346	266,773	54
54.01	03450	320,357	827,168	1,147,525	-249	54.01
54.02	03630	493,146	166,030	659,176	-54,337	54.02
55	05500	1,793,339	1,634,632	3,427,971	-6,870	55
57	05700	714,179	1,378,502	2,092,681	-4,354	57
58	05800		953,981	953,981		58
59	05900	1,975,913	14,385,164	16,361,077	-11,518,864	59
60	06000		8,826,465	8,826,465	-1,881,278	60
62.30	06250					62.30
63	06300				1,872,928	63
64	06400	595,797	217,887	813,684	579,751	64
65	06500	1,621,066	1,216,744	2,837,810	-963,847	65
65.01	03560				724,072	65.01
66	06600	2,575,709	1,366,268	3,941,977	-1,445,567	66
67	06700				1,001,869	67
68	06800				191,808	68
69	06900	1,610,248	1,756,774	3,367,022	-2,187,329	69
69.01	03140				1,147,266	69.01
70	07000	367,342	225,260	592,602	223,447	70
71	07100				8,855,901	71
72	07200				16,077,460	72
73	07300				14,620,764	73
74	07400				778,126	74
76	03340	478,451	633,091	1,111,542	-244,432	76
76.97	07697	471,879	232,089	703,968	-33,803	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,687,635	1,351,679	3,039,314	-103,750	90
91	09100	13,242,478	4,516,310	17,758,788	-1,277,964	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	1,499,329	1,670,820	3,170,149	-79,714	95
SPECIAL PURPOSE COST CENTERS						

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 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
 05/17/2012 11:28

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	
118	SUBTOTALS (SUM OF LINES 1-117)	71,630,750	125,042,464	196,673,214	942,779	118
NONREIMBURSABLE COST CENTERS						
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES	2,719,157	2,402,749	5,121,906	-227,700	192
192.01	19201 RIVERSIDE OUTPATIENT	272,136	145,387	417,523	-23,100	192.01
192.02	19202 PRIMARY OFFICE CLINIC	4,602,472	2,504,609	7,107,081	-319,560	192.02
192.03	19203 ORTHOPEDIC CLINIC	191,737	99,854	291,591	-16,434	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	674,733	211,257	885,990	-21,912	192.04
192.05	19205 TRINITY FAMILY PRACTICE	694,080	460,011	1,154,091	-32,906	192.05
194	07950 NON REIMBURSABLE					194
194.01	07951 MEDICAL OFFICE		415,239	415,239	-291,267	194.01
194.02	07952 GROUP HOMES DEPT 783	555,940	337,947	893,887	-9,900	194.02
194.03	07953 PRECEDENCE					194.03
194.04	07954 CALL CENTER					194.04
194.05	07955 WORK FITNESS CENTER					194.05
194.06	07956 PARAMED NON-ACCREDITED					194.06
200	TOTAL (SUM OF LINES 118-199)	81,341,005	131,619,517	212,960,522		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	6,775,682	2,813,414	9,589,096	1
2	00200				2
3	00300				3
4	00400	2,255,045	1,145,757	3,400,802	4
5.01	00560		1,385,002	1,385,002	5.01
5.02	00570		2,249,911	2,249,911	5.02
5.03	00580		1,695,337	1,695,337	5.03
5.04	00590	26,286,858	20,975,202	47,262,060	5.04
6	00600				6
7	00700		8,159,953	8,159,953	7
8	00800				8
9	00900		3,169,165	3,169,165	9
10	01000		2,921,121	2,921,121	10
11	01100				11
11.01	01101				11.01
12	01200				12
13	01300		1,710,877	1,710,877	13
14	01400		2,023,314	2,023,314	14
15	01500	6,235,864	-199,984	6,035,880	15
16	01600		1,834,956	1,834,956	16
17	01700		4,619,152	4,619,152	17
19	01900				19
20	02000	1,316,714	-1,934,110	-617,396	20
21	02100				21
22	02200				22
23	02300	240,681	-367,356	-126,675	23
23.01	02301	74,419	-59,917	14,502	23.01
23.02	02302	72,641	-75,907	-3,266	23.02
23.03	02303	221,807	-303,997	-82,190	23.03
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	20,654,050	-2,970,613	17,683,437	30
31	03100	4,419,811	-15,253	4,404,558	31
31.01	02060	1,880,788	-48,771	1,832,017	31.01
32	03200	3,318,686	-52,380	3,266,306	32
41	04100	1,812,184	-174,712	1,637,472	41
43	04300	1,012,797	-25,044	987,753	43
44	04400	2,025,745	-57,218	1,968,527	44
ANCILLARY SERVICE COST CENTERS					
50	05000	10,954,362	791,515	11,745,877	50
51	05100	3,697,755	-22,974	3,674,781	51
52	05200	1,690,106	-40,283	1,649,823	52
53	05300	732,113	-591,287	140,826	53
54	05400	4,861,119	-123,910	4,737,209	54
54.01	03450	1,147,276	-9,164	1,138,112	54.01
54.02	03630	604,839	-14,350	590,489	54.02
55	05500	3,421,101	-469,322	2,951,779	55
57	05700	2,088,327	-23,299	2,065,028	57
58	05800	953,981	1,253,471	2,207,452	58
59	05900	4,842,213	-89,868	4,752,345	59
60	06000	6,945,187		6,945,187	60
62.30	06250				62.30
63	06300	1,872,928		1,872,928	63
64	06400	1,393,435	-70,696	1,322,739	64
65	06500	1,873,963	-47,257	1,826,706	65
65.01	03560	724,072	-16,680	707,392	65.01
66	06600	2,496,410	-202,551	2,293,859	66
67	06700	1,001,869	-7,252	994,617	67
68	06800	191,808	-4,837	186,971	68
69	06900	1,179,693	-474,040	705,653	69
69.01	03140	1,147,266	-21,307	1,125,959	69.01
70	07000	816,049	-63,590	752,459	70
71	07100	8,855,901		8,855,901	71
72	07200	16,077,460		16,077,460	72
73	07300	14,620,764		14,620,764	73
74	07400	778,126	-18,775	759,351	74
76	03340	867,110	-12,139	854,971	76
76.97	07697	670,165	-16,708	653,457	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	2,935,564	-264,442	2,671,122	90
91	09100	16,480,824	-8,337,729	8,143,095	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	3,090,435	-964,661	2,125,774	95
SPECIAL PURPOSE COST CENTERS					

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	
118	SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	197,615,993	38,555,764	236,171,757	118
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192	19200 PHYSICIANS' PRIVATE OFFICES	4,894,206	-83,392	4,810,814	192
192.01	19201 RIVERSIDE OUTPATIENT	394,423	-10,743	383,680	192.01
192.02	19202 PRIMARY OFFICE CLINIC	6,787,521	-107,144	6,680,377	192.02
192.03	19203 ORTHOPEDIC CLINIC	275,157	-4,691	270,466	192.03
192.04	19204 NON-REIMBURSABLE CLINIC	864,078	-9,349	854,729	192.04
192.05	19205 TRINITY FAMILY PRACTICE	1,121,185	-18,533	1,102,652	192.05
194	07950 NON REIMBURSABLE				194
194.01	07951 MEDICAL OFFICE	123,972		123,972	194.01
194.02	07952 GROUP HOMES DEPT 783	883,987	-29,936	854,051	194.02
194.03	07953 PRECEDENCE				194.03
194.04	07954 CALL CENTER				194.04
194.05	07955 WORK FITNESS CENTER				194.05
194.06	07956 PARAMED NON-ACCREDITED				194.06
200	TOTAL (SUM OF LINES 118-199)	212,960,522	38,291,976	251,252,498	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1		2	3		4	5
1 BENEFIT ALLOCATION	A	EMPLOYEE BENEFITS	4			2,255,045 1
500 TOTAL RECLASSIFICATIONS						2,255,045 500
CODE LETTER - A						
1 INTEREST EXPENSE	B	A&G	5.04			27,903 1
500 TOTAL RECLASSIFICATIONS						27,903 500
CODE LETTER - B						
1 BOND AMORTIZATION	C	CAP REL COSTS-BLDG & FIXT	1			144,750 1
500 TOTAL RECLASSIFICATIONS						144,750 500
CODE LETTER - C						
1 BLOOD COSTS	D	BLOOD STORING, PROCESSING & T	63			1,872,928 1
500 TOTAL RECLASSIFICATIONS						1,872,928 500
CODE LETTER - D						
1 MEDICAID ASSESSMENT FEES	E	SKILLED NURSING FACILITY	44			16,074 1
500 TOTAL RECLASSIFICATIONS						16,074 500
CODE LETTER - E						
1 DRUG COSTS	F	DRUGS CHARGED TO PATIENTS	73			14,620,764 1
2		SUBPROVIDER - IRF	41			18 2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57			584 3
4		PHYSICAL THERAPY	66			18 4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
500 TOTAL RECLASSIFICATIONS						14,621,384 500
CODE LETTER - F						
1 PROPERTY TAXES	G	CAP REL COSTS-BLDG & FIXT	1			374,023 1
2						2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS						374,023 500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
1	1	2	3	4	5	
1 MEDICAL SUPPLIES	H	MEDICAL SUPPLIES CHRGED TO PA	71		8,855,901	1
2		A&G	5.04			1
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
500 TOTAL RECLASSIFICATIONS					8,855,902	500
CODE LETTER - H						
1 IMPLANTABLE MEDICAL SUPPLIES	I	IMPL. DEV. CHARGED TO PATIENT	72		16,077,460	1
2		RESPIRATORY THERAPY	65			2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
500 TOTAL RECLASSIFICATIONS					16,077,525	500
CODE LETTER - I						
1 ER PHYSICIAN SALARY	J	EMERGENCY	91		2,158,237	1
500 TOTAL RECLASSIFICATIONS					2,158,237	500
CODE LETTER - J						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST CENTER		LINE #	SALARY	OTHER	
	1	2		3	4	5	
1 IHS IT ALLOCATIONS	K	A&G		5.04		6,847,867	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
500 TOTAL RECLASSIFICATIONS						6,847,867	500
CODE LETTER - K							
1 A&P RECLASS	L	ADULTS & PEDIATRICS		30	111,893	56,350	1
500 TOTAL RECLASSIFICATIONS					111,893	56,350	500
CODE LETTER - L							
1 NURSERY RECLASS	M	NURSERY		43	723,524	289,273	1
500 TOTAL RECLASSIFICATIONS					723,524	289,273	500
CODE LETTER - M							
1 IV THERAPY RECLASS	N	INTRAVENOUS THERAPY		64	618,268	256,681	1
500 TOTAL RECLASSIFICATIONS					618,268	256,681	500
CODE LETTER - N							
1 RADIOLOGY - DIAGNOSTIC RECLASS	O	RADIOLOGY-DIAGNOSTIC		54	384,743	399,166	1
2							2
3							3
500 TOTAL RECLASSIFICATIONS					384,743	399,166	500
CODE LETTER - O							
1 RADIOLOGY - THER RECLASS	P	RADIOLOGY-THERAPEUTIC		55	199,473	61,485	1
500 TOTAL RECLASSIFICATIONS					199,473	61,485	500
CODE LETTER - P							
1 OPERATING ROOM RECLASS	Q	OPERATING ROOM		50	202,799	95,400	1
2							2
500 TOTAL RECLASSIFICATIONS					202,799	95,400	500
CODE LETTER - Q							
1 THERAPY RECLASS	R	OCCUPATIONAL THERAPY		67	726,827	275,042	1
2		SPEECH PATHOLOGY		68	136,391	55,417	2
500 TOTAL RECLASSIFICATIONS					863,218	330,459	500
CODE LETTER - R							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3	4	5		
1 PULMONARY RECLASS	S	PULMONARY	65.01		451,791	272,281	1
500 TOTAL RECLASSIFICATIONS					451,791	272,281	500
CODE LETTER - S							
1 CARDIOLOGY RECLASS	T	CARDIOLOGY	69.01		589,447	557,819	1
500 TOTAL RECLASSIFICATIONS					589,447	557,819	500
CODE LETTER - T							
1 CLINIC RECLASS	U	CLINIC	90		163,419	82,299	1
500 TOTAL RECLASSIFICATIONS					163,419	82,299	500
CODE LETTER - U							
1 RECOVERY RECLASS	V	RECOVERY ROOM	51		114,614	57,720	1
500 TOTAL RECLASSIFICATIONS					114,614	57,720	500
CODE LETTER - V							
1 EKG RECLASS	W	ELECTROCARDIOLOGY	69		79,567	33,033	1
500 TOTAL RECLASSIFICATIONS					79,567	33,033	500
CODE LETTER - W							
1 EEG RECLASS	X	ELECTROENCEPHALOGRAPHY	70		114,935	108,768	1
500 TOTAL RECLASSIFICATIONS					114,935	108,768	500
CODE LETTER - X							
1 OBSERVATION RECLASS	Y	ADULTS & PEDIATRICS	30		182,225	93,618	1
2							2
3							3
4							4
500 TOTAL RECLASSIFICATIONS					182,225	93,618	500
CODE LETTER - Y							
1 RENAL RECLASS	Z	RENAL DIALYSIS	74		469,983	308,143	1
500 TOTAL RECLASSIFICATIONS					469,983	308,143	500
CODE LETTER - Z							
1 MONITOR TECH RECLASS	AA	ELECTROCARDIOLOGY	69			41,627	1
500 TOTAL RECLASSIFICATIONS						41,627	500
CODE LETTER - AA							
1 AMBULANCE RECLASS	AB	AMBULANCE SERVICES	95			249,556	1
500 TOTAL RECLASSIFICATIONS						249,556	500
CODE LETTER - AB							
1 OTHER TO SALARY RECLASS	AC	INTRAVENOUS THERAPY	64		54,975		1
2		ELECTROCARDIOLOGY	69		42,693		2
3		ELECTROENCEPHALOGRAPHY	70		3,600		3
4		EMERGENCY	91		148,750		4
5		PHYSICIANS' PRIVATE OFFICES	192		26,377		5
6		PRIMARY OFFICE CLINIC	192.02		96,828		6
500 TOTAL RECLASSIFICATIONS					373,223		500
CODE LETTER - AC							
1 DEPRECIATION EXPENSE RECLASS	AD	CAP REL COSTS-BLDG & FIXT	1			6,284,812	1
500 TOTAL RECLASSIFICATIONS						6,284,812	500
CODE LETTER - AD							
GRAND TOTAL (INCREASES)					5,643,122	62,830,128	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 BENEFIT ALLOCATION	A	A&G	5.04		2,255,045	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					2,255,045	500
1 INTEREST EXPENSE	B	CAP REL COSTS-BLDG & FIXT	1		27,903	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					27,903	500
1 BOND AMORTIZATION	C	A&G	5.04		144,750	11 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					144,750	500
1 BLOOD COSTS	D	LABORATORY	60		1,872,928	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,872,928	500
1 MEDICAID ASSESSMENT FEES	E	A&G	5.04		16,074	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					16,074	500
1 DRUG COSTS	F	PHARMACY	15		14,534,306	1
2		NURSING SCHOOL	20		1,086	2
3		ADULTS & PEDIATRICS	30		9,149	3
4		INTENSIVE CARE UNIT	31		1,514	4
5		NICU	31.01		23	5
6		CORONARY CARE UNIT	32		491	6
7		SKILLED NURSING FACILITY	44		122	7
8		OPERATING ROOM	50		51,680	8
9		RECOVERY ROOM	51		57	9
10		DELIVERY ROOM & LABOR ROOM	52		315	10
11		ANESTHESIOLOGY	53		8,717	11
12		RADIOLOGY-DIAGNOSTIC	54		221	12
13		NUCLEAR MEDICINE	54.01		56	13
14		ULTRASOUND	54.02		312	14
15		RADIOLOGY-THERAPEUTIC	55		152	15
16		CARDIAC CATHETERIZATION	59		2,765	16
17		INTRAVENOUS THERAPY	64		443	17
18		RESPIRATORY THERAPY	65		19	18
19		ELECTROCARDIOLOGY	69		53	19
20		ELECTROENCEPHALOGRAPHY	70		114	20
21		GASTRO INTESTINAL	76		78	21
22		CARDIAC REHABILITATION	76.97		10	22
23		CLINIC	90		16	23
24		EMERGENCY	91		2,078	24
25		AMBULANCE SERVICES	95		7,607	25
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					14,621,384	500
1 PROPERTY TAXES	G	A&G	5.04		16,468	13 1
2		PHYSICAL THERAPY	66		21,808	2
3		AMBULANCE SERVICES	95		19,307	3
4		PRIMARY OFFICE CLINIC	192.02		25,173	4
5		MEDICAL OFFICE	194.01		291,267	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					374,023	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 MEDICAL SUPPLIES	H	PHARMACY	15		2,472	1
2		NURSING SCHOOL	20		1,165	2
3		PARAMED ED PRGM-(RADIOLOGY)	23		35	3
4		PARAMED PROGRAM-RESP CARE	23.03		100	4
5		ADULTS & PEDIATRICS	30		34,999	5
6		INTENSIVE CARE UNIT	31		38,009	6
7		NICU	31.01		6,028	7
8		CORONARY CARE UNIT	32		15,641	8
9		SUBPROVIDER - IRF	41		3,856	9
10		SKILLED NURSING FACILITY	44		1,779	10
11		OPERATING ROOM	50		3,373,800	11
12		RECOVERY ROOM	51		3,670	12
13		DELIVERY ROOM & LABOR ROOM	52		28,294	13
14		ANESTHESIOLOGY	53		36,750	14
15		RADIOLOGY-DIAGNOSTIC	54		2,767	15
16		NUCLEAR MEDICINE	54.01		193	16
17		ULTRASOUND	54.02		1,288	17
18		RADIOLOGY-THERAPEUTIC	55		476	18
19		COMPUTED TOMOGRAPHY (CT) SCAN	57		4,938	19
20		CARDIAC CATHETERIZATION	59		4,920,567	20
21		INTRAVENOUS THERAPY	64		397	21
22		RESPIRATORY THERAPY	65		189,721	22
23		ELECTROCARDIOLOGY	69		125	23
24		ELECTROENCEPHALOGRAPHY	70		142	24
25		GASTRO INTESTINAL	76		152,629	25
26		CARDIAC REHABILITATION	76.97		393	26
27		CLINIC	90		840	27
28		EMERGENCY	91		34,828	28
500 TOTAL RECLASSIFICATIONS					8,855,902	500
CODE LETTER - H						
1 IMPLANTABLE MEDICAL SUPPLIES	I	ADULTS & PEDIATRICS	30		30,855	1
2		INTENSIVE CARE UNIT	31		32	2
3		NICU	31.01		90	3
4		CORONARY CARE UNIT	32		1,377	4
5		SUBPROVIDER - IRF	41		18,386	5
6		SKILLED NURSING FACILITY	44		4,041	6
7		OPERATING ROOM	50		9,740,500	7
8		RECOVERY ROOM	51		36	8
9		DELIVERY ROOM & LABOR ROOM	52		3,137	9
10		RADIOLOGY-DIAGNOSTIC	54		21,498	10
11		CARDIAC CATHETERIZATION	59		6,162,621	11
12		ELECTROCARDIOLOGY	69		1,968	12
13		GASTRO INTESTINAL	76		24,925	13
14		CLINIC	90		65,578	14
15		EMERGENCY	91		2,481	15
500 TOTAL RECLASSIFICATIONS					16,077,525	500
CODE LETTER - I						
1 ER PHYSICIAN SALARY	J	EMERGENCY	91	2,158,237		1
500 TOTAL RECLASSIFICATIONS				2,158,237		500
CODE LETTER - J						

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 IHS IT ALLOCATIONS	K	PHARMACY	15		275,550	1
2		NURSING SCHOOL	20		211,200	2
3		ADULTS & PEDIATRICS	30		1,461,250	3
4		INTENSIVE CARE UNIT	31		325,650	4
5		NICU	31.01		8,350	5
6		CORONARY CARE UNIT	32		342,350	6
7		SUBPROVIDER - IRF	41		258,850	7
8		SKILLED NURSING FACILITY	44		242,150	8
9		OPERATING ROOM	50		375,750	9
10		RECOVERY ROOM	51		183,700	10
11		DELIVERY ROOM & LABOR ROOM	52		192,050	11
12		RADIOLOGY-DIAGNOSTIC	54		492,650	12
13		RADIOLOGY-THERAPEUTIC	55		267,200	13
14		CARDIAC CATHETERIZATION	59		242,150	14
15		LABORATORY	60		8,350	15
16		INTRAVENOUS THERAPY	64		33,400	16
17		RESPIRATORY THERAPY	65		50,100	17
18		PHYSICAL THERAPY	66		230,100	18
19		ELECTROCARDIOLOGY	69		450,900	19
20		GASTRO INTESTINAL	76		66,800	20
21		CARDIAC REHABILITATION	76.97		33,400	21
22		CLINIC	90		165,800	22
23		EMERGENCY	91		251,028	23
24		AMBULANCE SERVICES	95		52,800	24
25		PHYSICIANS' PRIVATE OFFICES	192		227,700	25
26		RIVERSIDE OUTPATIENT	192.01		23,100	26
27		PRIMARY OFFICE CLINIC	192.02		294,387	27
28		ORTHOPEDIC CLINIC	192.03		16,434	28
29		NON-REIMBURSABLE CLINIC	192.04		21,912	29
30		TRINITY FAMILY PRACTICE	192.05		32,906	30
31		GROUP HOMES DEPT 783	194.02		9,900	31
500 TOTAL RECLASSIFICATIONS					6,847,867	500
CODE LETTER - K						
1 A&P RECLASS	L	DELIVERY ROOM & LABOR ROOM	52	111,893	56,350	1
500 TOTAL RECLASSIFICATIONS				111,893	56,350	500
CODE LETTER - L						
1 NURSERY RECLASS	M	ADULTS & PEDIATRICS	30	723,524	289,273	1
500 TOTAL RECLASSIFICATIONS				723,524	289,273	500
CODE LETTER - M						
1 IV THERAPY RECLASS	N	EMERGENCY	91	618,268	256,681	1
500 TOTAL RECLASSIFICATIONS				618,268	256,681	500
CODE LETTER - N						
1 RADIOLOGY - DIAGNOSTIC RECLASS	O	CLINIC	90	65,339	51,895	1
2		ELECTROCARDIOLOGY	69	244,517	231,397	2
3		CARDIAC CATHETERIZATION	59	74,887	115,874	3
500 TOTAL RECLASSIFICATIONS				384,743	399,166	500
CODE LETTER - O						
1 RADIOLOGY - THER RECLASS	P	INTRAVENOUS THERAPY	64	199,473	61,485	1
500 TOTAL RECLASSIFICATIONS				199,473	61,485	500
CODE LETTER - P						
1 OPERATING ROOM RECLASS	Q	DELIVERY ROOM & LABOR ROOM	52	163,249	82,213	1
2		ULTRASOUND	54.02	39,550	13,187	2
500 TOTAL RECLASSIFICATIONS				202,799	95,400	500
CODE LETTER - Q						
1 THERAPY RECLASS	R	PHYSICAL THERAPY	66	863,218	330,459	1
2						2
500 TOTAL RECLASSIFICATIONS				863,218	330,459	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 PULMONARY RECLASS	S	RESPIRATORY THERAPY	65	451,791	272,281	1
500 TOTAL RECLASSIFICATIONS				451,791	272,281	500
CODE LETTER - S						
1 CARDIOLOGY RECLASS	T	ELECTROCARDIOLOGY	69	589,447	557,819	1
500 TOTAL RECLASSIFICATIONS				589,447	557,819	500
CODE LETTER - T						
1 CLINIC RECLASS	U	DELIVERY ROOM & LABOR ROOM	52	163,419	82,299	1
500 TOTAL RECLASSIFICATIONS				163,419	82,299	500
CODE LETTER - U						
1 RECOVERY RECLASS	V	DELIVERY ROOM & LABOR ROOM	52	114,614	57,720	1
500 TOTAL RECLASSIFICATIONS				114,614	57,720	500
CODE LETTER - V						
1 EKG RECLASS	W	EMERGENCY	91	79,567	33,033	1
500 TOTAL RECLASSIFICATIONS				79,567	33,033	500
CODE LETTER - W						
1 EEG RECLASS	X	ELECTROCARDIOLOGY	69	114,935	108,768	1
500 TOTAL RECLASSIFICATIONS				114,935	108,768	500
CODE LETTER - X						
1 OBSERVATION RECLASS	Y	INTENSIVE CARE UNIT	31	12,907	6,857	1
2 CORONARY CARE UNIT			32	145,894	74,974	2
3 SUBPROVIDER - IRF			41	128	54	3
4 DELIVERY ROOM & LABOR ROOM			52	23,297	11,732	4
500 TOTAL RECLASSIFICATIONS				182,226	93,617	500
CODE LETTER - Y						
1 RENAL RECLASS	Z	ADULTS & PEDIATRICS	30	469,983	308,143	1
500 TOTAL RECLASSIFICATIONS				469,983	308,143	500
CODE LETTER - Z						
1 MONITOR TECH RECLASS	AA	ELECTROCARDIOLOGY	69	41,627		1
500 TOTAL RECLASSIFICATIONS				41,627		500
CODE LETTER - AA						
1 AMBULANCE RECLASS	AB	AMBULANCE SERVICES	95	249,556		1
500 TOTAL RECLASSIFICATIONS				249,556		500
CODE LETTER - AB						
1 OTHER TO SALARY RECLASS	AC	INTRAVENOUS THERAPY	64		54,975	1
2 ELECTROCARDIOLOGY			69		42,693	2
3 ELECTROENCEPHALOGRAPHY			70		3,600	3
4 EMERGENCY			91		148,750	4
5 PHYSICIANS' PRIVATE OFFICES			192		26,377	5
6 PRIMARY OFFICE CLINIC			192.02		96,828	6
500 TOTAL RECLASSIFICATIONS					373,223	500
CODE LETTER - AC						
1 DEPRECIATION EXPENSE RECLASS	AD	A&G	5.04		6,284,812	9 1
500 TOTAL RECLASSIFICATIONS					6,284,812	500
CODE LETTER - AD						
GRAND TOTAL (DECREASES)				7,719,320	60,753,930	

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	1,979,147					1,979,147	1
2 LAND IMPROVEMENTS	4,697,135	270,987		270,987		4,968,122	2
3 BUILDINGS AND FIXTURES	141,355,747	2,934,934		2,934,934	119,719	144,170,962	3
4 BUILDING IMPROVEMENTS	2,726,108	-946,913		-946,913	2,381	1,776,814	4
5 FIXED EQUIPMENT	246,920	402,280		402,280		649,200	5
6 MOVABLE EQUIPMENT	67,297,715	5,746,512		5,746,512	1,032,324	72,011,903	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	218,302,772	8,407,800		8,407,800	1,154,424	225,556,148	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	218,302,772	8,407,800		8,407,800	1,154,424	225,556,148	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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							1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)							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								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC- IATION 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	6,284,812		2,930,261		374,023		9,589,096 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL	6,284,812		2,930,261		374,023		9,589,096 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
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)					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)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-9,542,625			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	66,390,456			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS					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					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)	B	-61,898	CAP REL COSTS-BLDG & FIXT	1	11 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 OFFSET CONTRIBUTION COST	A	-63,175	A&G	5.04	33
33.01 OFFSET CONTRIBUTION COST	A	-1,310	NURSING SCHOOL	20	33.01
33.02 OFFSET CONTRIBUTION COST	A	-815	PARAMED ED PRGM-(RADIOLOGY)	23	33.02
33.03 OFFSET CONTRIBUTION COST	A	-270	PARAMED PROGRAM-RESP CARE	23.03	33.03
33.04 OFFSET CONTRIBUTION COST	A	-4,627	RADIOLOGY-THERAPEUTIC	55	33.04
33.05 OFFSET CONTRIBUTION COST	A	-1,468	CLINIC	90	33.05
34 OFFSET PROVIDER TAX	A	-8,083,627	A&G	5.04	34
35 POST RETIREMENT BENEFIT COST	A	51,946	EMPLOYEE BENEFITS	4	35
36 BOND AMORTIZATION	A	135,067	A&G	5.04	36
37 A&G MISC INCOME	B	-1,004,438	A&G	5.04	37
37.01 DRUGS MISC INCOME	B	-93,230	PHARMACY	15	37.01
37.02 NURSING SCHOOL MISC INCOME	B	-1,906,235	NURSING SCHOOL	20	37.02
37.03 RAD TECH MISC INCOME	B	-360,573	PARAMED ED PRGM-(RADIOLOGY)	23	37.03
37.04 OR TECH MISC INCOME	B	-58,106	PARAMED PROGRAM-OR TECH	23.01	37.04
37.05 EMS MISC INCOME	B	-74,333	PARAMED PROGRAM-EMS	23.02	37.05
37.06 RESP CARE MISC INCOME	B	-298,609	PARAMED PROGRAM-RESP CARE	23.03	37.06
37.07 A&P MISC INCOME	B	-55,032	ADULTS & PEDIATRICS	30	37.07
37.08 OR MISC INCOME	B	-2,944	OPERATING ROOM	50	37.08
37.09 RADIOLOGY MISC INCOME	B	-14,433	RADIOLOGY-DIAGNOSTIC	54	37.09
37.10 RADIOLOGY-THER MISC INCOME	B	-378,118	RADIOLOGY-THERAPEUTIC	55	37.10
37.11 CARDIC CATH MISC INCOME	B	-2,800	CARDIAC CATHETERIZATION	59	37.11
37.12 RESP THERAPY MISC INCOME	B	-3,800	RESPIRATORY THERAPY	65	37.12
37.13 PT MISC INCOME	B	-55,016	PHYSICAL THERAPY	66	37.13
37.14 EKG MISC INCOME	B	-10,208	ELECTROCARDIOLOGY	69	37.14
37.15 CLINIC MISC INCOME	B	-101,966	CLINIC	90	37.15
37.16 ER MISC INCOME	B	-6,320	EMERGENCY	91	37.16
37.17 AMBULANCE MISC INCOME	B	-375,719	AMBULANCE SERVICES	95	37.17
38 SISTER BENEFITS	A	36,372	EMPLOYEE BENEFITS	4	38
39 ER PHYSICIAN	A	-2,579,022	EMERGENCY	91	39

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
40 A&G NON-ALLOWABLE EXP	A	-60,886	A&G	5.04	40
40.01 NURSING SCHOOL NON-ALLOW EXP	A	-278	NURSING SCHOOL	20	40.01
40.02 A&P NON-ALLOW EXP	A	-15,600	ADULTS & PEDIATRICS	30	40.02
40.03 NICU NON-ALLOW EXP	A	-200	NICU	31.01	40.03
40.04 REHAB NON-ALLOW EXP	A	-772	SUBPROVIDER - IRF	41	40.04
40.05 OR NON-ALLOW EXP	A	-464	OPERATING ROOM	50	40.05
40.06 L&D NON-ALLOW EXP	A	-138	DELIVERY ROOM & LABOR ROOM	52	40.06
40.07 RADIOLOGY-THER NON-ALLOW EXP	A	-8,381	RADIOLOGY-THERAPEUTIC	55	40.07
40.08 PT NON-ALLOW EXP	A	-1,520	PHYSICAL THERAPY	66	40.08
40.09 ER NON-ALLOW EXP	A	-7,278	EMERGENCY	91	40.09
40.10 AMBULANCE NON-ALLOW EXP	A	-500	AMBULANCE SERVICES	95	40.10
41 WOUND CARE ADVERTISING	A	-16,878	CLINIC	90	41
42 MONITOR TECH	A	-56,192	ELECTROCARDIOLOGY	69	42
43 AMBULANCE	A	-522,330	AMBULANCE SERVICES	95	43
44 SELF INSURANCE	A	-46,503	A&G	5.04	44
44.01 SELF INSURANCE	A	-106,754	PHARMACY	15	44.01
44.02 SELF INSURANCE	A	-26,287	NURSING SCHOOL	20	44.02
44.03 SELF INSURANCE	A	-5,968	PARAMED ED PRGM-(RADIOLOGY)	23	44.03
44.04 SELF INSURANCE	A	-1,811	PARAMED PROGRAM-OR TECH	23.01	44.04
44.05 SELF INSURANCE	A	-1,574	PARAMED PROGRAM-EMS	23.02	44.05
44.06 SELF INSURANCE	A	-5,118	PARAMED PROGRAM-RESP CARE	23.03	44.06
44.07 SELF INSURANCE	A	-509,679	ADULTS & PEDIATRICS	30	44.07
44.08 SELF INSURANCE	A	-97,470	INTENSIVE CARE UNIT	31	44.08
44.09 SELF INSURANCE	A	-28,571	NICU	31.01	44.09
44.10 SELF INSURANCE	A	-87,944	CORONARY CARE UNIT	32	44.10
44.11 SELF INSURANCE	A	-46,561	SUBPROVIDER - IRF	41	44.11
44.12 SELF INSURANCE	A	-25,044	NURSERY	43	44.12
44.13 SELF INSURANCE	A	-58,447	SKILLED NURSING FACILITY	44	44.13
44.14 SELF INSURANCE	A	-135,873	OPERATING ROOM	50	44.14
44.15 SELF INSURANCE	A	-88,432	RECOVERY ROOM	51	44.15
44.16 SELF INSURANCE	A	-40,145	DELIVERY ROOM & LABOR ROOM	52	44.16
44.17 SELF INSURANCE	A	-110,001	RADIOLOGY-DIAGNOSTIC	54	44.17
44.18 SELF INSURANCE	A	-9,164	NUCLEAR MEDICINE	54.01	44.18
44.19 SELF INSURANCE	A	-14,350	ULTRASOUND	54.02	44.19
44.20 SELF INSURANCE	A	-60,607	RADIOLOGY-THERAPEUTIC	55	44.20
44.21 SELF INSURANCE	A	-23,299	COMPUTED TOMOGRAPHY (CT) SCAN	57	44.21
44.22 SELF INSURANCE	A	-59,606	CARDIAC CATHETERIZATION	59	44.22
44.23 SELF INSURANCE	A	-20,235	INTRAVENOUS THERAPY	64	44.23
44.24 SELF INSURANCE	A	-43,170	RESPIRATORY THERAPY	65	44.24
44.25 SELF INSURANCE	A	-16,680	PULMONARY	65.01	44.25
44.26 SELF INSURANCE	A	-78,763	PHYSICAL THERAPY	66	44.26
44.27 SELF INSURANCE	A	-7,252	OCCUPATIONAL THERAPY	67	44.27
44.28 SELF INSURANCE	A	-4,837	SPEECH PATHOLOGY	68	44.28
44.29 SELF INSURANCE	A	-28,773	ELECTROCARDIOLOGY	69	44.29
44.30 SELF INSURANCE	A	-21,307	CARDIOLOGY	69.01	44.30
44.31 SELF INSURANCE	A	-18,299	ELECTROENCEPHALOGRAPHY	70	44.31
44.32 SELF INSURANCE	A	-18,775	RENAL DIALYSIS	74	44.32
44.33 SELF INSURANCE	A	-14,757	GASTRO INTESTINAL	76	44.33
44.34 SELF INSURANCE	A	-16,145	CARDIAC REHABILITATION	76.97	44.34
44.35 SELF INSURANCE	A	-66,319	CLINIC	90	44.35
44.36 SELF INSURANCE	A	-215,311	EMERGENCY	91	44.36
44.37 SELF INSURANCE	A	-66,112	AMBULANCE SERVICES	95	44.37
44.38 SELF INSURANCE	A	-83,392	PHYSICIANS' PRIVATE OFFICES	192	44.38
44.39 SELF INSURANCE	A	-10,743	RIVERSIDE OUTPATIENT	192.01	44.39
44.40 SELF INSURANCE	A	-107,144	PRIMARY OFFICE CLINIC	192.02	44.40
44.41 SELF INSURANCE	A	-4,691	ORTHOPEDIC CLINIC	192.03	44.41
44.42 SELF INSURANCE	A	-9,349	NON-REIMBURSABLE CLINIC	192.04	44.42
44.43 SELF INSURANCE	A	-18,533	TRINITY FAMILY PRACTICE	192.05	44.43
44.44 SELF INSURANCE	A	-29,936	GROUP HOMES DEPT 783	194.02	44.44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		38,291,976			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	5.04	A&G	TRHS	39,623,007	9,524,243	30,098,764	1
2	4	EMPLOYEE BENEFITS	TRHS	1,057,439		1,057,439	2
3	1	CAP REL COSTS-BLDG & FIXT	TRHS	2,847,409	-27,903	2,875,312	11 3
4	5.01	PURCHASING	TRHS	1,385,002		1,385,002	4
4.01	5.02	ADMITTING	TRHS	2,249,911		2,249,911	4.01
4.02	5.03	CASHIERING/AR	TRHS	1,695,337		1,695,337	4.02
4.03	7	OPERATION OF PLANT	TRHS	8,159,953		8,159,953	4.03
4.04	9	HOUSEKEEPING	TRHS	3,169,165		3,169,165	4.04
4.05	10	DIETARY	TRHS	2,921,121		2,921,121	4.05
4.06	13	NURSING ADMINISTRATION	TRHS	1,710,877		1,710,877	4.06
4.07	14	CENTRAL SERVICES & SUPPLY	TRHS	2,023,314		2,023,314	4.07
4.08	16	MEDICAL RECORDS & LIBRARY	TRHS	1,834,956		1,834,956	4.08
4.09	17	SOCIAL SERVICE	TRHS	4,619,152		4,619,152	4.09
4.10	50	OPERATING ROOM	TRHS	932,819		932,819	4.10
4.11	30	ADULTS & PEDIATRICS	TRHS	200,861		200,861	4.11
4.12	31	INTENSIVE CARE UNIT	TRHS	83,127		83,127	4.12
4.13	32	CORONARY CARE UNIT	TRHS	35,564		35,564	4.13
4.14	41	SUBPROVIDER - IRF	TRHS	3,666		3,666	4.14
4.15	44	SKILLED NURSING FACILITY	TRHS	3,142		3,142	4.15
4.16	51	RECOVERY ROOM	TRHS	65,458		65,458	4.16
4.17	54	RADIOLOGY-DIAGNOSTIC	TRHS	524		524	4.17
4.18	59	CARDIAC CATHETERIZATION	TRHS	8,379		8,379	4.18
4.19	76	GASTRO INTESTINAL	TRHS	2,618		2,618	4.19
4.20	91	EMERGENCY	TRHS	524		524	4.20
4.21	58	MAGNETIC RESONANCE IMAGING (MRI)	METRO MRI	2,207,417	953,946	1,253,471	4.21
5		TOTALS (SUM OF LINES 1-4)		76,840,742	10,450,286	66,390,456	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 -----			
		PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)
6	B IOWA HEALTH SYSTEM				
7	B TRINITY REGIONAL HEALTH SYSTEM		TRINITY REGIONAL HEALTH SYSTEM		HEALTH SYSTEM
8					
9					
10					

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT				
LINE NO.	1	2	3	4	5	6	7	8	9			
1	23.03	PARAMED PROGRAM-RESP CAR	AGGREGATE		13,551		13,551	171,400	180	14,833	742	1
2	30	ADULTS & PEDIATRICS	AGGREGATE		2,591,163	2,591,163						2
3	31	INTENSIVE CARE UNIT	AGGREGATE		910	910						3
4	31.01	NICU	AGGREGATE		620,000	20,000	600,000	171,400	13,824	1,139,151	56,958	4
5	41	SUBPROVIDER - IRF	AGGREGATE		134,918	127,163	7,755	171,400	47	3,873	194	5
6	44	SKILLED NURSING FACILITY	AGGREGATE		1,913	1,913						6
7	50	OPERATING ROOM	AGGREGATE		5,850		5,850	204,100	39	3,827	191	7
8	53	ANESTHESIOLOGY	AGGREGATE		591,287	591,287						8
9	55	RADIOLOGY-THERAPEUTIC	AGGREGATE		30,700		30,700	231,100	118	13,111	656	9
10	59	CARDIAC CATHETERIZATION	AGGREGATE		40,456	13,791	26,665	171,400	56	4,615	231	10
11	64	INTRAVENOUS THERAPY	AGGREGATE		87,296	31,477	55,819	171,400	447	36,835	1,842	11
12	65	RESPIRATORY THERAPY	AGGREGATE		781		781	171,400	6	494	25	12
13	66	PHYSICAL THERAPY	AGGREGATE		68,241	65,841	2,400	171,400	12	989	49	13
14	69	ELECTROCARDIOLOGY	AGGREGATE		382,081	375,863	6,218	171,400	39	3,214	161	14
15	70	ELECTROENCEPHALOGRAPHY	AGGREGATE		45,950	44,750	1,200	171,400	8	659	33	15
16	76.97	CARDIAC REHABILITATION	AGGREGATE		810		810	171,400	3	247	12	16
17	90	CLINIC	AGGREGATE		78,272	77,811	461	171,400	11	906	45	17
18	91	EMERGENCY	AGGREGATE		6,497,741	5,530,322	967,419	171,400	22,982	1,893,805	94,690	18
200		TOTAL			11,191,920	9,472,291	1,719,629		37,772	3,116,559	155,829	200

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 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
 05/17/2012 11:28

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	23.03 PARAMED PROGRAM-RESP CAR	AGGREGATE				14,833		1
2	30 ADULTS & PEDIATRICS	AGGREGATE					2,591,163	2
3	31 INTENSIVE CARE UNIT	AGGREGATE					910	3
4	31.01 NICU	AGGREGATE				1,139,151	20,000	4
5	41 SUBPROVIDER - IRF	AGGREGATE				3,873	3,882	131,045
6	44 SKILLED NURSING FACILITY	AGGREGATE					1,913	6
7	50 OPERATING ROOM	AGGREGATE				3,827	2,023	2,023
8	53 ANESTHESIOLOGY	AGGREGATE						591,287
9	55 RADIOLOGY-THERAPEUTIC	AGGREGATE				13,111	17,589	17,589
10	59 CARDIAC CATHETERIZATION	AGGREGATE				4,615	22,050	35,841
11	64 INTRAVENOUS THERAPY	AGGREGATE				36,835	18,984	50,461
12	65 RESPIRATORY THERAPY	AGGREGATE				494	287	287
13	66 PHYSICAL THERAPY	AGGREGATE				989	1,411	67,252
14	69 ELECTROCARDIOLOGY	AGGREGATE				3,214	3,004	378,867
15	70 ELECTROENCEPHALOGRAPHY	AGGREGATE				659	541	45,291
16	76.97 CARDIAC REHABILITATION	AGGREGATE				247	563	563
17	90 CLINIC	AGGREGATE				906		77,811
18	91 EMERGENCY	AGGREGATE				1,893,805		5,530,322
200	TOTAL					3,116,559	70,334	9,542,625

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS 4	PURCHASING 5.01	ADMITTING 5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	9,589,096	9,589,096				1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	3,400,802	131,247	3,532,049			4
5.01 PURCHASING	1,385,002	36,513		1,421,515		5.01
5.02 ADMITTING	2,249,911	93,062			2,342,973	5.02
5.03 CASHIERING/AR	1,695,337	66,878				5.03
5.04 A&G	47,262,060	1,542,968	93,662	14,480		5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	8,159,953	945,600				7
8 LAUNDRY & LINEN SERVICE		40,986				8
9 HOUSEKEEPING	3,169,165	56,397				9
10 DIETARY	2,921,121	278,768				10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,710,877	24,118				13
14 CENTRAL SERVICES & SUPPLY	2,023,314	255,436				14
15 PHARMACY	6,035,880	78,145	176,239	20,175		15
16 MEDICAL RECORDS & LIBRARY	1,834,956	113,720				16
17 SOCIAL SERVICE	4,619,152	20,341				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	-617,396	167,114	42,210	99		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)	-126,675	28,338	7,889	5		23
23.01 PARAMED PROGRAM-OR TECH	14,502	3,194	2,491	7		23.01
23.02 PARAMED PROGRAM-EMS	-3,266	8,174	2,594			23.02
23.03 PARAMED PROGRAM-RESP CARE	-82,190	31,025	7,330	2		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	17,683,437	1,186,866	652,338	29,152	157,013	30
31 INTENSIVE CARE UNIT	4,404,558	174,578	131,204	14,604	36,523	31
31.01 NICU	1,832,017	56,081	41,705	2,610	9,974	31.01
32 CORONARY CARE UNIT	3,266,306	135,430	97,682	6,542	35,491	32
41 SUBPROVIDER - IRF	1,637,472	106,559	56,878	2,482	18,871	41
43 NURSERY	987,753	70,250	32,240	1,460	8,780	43
44 SKILLED NURSING FACILITY	1,968,527	133,960	63,614	3,578	13,271	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,745,877	618,964	171,792	130,074	246,245	50
51 RECOVERY ROOM	3,674,781	139,029	118,238	3,277	37,356	51
52 DELIVERY ROOM & LABOR ROOM	1,649,823	117,953	50,087	7,944	25,201	52
53 ANESTHESIOLOGY	140,826			2,104	26,235	53
54 RADIOLOGY-DIAGNOSTIC	4,737,209	333,340	122,210	13,348	94,986	54
54.01 NUCLEAR MEDICINE	1,138,112	23,357	14,275	28,750	16,995	54.01
54.02 ULTRASOUND	590,489	3,422	20,212	906	24,298	54.02
55 RADIOLOGY-THERAPEUTIC	2,951,779	157,900	88,800	5,745	65,879	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,065,028	24,815	31,824	11,906	168,791	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,207,452	19,999		1	16,380	58
59 CARDIAC CATHETERIZATION	4,752,345	91,212	84,710	60,588	198,645	59
60 LABORATORY	6,945,187	77,283		1,481	151,163	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	1,872,928				7,483	63
64 INTRAVENOUS THERAPY	1,322,739	35,587	47,660	2,806	28,108	64
65 RESPIRATORY THERAPY	1,826,706	12,255	52,103	8,536	34,966	65
65.01 PULMONARY	707,392	4,740	20,132	3,298	24,622	65.01
66 PHYSICAL THERAPY	2,293,859	38,097	76,309	1,009	43,078	66
67 OCCUPATIONAL THERAPY	994,617	17,794	32,387	266	18,920	67
68 SPEECH PATHOLOGY	186,971	3,257	6,078	60	3,510	68
69 ELECTROCARDIOLOGY	705,653	24,777	33,063	1,256	32,991	69
69.01 RADIOLOGY	1,125,959	40,733	26,266	1,248	28,643	69.01
70 ELECTROENCEPHALOGRAPHY	752,459	7,946	21,651	1,361	17,038	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,855,901			356,109	115,427	71
72 IMPL. DEV. CHARGED TO PATIENT	16,077,460			644,984	175,356	72
73 DRUGS CHARGED TO PATIENTS	14,620,764			1,542	271,976	73
74 RENAL DIALYSIS	759,351	23,978	20,942		6,346	74
76 GASTRO INTESTINAL	854,971	37,349	21,320	4,482	16,041	76
76.97 CARDIAC REHABILITATION	653,457	15,246	21,027	414	5,899	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,671,122	151,677	79,571	11,369	38,455	90
91 EMERGENCY	8,143,095	204,602	469,447	9,476	110,732	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,125,774		55,690	5,983	11,285	95

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	EMPLOYEE BENEFITS 4	PURCHASING 5.01	ADMITTING 5.02	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	236,171,757	8,011,060	3,093,870	1,415,519	2,342,973	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,811				190
192 PHYSICIANS' PRIVATE OFFICES	4,810,814	245,208	122,341	931		192
192.01 RIVERSIDE OUTPATIENT	383,680	34,447	12,126	491		192.01
192.02 PRIMARY OFFICE CLINIC	6,680,377		209,401	3,327		192.02
192.03 ORTHOPEDIC CLINIC	270,466		8,544	46		192.03
192.04 NON-REIMBURSABLE CLINIC	854,729		30,066	122		192.04
192.05 TRINITY FAMILY PRACTICE	1,102,652		30,928	862		192.05
194 NON REIMBURSABLE		1,276,570				194
194.01 MEDICAL OFFICE	123,972			33		194.01
194.02 GROUP HOMES DEPT 783	854,051		24,773	184		194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	251,252,498	9,589,096	3,532,049	1,421,515	2,342,973	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING AR 5.03	SUBTOTAL (COLS.0-4) 4A	A&G 5.04	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR	1,762,215					5.03
5.04 A&G		48,913,170	48,913,170			5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		9,105,553	2,195,276	11,300,829		7
8 LAUNDRY & LINEN SERVICE		40,986	9,881	68,388	119,255	8
9 HOUSEKEEPING		3,225,562	777,657	94,102		9
10 DIETARY		3,199,889	771,468	465,139		10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,734,995	418,293	40,242		13
14 CENTRAL SERVICES & SUPPLY		2,278,750	549,388	426,208		14
15 PHARMACY		6,310,439	1,521,396	130,389		15
16 MEDICAL RECORDS & LIBRARY		1,948,676	469,810	189,748		16
17 SOCIAL SERVICE		4,639,493	1,118,545	33,940		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL		-407,973		278,838	32	20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)		-90,443		47,284		23
23.01 PARAMED PROGRAM-OR TECH		20,194	4,869	5,329		23.01
23.02 PARAMED PROGRAM-EMS		7,502	1,809	13,640		23.02
23.03 PARAMED PROGRAM-RESP CARE		-43,833		51,767		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	118,069	19,826,875	4,780,146	1,980,351	35,807	30
31 INTENSIVE CARE UNIT	27,464	4,788,931	1,154,573	291,293	5,098	31
31.01 NICU	7,500	1,949,887	470,102	93,573	970	31.01
32 CORONARY CARE UNIT	26,688	3,568,139	860,250	225,972	6,935	32
41 SUBPROVIDER - IRF	14,191	1,836,453	442,754	177,800	4,940	41
43 NURSERY	6,602	1,107,085	266,909	117,215	1,472	43
44 SKILLED NURSING FACILITY	9,979	2,192,929	528,698	223,519	3,565	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	185,168	13,098,120	3,157,852	1,032,775	9,289	50
51 RECOVERY ROOM	28,091	4,000,772	964,554	231,977	9,527	51
52 DELIVERY ROOM & LABOR ROOM	18,951	1,869,959	450,832	196,811	3,047	52
53 ANESTHESIOLOGY	19,728	188,893	45,541			53
54 RADIOLOGY-DIAGNOSTIC	71,426	5,372,519	1,295,271	556,196	4,926	54
54.01 NUCLEAR MEDICINE	12,780	1,234,269	297,572	38,973	297	54.01
54.02 ULTRASOUND	18,271	657,598	158,542	5,710	1,344	54.02
55 RADIOLOGY-THERAPEUTIC	49,539	3,319,642	800,339	263,465	1,310	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	126,925	2,429,289	585,682	41,405		57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,317	2,256,149	543,939	33,369		58
59 CARDIAC CATHETERIZATION	149,374	5,336,874	1,286,678	152,192	4,009	59
60 LABORATORY	113,670	7,288,784	1,757,268	128,951	1	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	5,627	1,886,038	454,709			63
64 INTRAVENOUS THERAPY	21,136	1,458,036	351,521	59,379	2,953	64
65 RESPIRATORY THERAPY	26,293	1,960,859	472,747	20,449		65
65.01 PULMONARY	18,515	778,699	187,738	7,909		65.01
66 PHYSICAL THERAPY	32,393	2,484,745	599,052	63,566	975	66
67 OCCUPATIONAL THERAPY	14,227	1,078,211	259,948	29,690	148	67
68 SPEECH PATHOLOGY	2,639	202,515	48,825	5,435	43	68
69 ELECTROCARDIOLOGY	24,808	822,548	198,310	41,341	743	69
69.01 RADIOLOGY	21,539	1,244,388	300,012	67,965	762	69.01
70 ELECTROENCEPHALOGRAPHY	12,812	813,267	196,072	13,259	1,142	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	86,798	9,414,235	2,269,697			71
72 IMPL. DEV. CHARGED TO PATIENT	131,862	17,029,662	4,105,715			72
73 DRUGS CHARGED TO PATIENTS	204,892	15,099,174	3,640,290			73
74 RENAL DIALYSIS	4,772	815,389	196,584	40,009	1,646	74
76 GASTRO INTESTINAL	12,063	946,226	228,128	62,319	1,281	76
76.97 CARDIAC REHABILITATION	4,436	700,479	168,880	25,439	73	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	28,917	2,981,111	718,722	253,082	1,413	90
91 EMERGENCY	83,267	9,020,619	2,174,799	341,389	15,414	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	8,486	2,207,218	532,143			95

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING AR 5.03	SUBTOTAL (COLS.0-4) 4A	A&G 5.04	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,762,215	234,149,546	44,789,786	8,667,792	119,162	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,811	5,258	36,393		190
192 PHYSICIANS' PRIVATE OFFICES		5,179,294	1,248,686	409,143		192
192.01 RIVERSIDE OUTPATIENT		430,744	103,849	57,476		192.01
192.02 PRIMARY OFFICE CLINIC		6,893,105	1,661,872		79	192.02
192.03 ORTHOPEDIC CLINIC		279,056	67,278		7	192.03
192.04 NON-REIMBURSABLE CLINIC		884,917	213,346		7	192.04
192.05 TRINITY FAMILY PRACTICE		1,134,442	273,505			192.05
194 NON REIMBURSABLE		1,276,570	307,771	2,130,025		194
194.01 MEDICAL OFFICE		124,005	29,897			194.01
194.02 GROUP HOMES DEPT 783		879,008	211,922			194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,762,215	251,252,498	48,913,170	11,300,829	119,255	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 9	DIETARY 10	CAFETERIA 11	EMPLOYEE CAFETERIA 11.01	NURSING ADMINIS-TRATION 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	4,097,321					9
10 DIETARY	171,105	4,607,601				10
11 CAFETERIA		3,032,634	3,032,634			11
11.01 EMPLOYEE CAFETERIA			2,539,772	2,539,772		11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	14,803				2,208,333	13
14 CENTRAL SERVICES & SUPPLY	156,784					14
15 PHARMACY	47,965			114,336		15
16 MEDICAL RECORDS & LIBRARY	69,800					16
17 SOCIAL SERVICE	12,485					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	102,573			29,113		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)	17,394			7,233		23
23.01 PARAMED PROGRAM-OR TECH	1,960			2,160		23.01
23.02 PARAMED PROGRAM-EMS	5,017			1,729		23.02
23.03 PARAMED PROGRAM-RESP CARE	19,043			6,265		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	728,487	1,054,136		613,299	1,064,708	30
31 INTENSIVE CARE UNIT	107,154	99,625		112,728	195,700	31
31.01 NICU	34,422			32,504	56,429	31.01
32 CORONARY CARE UNIT	83,125	149,030		110,077	191,098	32
41 SUBPROVIDER - IRF	65,405	93,311		57,632	100,051	41
43 NURSERY	43,118			29,274	50,821	43
44 SKILLED NURSING FACILITY	82,223	178,865		74,190	128,796	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	379,914			160,218		50
51 RECOVERY ROOM	85,335			99,183		51
52 DELIVERY ROOM & LABOR ROOM	72,398			47,836	83,044	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	204,601			135,945		54
54.01 NUCLEAR MEDICINE	14,337			9,318		54.01
54.02 ULTRASOUND	2,100			14,817		54.02
55 RADIOLOGY-THERAPEUTIC	96,917			68,238		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,231			24,658		57
58 MAGNETIC RESONANCE IMAGING (MRI)	12,275					58
59 CARDIAC CATHETERIZATION	55,985			65,201		59
60 LABORATORY	47,436					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY	21,843			38,996		64
65 RESPIRATORY THERAPY	7,522			50,378		65
65.01 PULMONARY	2,909			19,465		65.01
66 PHYSICAL THERAPY	23,383			72,162		66
67 OCCUPATIONAL THERAPY	10,922			31,252		67
68 SPEECH PATHOLOGY	1,999			5,822		68
69 ELECTROCARDIOLOGY	15,208			35,654		69
69.01 RADIOLOGY	25,001			24,454		69.01
70 ELECTROENCEPHALOGRAPHY	4,877			21,539		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	14,718			23,111		74
76 GASTRO INTESTINAL	22,924			16,121		76
76.97 CARDIAC REHABILITATION	9,358			19,001		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	93,098			81,339		90
91 EMERGENCY	125,583			194,516	337,686	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES				90,008		95

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	
	KEEPING			CAFETERIA	ADMINIS-	
	9	10	11	11.01	TRATION	
					13	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,128,737	4,607,601	2,539,772	2,539,772	2,208,333	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,387		492,862			190
192 PHYSICIANS' PRIVATE OFFICES	150,506					192
192.01 RIVERSIDE OUTPATIENT	21,143					192.01
192.02 PRIMARY OFFICE CLINIC						192.02
192.03 ORTHOPEDIC CLINIC						192.03
192.04 NON-REIMBURSABLE CLINIC						192.04
192.05 TRINITY FAMILY PRACTICE						192.05
194 NON REIMBURSABLE	783,548					194
194.01 MEDICAL OFFICE						194.01
194.02 GROUP HOMES DEPT 783						194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,097,321	4,607,601	3,032,634	2,539,772	2,208,333	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	3,411,130					14
15 PHARMACY	35,732	8,160,257				15
16 MEDICAL RECORDS & LIBRARY			2,678,034			16
17 SOCIAL SERVICE				5,804,463		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	190				2,773	20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)	9					23
23.01 PARAMED PROGRAM-OR TECH	17					23.01
23.02 PARAMED PROGRAM-EMS						23.02
23.03 PARAMED PROGRAM-RESP CARE	5					23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	66,654		179,468	3,538,246	906	30
31 INTENSIVE CARE UNIT	31,706		41,746	359,904	377	31
31.01 NICU	6,709		11,400	152,205	10	31.01
32 CORONARY CARE UNIT	15,072		40,567	560,685		32
41 SUBPROVIDER - IRF	5,458		21,570	335,248		41
43 NURSERY	3,609		10,035	215,942		43
44 SKILLED NURSING FACILITY	7,962		15,169	642,233		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	285,093		281,461		139	50
51 RECOVERY ROOM	8,011		42,699		47	51
52 DELIVERY ROOM & LABOR ROOM	20,186		28,805		222	52
53 ANESTHESIOLOGY	5,559		29,987			53
54 RADIOLOGY-DIAGNOSTIC	24,617		108,570		2	54
54.01 NUCLEAR MEDICINE	287		19,426			54.01
54.02 ULTRASOUND	2,337		27,773			54.02
55 RADIOLOGY-THERAPEUTIC	12,556		75,300			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,116		192,930			57
58 MAGNETIC RESONANCE IMAGING (MRI)	4		18,723			58
59 CARDIAC CATHETERIZATION	86,941		227,053			59
60 LABORATORY	3,929		172,781			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			8,553			62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY	6,331		32,128		18	64
65 RESPIRATORY THERAPY	18,954		39,967			65
65.01 PULMONARY	7,324		28,143			65.01
66 PHYSICAL THERAPY	2,521		49,238			66
67 OCCUPATIONAL THERAPY	682		21,626			67
68 SPEECH PATHOLOGY	152		4,012			68
69 ELECTROCARDIOLOGY	3,192		37,709		4	69
69.01 RADIOLOGY	3,088		32,739		4	69.01
70 ELECTROENCEPHALOGRAPHY	3,541		19,475		1	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	927,072		131,935			71
72 IMPL. DEV. CHARGED TO PATIENT	1,715,554		200,434			72
73 DRUGS CHARGED TO PATIENTS		8,105,522	310,859			73
74 RENAL DIALYSIS	3,539		7,254		55	74
76 GASTRO INTESTINAL	11,279		18,335			76
76.97 CARDIAC REHABILITATION	1,095		6,743		14	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	26,536		43,954		32	90
91 EMERGENCY	23,883		126,568		96	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	15,250		12,899			95

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,395,752	8,105,522	2,678,034	5,804,463	1,927	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	2,353	16,266				192
192.01 RIVERSIDE OUTPATIENT	1,302					192.01
192.02 PRIMARY OFFICE CLINIC	8,518	15,580				192.02
192.03 ORTHOPEDIC CLINIC	123	3,494				192.03
192.04 NON-REIMBURSABLE CLINIC	324	17				192.04
192.05 TRINITY FAMILY PRACTICE	2,287	19,378				192.05
194 NON REIMBURSABLE					846	194
194.01 MEDICAL OFFICE	43					194.01
194.02 GROUP HOMES DEPT 783	428					194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,411,130	8,160,257	2,678,034	5,804,463	2,773	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION RADIOLOGY 23	PARAMED PROGRAM OR TECH 23.01	PARAMED PROGRAM EMS 23.02	PARAMED PROGRAM RESP CARE 23.03	SUBTOTAL 24	
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
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
23.01						23.01
23.02						23.02
23.03						23.03
30						30
31						31
31.01						31.01
32						32
41						41
43						43
44						44
50						50
51						51
52						52
53						53
54						54
54.01						54.01
54.02						54.02
55						55
57						57
58						58
59						59
60						60
62.30						62.30
63						63
64						64
65						65
65.01						65.01
66						66
67						67
68						68
69						69
69.01						69.01
70						70
71						71
72						72
73						73
74						74
76						76
76.97						76.97
76.98						76.98
76.99						76.99
90						90
91						91
92						92
95						95

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION RADIOLOGY 23	PARAMED PROGRAM OR TECH 23.01	PARAMED PROGRAM EMS 23.02	PARAMED PROGRAM RESP CARE 23.03	SUBTOTAL 24	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)		21,378	9,066	6,808	225,818,929	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					569,711	190
192 PHYSICIANS' PRIVATE OFFICES					7,006,248	192
192.01 RIVERSIDE OUTPATIENT					614,514	192.01
192.02 PRIMARY OFFICE CLINIC					8,579,154	192.02
192.03 ORTHOPEDIC CLINIC					349,958	192.03
192.04 NON-REIMBURSABLE CLINIC					1,098,611	192.04
192.05 TRINITY FAMILY PRACTICE					1,429,612	192.05
194 NON REIMBURSABLE		13,151	20,631	26,439	4,558,981	194
194.01 MEDICAL OFFICE					153,945	194.01
194.02 GROUP HOMES DEPT 783					1,091,358	194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER	-18,523				-18,523	201
202 TOTAL (SUM OF LINES 118-201)	-18,523	34,529	29,697	33,247	251,252,498	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS		TOTAL	
	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 PURCHASING				5.01
5.02 ADMITTING				5.02
5.03 CASHIERING/AR				5.03
5.04 A&G				5.04
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
11.01 EMPLOYEE CAFETERIA				11.01
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-(RADIOLOGY)				23
23.01 PARAMED PROGRAM-OR TECH				23.01
23.02 PARAMED PROGRAM-EMS				23.02
23.03 PARAMED PROGRAM-RESP CARE				23.03
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		33,870,524		30
31 INTENSIVE CARE UNIT		7,189,412		31
31.01 NICU		2,808,211		31.01
32 CORONARY CARE UNIT		5,810,950		32
41 SUBPROVIDER - IRF		3,140,622		41
43 NURSERY		1,845,480		43
44 SKILLED NURSING FACILITY		4,078,149		44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		18,425,206		50
51 RECOVERY ROOM		5,442,209		51
52 DELIVERY ROOM & LABOR ROOM		2,774,153		52
53 ANESTHESIOLOGY		269,980		53
54 RADIOLOGY-DIAGNOSTIC		7,703,767		54
54.01 NUCLEAR MEDICINE		1,614,479		54.01
54.02 ULTRASOUND		870,221		54.02
55 RADIOLOGY-THERAPEUTIC		4,637,767		55
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,292,311		57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,864,459		58
59 CARDIAC CATHETERIZATION		7,215,199		59
60 LABORATORY		9,399,150		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.		2,349,300		63
64 INTRAVENOUS THERAPY		1,971,205		64
65 RESPIRATORY THERAPY		2,575,327		65
65.01 PULMONARY		1,033,907		65.01
66 PHYSICAL THERAPY		3,295,642		66
67 OCCUPATIONAL THERAPY		1,432,479		67
68 SPEECH PATHOLOGY		268,803		68
69 ELECTROCARDIOLOGY		1,154,981		69
69.01 RADIOLOGY		1,698,717		69.01
70 ELECTROENCEPHALOGRAPHY		1,073,231		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		12,742,939		71
72 IMPL. DEV. CHARGED TO PATIENT		23,051,365		72
73 DRUGS CHARGED TO PATIENTS		27,155,845		73
74 RENAL DIALYSIS		1,102,305		74
76 GASTRO INTESTINAL		1,306,613		76
76.97 CARDIAC REHABILITATION		931,082		76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC		4,199,510		90
91 EMERGENCY		12,365,911		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES		2,857,518		95

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)		225,818,929	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		569,711	190
192 PHYSICIANS' PRIVATE OFFICES		7,006,248	192
192.01 RIVERSIDE OUTPATIENT		614,514	192.01
192.02 PRIMARY OFFICE CLINIC		8,579,154	192.02
192.03 ORTHOPEDIC CLINIC		349,958	192.03
192.04 NON-REIMBURSABLE CLINIC		1,098,611	192.04
192.05 TRINITY FAMILY PRACTICE		1,429,612	192.05
194 NON REIMBURSABLE		4,558,981	194
194.01 MEDICAL OFFICE		153,945	194.01
194.02 GROUP HOMES DEPT 783		1,091,358	194.02
194.03 PRECEDENCE			194.03
194.04 CALL CENTER			194.04
194.05 WORK FITNESS CENTER			194.05
194.06 PARAMED NON-ACCREDITED			194.06
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER		-18,523	201
202 TOTAL (SUM OF LINES 118-201)		251,252,498	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	SUBTOTAL	EMPLOYEE	PURCHASING	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1		BENEFITS 4	5.01	
			2A			
GENERAL SERVICE COST CENTERS						
1						1
2						2
4		131,247	131,247	131,247		4
5.01		36,513	36,513		36,513	5.01
5.02		93,062	93,062			5.02
5.03		66,878	66,878			5.03
5.04		1,542,968	1,542,968	3,481	372	5.04
6						6
7		945,600	945,600			7
8		40,986	40,986			8
9		56,397	56,397			9
10		278,768	278,768			10
11						11
11.01						11.01
12						12
13		24,118	24,118			13
14		255,436	255,436			14
15	15,888	78,145	94,033	6,550	518	15
16		113,720	113,720			16
17		20,341	20,341			17
19						19
20		167,114	167,114	1,569	3	20
21						21
22						22
23		28,338	28,338	293		23
23.01		3,194	3,194	93		23.01
23.02		8,174	8,174	96		23.02
23.03		31,025	31,025	272		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30	97,810	1,186,866	1,284,676	24,227	749	30
31	164,179	174,578	338,757	4,876	375	31
31.01	13,620	56,081	69,701	1,550	67	31.01
32	39,897	135,430	175,327	3,630	168	32
41	51,667	106,559	158,226	2,114	64	41
43	32,454	70,250	102,704	1,198	38	43
44	12,024	133,960	145,984	2,364	92	44
ANCILLARY SERVICE COST CENTERS						
50	708,483	618,964	1,327,447	6,384	3,342	50
51	65,856	139,029	204,885	4,394	84	51
52	11,890	117,953	129,843	1,861	204	52
53	88,164		88,164		54	53
54	733,644	333,340	1,066,984	4,542	343	54
54.01	25,740	23,357	49,097	531	739	54.01
54.02	3,212	3,422	6,634	751	23	54.02
55	380,608	157,900	538,508	3,300	148	55
57	483,960	24,815	508,775	1,183	306	57
58	317,094	19,999	337,093			58
59	656,691	91,212	747,903	3,148	1,557	59
60		77,283	77,283		38	60
62.30						62.30
63						63
64	12,645	35,587	48,232	1,771	72	64
65	33,056	12,255	45,311	1,936	219	65
65.01	12,772	4,740	17,512	748	85	65.01
66	14,749	38,097	52,846	2,836	26	66
67	6,151	17,794	23,945	1,204	7	67
68	1,168	3,257	4,425	226	2	68
69	34,341	24,777	59,118	1,229	32	69
69.01	66,448	40,733	107,181	976	32	69.01
70	44,085	7,946	52,031	805	35	70
71					9,149	71
72					16,561	72
73					40	73
74	516	23,978	24,494	778		74
76	66,660	37,349	104,009	792	115	76
76.97	1,788	15,246	17,034	781	11	76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90	4,066	151,677	155,743	2,957	292	90
91	58,729	204,602	263,331	17,446	243	91
92						92
OTHER REIMBURSABLE COST CENTERS						
95	93,719		93,719	2,070	154	95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	SUBTOTAL	EMPLOYEE	PURCHASING	
	CAP-REL COSTS 0	BLDGS & FIXTURES 1		BENEFITS 4	5.01	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,353,774	8,011,060	12,364,834	114,962	36,359	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,811	21,811			190
192 PHYSICIANS' PRIVATE OFFICES		245,208	245,208	4,547	24	192
192.01 RIVERSIDE OUTPATIENT		34,447	34,447	451	13	192.01
192.02 PRIMARY OFFICE CLINIC	16,500		16,500	7,782	85	192.02
192.03 ORTHOPEDIC CLINIC				318	1	192.03
192.04 NON-REIMBURSABLE CLINIC	444		444	1,117	3	192.04
192.05 TRINITY FAMILY PRACTICE	2,736		2,736	1,149	22	192.05
194 NON REIMBURSABLE		1,276,570	1,276,570			194
194.01 MEDICAL OFFICE					1	194.01
194.02 GROUP HOMES DEPT 783				921	5	194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	4,373,454	9,589,096	13,962,550	131,247	36,513	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING 5.02	CASHIERING AR 5.03	A&G 5.04	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING	93,062					5.02
5.03 CASHIERING/AR		66,878				5.03
5.04 A&G			1,546,821			5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT			69,421	1,015,021		7
8 LAUNDRY & LINEN SERVICE			312	6,142	47,440	8
9 HOUSEKEEPING			24,592	8,452		9
10 DIETARY			24,396	41,778		10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			13,228	3,614		13
14 CENTRAL SERVICES & SUPPLY			17,373	38,281		14
15 PHARMACY			48,111	11,711		15
16 MEDICAL RECORDS & LIBRARY			14,857	17,043		16
17 SOCIAL SERVICE			35,371	3,048		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				25,045	13	20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)				4,247		23
23.01 PARAMED PROGRAM-OR TECH			154	479		23.01
23.02 PARAMED PROGRAM-EMS			57	1,225		23.02
23.03 PARAMED PROGRAM-RESP CARE				4,650		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,221	4,474	151,211	177,872	14,246	30
31 INTENSIVE CARE UNIT	1,447	1,041	36,511	26,163	2,028	31
31.01 NICU	395	284	14,866	8,405	386	31.01
32 CORONARY CARE UNIT	1,406	1,011	27,203	20,296	2,759	32
41 SUBPROVIDER - IRF	748	538	14,001	15,970	1,965	41
43 NURSERY	348	250	8,440	10,528	585	43
44 SKILLED NURSING FACILITY	526	378	16,719	20,076	1,418	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,756	7,016	99,860	92,762	3,695	50
51 RECOVERY ROOM	1,480	1,064	30,502	20,836	3,790	51
52 DELIVERY ROOM & LABOR ROOM	998	718	14,257	17,677	1,212	52
53 ANESTHESIOLOGY	1,039	748	1,440			53
54 RADIOLOGY-DIAGNOSTIC	3,763	2,707	40,960	49,957	1,959	54
54.01 NUCLEAR MEDICINE	673	484	9,410	3,500	118	54.01
54.02 ULTRASOUND	963	692	5,014	513	535	54.02
55 RADIOLOGY-THERAPEUTIC	2,610	1,877	25,309	23,664	521	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	6,688	4,810	18,521	3,719		57
58 MAGNETIC RESONANCE IMAGING (MRI)	649	467	17,201	2,997		58
59 CARDIAC CATHETERIZATION	7,870	5,660	40,688	13,670	1,595	59
60 LABORATORY	5,989	4,307	55,570	11,582		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	296	213	14,379			63
64 INTRAVENOUS THERAPY	1,114	801	11,116	5,333	1,175	64
65 RESPIRATORY THERAPY	1,385	996	14,950	1,837		65
65.01 PULMONARY	976	702	5,937	710		65.01
66 PHYSICAL THERAPY	1,707	1,227	18,944	5,709	388	66
67 OCCUPATIONAL THERAPY	750	539	8,220	2,667	59	67
68 SPEECH PATHOLOGY	139	100	1,544	488	17	68
69 ELECTROCARDIOLOGY	1,307	940	6,271	3,713	295	69
69.01 RADIOLOGY	1,135	816	9,487	6,104	303	69.01
70 ELECTROENCEPHALOGRAPHY	675	485	6,200	1,191	454	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,573	3,289	71,774			71
72 IMPL. DEV. CHARGED TO PATIENT	6,948	4,997	129,834			72
73 DRUGS CHARGED TO PATIENTS	11,009	7,868	115,116			73
74 RENAL DIALYSIS	251	181	6,217	3,594	655	74
76 GASTRO INTESTINAL	636	457	7,214	5,597	509	76
76.97 CARDIAC REHABILITATION	234	168	5,340	2,285	29	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,524	1,096	22,728	22,731	562	90
91 EMERGENCY	4,387	3,155	68,773	30,663	6,132	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	447	322	16,828			95

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 PERIOD FROM 01/01/2011 TO 12/31/2011

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING 5.02	CASHIERING AR 5.03	A&G 5.04	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	93,062	66,878	1,416,427	778,524	47,403	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			166	3,269		190
192 PHYSICIANS' PRIVATE OFFICES			39,487	36,749		192
192.01 RIVERSIDE OUTPATIENT			3,284	5,162		192.01
192.02 PRIMARY OFFICE CLINIC			52,553		31	192.02
192.03 ORTHOPEDIC CLINIC			2,128		3	192.03
192.04 NON-REIMBURSABLE CLINIC			6,747		3	192.04
192.05 TRINITY FAMILY PRACTICE			8,649			192.05
194 NON REIMBURSABLE			9,733	191,317		194
194.01 MEDICAL OFFICE			945			194.01
194.02 GROUP HOMES DEPT 783			6,702			194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	93,062	66,878	1,546,821	1,015,021	47,440	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	
	KEEPING			CAFETERIA	ADMINIS- TRATION	
	9	10	11	11.01	13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING	89,441					9
10 DIETARY	3,735	348,677				10
11 CAFETERIA		229,493	229,493			11
11.01 EMPLOYEE CAFETERIA			192,196	192,196		11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	323				41,283	13
14 CENTRAL SERVICES & SUPPLY	3,422					14
15 PHARMACY	1,047			8,652		15
16 MEDICAL RECORDS & LIBRARY	1,524					16
17 SOCIAL SERVICE	273					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	2,239			2,203		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)	380			547		23
23.01 PARAMED PROGRAM-OR TECH	43			163		23.01
23.02 PARAMED PROGRAM-EMS	110			131		23.02
23.03 PARAMED PROGRAM-RESP CARE	416			474		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	15,902	79,771		46,412	19,905	30
31 INTENSIVE CARE UNIT	2,339	7,539		8,531	3,658	31
31.01 NICU	751			2,460	1,055	31.01
32 CORONARY CARE UNIT	1,815	11,278		8,330	3,572	32
41 SUBPROVIDER - IRF	1,428	7,061		4,361	1,870	41
43 NURSERY	941			2,215	950	43
44 SKILLED NURSING FACILITY	1,795	13,535		5,614	2,408	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	8,293			12,124		50
51 RECOVERY ROOM	1,863			7,506		51
52 DELIVERY ROOM & LABOR ROOM	1,580			3,620	1,552	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	4,466			10,288		54
54.01 NUCLEAR MEDICINE	313			705		54.01
54.02 ULTRASOUND	46			1,121		54.02
55 RADIOLOGY-THERAPEUTIC	2,116			5,164		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	332			1,866		57
58 MAGNETIC RESONANCE IMAGING (MRI)	268					58
59 CARDIAC CATHETERIZATION	1,222			4,934		59
60 LABORATORY	1,035					60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY	477			2,951		64
65 RESPIRATORY THERAPY	164			3,812		65
65.01 PULMONARY	64			1,473		65.01
66 PHYSICAL THERAPY	510			5,461		66
67 OCCUPATIONAL THERAPY	238			2,365		67
68 SPEECH PATHOLOGY	44			441		68
69 ELECTROCARDIOLOGY	332			2,698		69
69.01 RADIOLOGY	546			1,851		69.01
70 ELECTROENCEPHALOGRAPHY	106			1,630		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	321			1,749		74
76 GASTRO INTESTINAL	500			1,220		76
76.97 CARDIAC REHABILITATION	204			1,438		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,032			6,155		90
91 EMERGENCY	2,741			14,720	6,313	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES				6,811		95

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	EMPLOYEE	NURSING	
	KEEPING			CAFETERIA	ADMINIS-	
	9	10	11	11.01	TRATION	
					13	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	68,296	348,677	192,196	192,196	41,283	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	292		37,297			190
192 PHYSICIANS' PRIVATE OFFICES	3,285					192
192.01 RIVERSIDE OUTPATIENT	462					192.01
192.02 PRIMARY OFFICE CLINIC						192.02
192.03 ORTHOPEDIC CLINIC						192.03
192.04 NON-REIMBURSABLE CLINIC						192.04
192.05 TRINITY FAMILY PRACTICE						192.05
194 NON REIMBURSABLE	17,106					194
194.01 MEDICAL OFFICE						194.01
194.02 GROUP HOMES DEPT 783						194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	89,441	348,677	229,493	192,196	41,283	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	314,512					14
15 PHARMACY	3,294	173,916				15
16 MEDICAL RECORDS & LIBRARY			147,144			16
17 SOCIAL SERVICE				59,033		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL	17				886	20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)	1					23
23.01 PARAMED PROGRAM-OR TECH	2					23.01
23.02 PARAMED PROGRAM-EMS						23.02
23.03 PARAMED PROGRAM-RESP CARE						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,145		9,843	35,985		30
31 INTENSIVE CARE UNIT	2,923		2,290	3,660		31
31.01 NICU	619		625	1,548		31.01
32 CORONARY CARE UNIT	1,390		2,225	5,702		32
41 SUBPROVIDER - IRF	503		1,183	3,410		41
43 NURSERY	333		550	2,196		43
44 SKILLED NURSING FACILITY	734		832	6,532		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	26,285		15,436			50
51 RECOVERY ROOM	739		2,342			51
52 DELIVERY ROOM & LABOR ROOM	1,861		1,580			52
53 ANESTHESIOLOGY	513		1,645			53
54 RADIOLOGY-DIAGNOSTIC	2,270		5,954			54
54.01 NUCLEAR MEDICINE	26		1,065			54.01
54.02 ULTRASOUND	215		1,523			54.02
55 RADIOLOGY-THERAPEUTIC	1,158		4,130			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	287		10,581			57
58 MAGNETIC RESONANCE IMAGING (MRI)			1,027			58
59 CARDIAC CATHETERIZATION	8,016		12,452			59
60 LABORATORY	362		9,476			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				469		62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY	584		1,762			64
65 RESPIRATORY THERAPY	1,748		2,192			65
65.01 PULMONARY	675		1,543			65.01
66 PHYSICAL THERAPY	232		2,700			66
67 OCCUPATIONAL THERAPY	63		1,186			67
68 SPEECH PATHOLOGY	14		220			68
69 ELECTROCARDIOLOGY	294		2,068			69
69.01 RADIOLOGY	285		1,796			69.01
70 ELECTROENCEPHALOGRAPHY	327		1,068			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	85,473		7,236			71
72 IMPL. DEV. CHARGED TO PATIENT	158,185		10,992			72
73 DRUGS CHARGED TO PATIENTS		172,750	17,320			73
74 RENAL DIALYSIS	326		398			74
76 GASTRO INTESTINAL	1,040		1,006			76
76.97 CARDIAC REHABILITATION	101		370			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,447		2,411			90
91 EMERGENCY	2,202		6,941			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	1,406		707			95

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	SOCIAL SERVICE 17	NURSING SCHOOL 20	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	313,095	172,750	147,144	59,033		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	217	347				192
192.01 RIVERSIDE OUTPATIENT	120					192.01
192.02 PRIMARY OFFICE CLINIC	785	332				192.02
192.03 ORTHOPEDIC CLINIC	11	74				192.03
192.04 NON-REIMBURSABLE CLINIC	30					192.04
192.05 TRINITY FAMILY PRACTICE	211	413				192.05
194 NON REIMBURSABLE						194
194.01 MEDICAL OFFICE	4					194.01
194.02 GROUP HOMES DEPT 783	39					194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS					886	200
201 NEGATIVE COST CENTER					197,317	201
202 TOTAL (SUM OF LINES 118-201)	314,512	173,916	147,144	59,033	198,203	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION RADIOLOGY 23	PARAMED PROGRAM OR TECH 23.01	PARAMED PROGRAM EMS 23.02	PARAMED PROGRAM RESP CARE 23.03	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 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
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-(RADIOLOGY)	33,806					23
23.01 PARAMED PROGRAM-OR TECH		4,128				23.01
23.02 PARAMED PROGRAM-EMS			8,823			23.02
23.03 PARAMED PROGRAM-RESP CARE				10,609		23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS					1,877,639	30
31 INTENSIVE CARE UNIT					442,138	31
31.01 NICU					102,712	31.01
32 CORONARY CARE UNIT					266,112	32
41 SUBPROVIDER - IRF					213,442	41
43 NURSERY					131,276	43
44 SKILLED NURSING FACILITY					219,007	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM					1,612,400	50
51 RECOVERY ROOM					279,485	51
52 DELIVERY ROOM & LABOR ROOM					176,963	52
53 ANESTHESIOLOGY					93,603	53
54 RADIOLOGY-DIAGNOSTIC					1,194,193	54
54.01 NUCLEAR MEDICINE					66,661	54.01
54.02 ULTRASOUND					18,030	54.02
55 RADIOLOGY-THERAPEUTIC					608,505	55
57 COMPUTED TOMOGRAPHY (CT) SCAN					557,068	57
58 MAGNETIC RESONANCE IMAGING (MRI)					359,702	58
59 CARDIAC CATHETERIZATION					848,715	59
60 LABORATORY					165,642	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.					15,357	63
64 INTRAVENOUS THERAPY					75,388	64
65 RESPIRATORY THERAPY					74,550	65
65.01 PULMONARY					30,425	65.01
66 PHYSICAL THERAPY					92,586	66
67 OCCUPATIONAL THERAPY					41,243	67
68 SPEECH PATHOLOGY					7,660	68
69 ELECTROCARDIOLOGY					78,297	69
69.01 RADIOLOGY					130,512	69.01
70 ELECTROENCEPHALOGRAPHY					65,007	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					181,494	71
72 IMPL. DEV. CHARGED TO PATIENT					327,517	72
73 DRUGS CHARGED TO PATIENTS					324,103	73
74 RENAL DIALYSIS					38,964	74
76 GASTRO INTESTINAL					123,095	76
76.97 CARDIAC REHABILITATION					27,995	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC					220,678	90
91 EMERGENCY					427,047	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES					122,464	95

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION RADIOLOGY 23	PARAMED PROGRAM OR TECH 23.01	PARAMED PROGRAM EMS 23.02	PARAMED PROGRAM RESP CARE 23.03	SUBTOTAL 24	
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)					11,637,675	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					62,835	190
192 PHYSICIANS' PRIVATE OFFICES					329,864	192
192.01 RIVERSIDE OUTPATIENT					43,939	192.01
192.02 PRIMARY OFFICE CLINIC					78,068	192.02
192.03 ORTHOPEDIC CLINIC					2,535	192.03
192.04 NON-REIMBURSABLE CLINIC					8,344	192.04
192.05 TRINITY FAMILY PRACTICE					13,180	192.05
194 NON REIMBURSABLE					1,494,726	194
194.01 MEDICAL OFFICE					950	194.01
194.02 GROUP HOMES DEPT 783					7,667	194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS		4,128	8,823	10,609	24,446	200
201 NEGATIVE COST CENTER	33,806		970	26,228	258,321	201
202 TOTAL (SUM OF LINES 118-201)	33,806	4,128	9,793	36,837	13,962,550	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 PURCHASING			5.01
5.02 ADMITTING			5.02
5.03 CASHIERING/AR			5.03
5.04 A&G			5.04
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
11.01 EMPLOYEE CAFETERIA			11.01
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-(RADIOLOGY)			23
23.01 PARAMED PROGRAM-OR TECH			23.01
23.02 PARAMED PROGRAM-EMS			23.02
23.03 PARAMED PROGRAM-RESP CARE			23.03
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	1,877,639		30
31 INTENSIVE CARE UNIT	442,138		31
31.01 NICU	102,712		31.01
32 CORONARY CARE UNIT	266,112		32
41 SUBPROVIDER - IRF	213,442		41
43 NURSERY	131,276		43
44 SKILLED NURSING FACILITY	219,007		44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	1,612,400		50
51 RECOVERY ROOM	279,485		51
52 DELIVERY ROOM & LABOR ROOM	176,963		52
53 ANESTHESIOLOGY	93,603		53
54 RADIOLOGY-DIAGNOSTIC	1,194,193		54
54.01 NUCLEAR MEDICINE	66,661		54.01
54.02 ULTRASOUND	18,030		54.02
55 RADIOLOGY-THERAPEUTIC	608,505		55
57 COMPUTED TOMOGRAPHY (CT) SCAN	557,068		57
58 MAGNETIC RESONANCE IMAGING (MRI)	359,702		58
59 CARDIAC CATHETERIZATION	848,715		59
60 LABORATORY	165,642		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.	15,357		63
64 INTRAVENOUS THERAPY	75,388		64
65 RESPIRATORY THERAPY	74,550		65
65.01 PULMONARY	30,425		65.01
66 PHYSICAL THERAPY	92,586		66
67 OCCUPATIONAL THERAPY	41,243		67
68 SPEECH PATHOLOGY	7,660		68
69 ELECTROCARDIOLOGY	78,297		69
69.01 RADIOLOGY	130,512		69.01
70 ELECTROENCEPHALOGRAPHY	65,007		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	181,494		71
72 IMPL. DEV. CHARGED TO PATIENT	327,517		72
73 DRUGS CHARGED TO PATIENTS	324,103		73
74 RENAL DIALYSIS	38,964		74
76 GASTRO INTESTINAL	123,095		76
76.97 CARDIAC REHABILITATION	27,995		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	220,678		90
91 EMERGENCY	427,047		91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES	122,464		95

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	I&R COST &	TOTAL	
	POST STEP- DOWN ADJS 25		
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)		11,637,675	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		62,835	190
192 PHYSICIANS' PRIVATE OFFICES		329,864	192
192.01 RIVERSIDE OUTPATIENT		43,939	192.01
192.02 PRIMARY OFFICE CLINIC		78,068	192.02
192.03 ORTHOPEDIC CLINIC		2,535	192.03
192.04 NON-REIMBURSABLE CLINIC		8,344	192.04
192.05 TRINITY FAMILY PRACTICE		13,180	192.05
194 NON REIMBURSABLE		1,494,726	194
194.01 MEDICAL OFFICE		950	194.01
194.02 GROUP HOMES DEPT 783		7,667	194.02
194.03 PRECEDENCE			194.03
194.04 CALL CENTER			194.04
194.05 WORK FITNESS CENTER			194.05
194.06 PARAMED NON-ACCREDITED			194.06
200 CROSS FOOT ADJUSTMENTS		24,446	200
201 NEGATIVE COST CENTER		258,321	201
202 TOTAL (SUM OF LINES 118-201)		13,962,550	202

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET	1	EMPLOYEE BENEFITS	4	PURCHASING COST OF GOODS	5.01	ADMITTING TOTAL REVENUE	5.02	CASHIERING AR TOTAL REVENUES	5.03	
95	AMBULANCE SERVICES			1,249,773		148,813		3,062,545		3,062,545		95
118	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	632,108		69,431,347		35,204,575		635,838,053		635,838,053		118
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,721										190
192	PHYSICIANS' PRIVATE OFFICES	19,348		2,745,534		23,153						192
192.01	RIVERSIDE OUTPATIENT	2,718		272,136		12,202						192.01
192.02	PRIMARY OFFICE CLINIC			4,699,300		82,747						192.02
192.03	ORTHOPEDIC CLINIC			191,737		1,155						192.03
192.04	NON-REIMBURSABLE CLINIC			674,733		3,041						192.04
192.05	TRINITY FAMILY PRACTICE			694,080		21,432						192.05
194	NON REIMBURSABLE	100,727										194
194.01	MEDICAL OFFICE					822						194.01
194.02	GROUP HOMES DEPT 783			555,940		4,571						194.02
194.03	PRECEDENCE											194.03
194.04	CALL CENTER											194.04
194.05	WORK FITNESS CENTER											194.05
194.06	PARAMED NON-ACCREDITED											194.06
200	CROSS FOOT ADJUSTMENTS											200
201	NEGATIVE COST CENTER											201
202	COST TO BE ALLOC PER B PT I	9,589,096		3,532,049		1,421,515		2,342,973		1,762,215		202
203	UNIT COST MULT-WS B PT I	12.673562		0.044560		0.040208		0.003685		0.002771		203
204	COST TO BE ALLOC PER B PT II			131,247		36,513		93,062		66,878		204
205	UNIT COST MULT-WS B PT II			0.001656		0.001033		0.000146		0.000105		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON-	A&G	OPERATION	LAUNDRY	HOUSE-
	CILIATION	ACCUM	OF PLANT	+ LINEN	KEEPING
	5A.04	COST	SQUARE	SERVICE	SQUARE
		5.04	FEET	LAUNDRY \$\$	FEET
			7	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 PURCHASING					5.01
5.02 ADMITTING					5.02
5.03 CASHIERING/AR					5.03
5.04 A&G	-48,913,170	202,881,577			5.04
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT		9,105,553	534,406		7
8 LAUNDRY & LINEN SERVICE		40,986	3,234	1,009,206	8
9 HOUSEKEEPING		3,225,562	4,450		526,722
10 DIETARY		3,199,889	21,996		21,996
11 CAFETERIA					10
11.01 EMPLOYEE CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					11.01
13 NURSING ADMINISTRATION		1,734,995	1,903		12
14 CENTRAL SERVICES & SUPPLY		2,278,750	20,155		1,903
15 PHARMACY		6,310,439	6,166		20,155
16 MEDICAL RECORDS & LIBRARY		1,948,676	8,973		6,166
17 SOCIAL SERVICE		4,639,493	1,605		8,973
19 NONPHYSICIAN ANESTHETISTS					1,605
20 NURSING SCHOOL	407,973		13,186	270	13,186
21 I&R SRVCES-SALARY & FRINGES APPRVD					20
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					21
23 PARAMED ED PRGM-(RADIOLOGY)	90,443		2,236		2,236
23.01 PARAMED PROGRAM-OR TECH		20,194	252		252
23.02 PARAMED PROGRAM-EMS		7,502	645		645
23.03 PARAMED PROGRAM-RESP CARE	43,833		2,448		2,448
INPATIENT ROUTINE SERV COST CENTERS					23.03
30 ADULTS & PEDIATRICS		19,826,875	93,649	303,020	93,649
31 INTENSIVE CARE UNIT		4,788,931	13,775	43,146	13,775
31.01 NICU		1,949,887	4,425	8,207	4,425
32 CORONARY CARE UNIT		3,568,139	10,686	58,691	10,686
41 SUBPROVIDER - IRF		1,836,453	8,408	41,807	8,408
43 NURSERY		1,107,085	5,543	12,455	5,543
44 SKILLED NURSING FACILITY		2,192,929	10,570	30,170	10,570
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		13,098,120	48,839	78,608	48,839
51 RECOVERY ROOM		4,000,772	10,970	80,627	10,970
52 DELIVERY ROOM & LABOR ROOM		1,869,959	9,307	25,789	9,307
53 ANESTHESIOLOGY		188,893			
54 RADIOLOGY-DIAGNOSTIC		5,372,519	26,302	41,684	26,302
54.01 NUCLEAR MEDICINE		1,234,269	1,843	2,510	1,843
54.02 ULTRASOUND		657,598	270	11,374	270
55 RADIOLOGY-THERAPEUTIC		3,319,642	12,459	11,083	12,459
57 COMPUTED TOMOGRAPHY (CT) SCAN		2,429,289	1,958		1,958
58 MAGNETIC RESONANCE IMAGING (MRI)		2,256,149	1,578		1,578
59 CARDIAC CATHETERIZATION		5,336,874	7,197	33,929	7,197
60 LABORATORY		7,288,784	6,098	9	6,098
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.		1,886,038			63
64 INTRAVENOUS THERAPY		1,458,036	2,808	24,987	2,808
65 RESPIRATORY THERAPY		1,960,859	967		967
65.01 PULMONARY		778,699	374		374
66 PHYSICAL THERAPY		2,484,745	3,006	8,248	3,006
67 OCCUPATIONAL THERAPY		1,078,211	1,404	1,256	1,404
68 SPEECH PATHOLOGY		202,515	257	364	257
69 ELECTROCARDIOLOGY		822,548	1,955	6,284	1,955
69.01 RADIOLOGY		1,244,388	3,214	6,447	3,214
70 ELECTROENCEPHALOGRAPHY		813,267	627	9,668	627
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		9,414,235			
72 IMPL. DEV. CHARGED TO PATIENT		17,029,662			
73 DRUGS CHARGED TO PATIENTS		15,099,174			
74 RENAL DIALYSIS		815,389	1,892	13,927	1,892
76 GASTRO INTESTINAL		946,226	2,947	10,837	2,947
76.97 CARDIAC REHABILITATION		700,479	1,203	620	1,203
76.98 HYPERBARIC OXYGEN THERAPY					
76.99 LITHOTRIPSY					
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		2,981,111	11,968	11,954	11,968
91 EMERGENCY		9,020,619	16,144	130,444	16,144
92 OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS					

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		RECON- CILIATION	A&G ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY + LINEN SERVICE LAUNDRY \$\$	HOUSE- KEEPING SQUARE FEET	
		5A.04	5.04	7	8	9	
95	AMBULANCE SERVICES		2,207,218				95
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)	-48,370,921	185,778,625	409,892	1,008,415	402,208	118
	NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN		21,811	1,721		1,721	190
192	PHYSICIANS' PRIVATE OFFICES		5,179,294	19,348		19,348	192
192.01	RIVERSIDE OUTPATIENT		430,744	2,718		2,718	192.01
192.02	PRIMARY OFFICE CLINIC		6,893,105		670		192.02
192.03	ORTHOPEDIC CLINIC		279,056		63		192.03
192.04	NON-REIMBURSABLE CLINIC		884,917		58		192.04
192.05	TRINITY FAMILY PRACTICE		1,134,442				192.05
194	NON REIMBURSABLE		1,276,570	100,727		100,727	194
194.01	MEDICAL OFFICE		124,005				194.01
194.02	GROUP HOMES DEPT 783		879,008				194.02
194.03	PRECEDENCE						194.03
194.04	CALL CENTER						194.04
194.05	WORK FITNESS CENTER						194.05
194.06	PARAMED NON-ACCREDITED						194.06
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I		48,913,170	11,300,829	119,255	4,097,321	202
203	UNIT COST MULT-WS B PT I		0.241092	21.146523	0.118167	7.778906	203
204	COST TO BE ALLOC PER B PT II		1,546,821	1,015,021	47,440	89,441	204
205	UNIT COST MULT-WS B PT II		0.007624	1.899344	0.047007	0.169807	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	MEALS SERVED	MEALS SERVED	PAID HOURS			
	10	11	11.01	13	14	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	819,588					10
11 CAFETERIA	539,437	539,437				11
11.01 EMPLOYEE CAFETERIA		451,768	2,270,021			11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION				1,136,950		13
14 CENTRAL SERVICES & SUPPLY					31,967,627	14
15 PHARMACY			102,192		334,861	15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL			26,021		1,778	20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)			6,465		81	23
23.01 PARAMED PROGRAM-OR TECH			1,931		164	23.01
23.02 PARAMED PROGRAM-EMS			1,545			23.02
23.03 PARAMED PROGRAM-RESP CARE			5,600		49	23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	187,507		548,160	548,160	624,647	30
31 INTENSIVE CARE UNIT	17,721		100,755	100,755	297,136	31
31.01 NICU			29,052	29,052	62,872	31.01
32 CORONARY CARE UNIT	26,509		98,386	98,386	141,244	32
41 SUBPROVIDER - IRF	16,598		51,511	51,511	51,147	41
43 NURSERY			26,165	26,165	33,823	43
44 SKILLED NURSING FACILITY	31,816		66,310	66,310	74,619	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			143,201		2,671,758	50
51 RECOVERY ROOM			88,649		75,075	51
52 DELIVERY ROOM & LABOR ROOM			42,755	42,755	189,173	52
53 ANESTHESIOLOGY					52,099	53
54 RADIOLOGY-DIAGNOSTIC			121,506		230,698	54
54.01 NUCLEAR MEDICINE			8,328		2,691	54.01
54.02 ULTRASOUND			13,243		21,902	54.02
55 RADIOLOGY-THERAPEUTIC			60,990		117,667	55
57 COMPUTED TOMOGRAPHY (CT) SCAN			22,039		29,204	57
58 MAGNETIC RESONANCE IMAGING (MRI)					35	58
59 CARDIAC CATHETERIZATION			58,276		814,771	59
60 LABORATORY					36,822	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
64 INTRAVENOUS THERAPY			34,854		59,327	64
65 RESPIRATORY THERAPY			45,027		177,628	65
65.01 PULMONARY			17,398		68,633	65.01
66 PHYSICAL THERAPY			64,498		23,623	66
67 OCCUPATIONAL THERAPY			27,933		6,391	67
68 SPEECH PATHOLOGY			5,204		1,425	68
69 ELECTROCARDIOLOGY			31,867		29,914	69
69.01 CARDIOLOGY			21,857		28,944	69.01
70 ELECTROENCEPHALOGRAPHY			19,251		33,188	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					8,688,094	71
72 IMPL. DEV. CHARGED TO PATIENT					16,077,461	72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS			20,656		33,167	74
76 GASTRO INTESTINAL			14,409		105,701	76
76.97 CARDIAC REHABILITATION			16,983		10,261	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			72,700		248,687	90
91 EMERGENCY			173,856	173,856	223,823	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	NURSING ADMINIS-TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	MEALS SERVED	MEALS SERVED	PAID HOURS			
95 AMBULANCE SERVICES	10	11	11.01	13	14	95
SPECIAL PURPOSE COST CENTERS			80,448			142,918
118 SUBTOTALS (SUM OF LINES 1-117)	819,588	451,768	2,270,021	1,136,950	31,823,501	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		87,669				190
192 PHYSICIANS' PRIVATE OFFICES					22,053	192
192.01 RIVERSIDE OUTPATIENT					12,202	192.01
192.02 PRIMARY OFFICE CLINIC					79,827	192.02
192.03 ORTHOPEDIC CLINIC					1,155	192.03
192.04 NON-REIMBURSABLE CLINIC					3,041	192.04
192.05 TRINITY FAMILY PRACTICE					21,432	192.05
194 NON REIMBURSABLE						194
194.01 MEDICAL OFFICE					403	194.01
194.02 GROUP HOMES DEPT 783					4,013	194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	4,607,601	3,032,634	2,539,772	2,208,333	3,411,130	202
203 UNIT COST MULT-WS B PT I	5.621850	5.621850	1.118832	1.942331	0.106706	203
204 COST TO BE ALLOC PER B PT II	348,677	229,493	192,196	41,283	314,512	204
205 UNIT COST MULT-WS B PT II	0.425430	0.425431	0.084667	0.036310	0.009838	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY TOTAL REVENUE 16	SOCIAL SERVICE PATIENT DAYS 17	NURSING SCHOOL ASSIGNED TIME 20	PARAMED EDUCATION RADIOLOGY ASSIGNED TIME 23	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 PURCHASING						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/AR						5.03
5.04 A&G						5.04
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
11.01 EMPLOYEE CAFETERIA						11.01
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY	14,719,493					15
16 MEDICAL RECORDS & LIBRARY		635,838,053				16
17 SOCIAL SERVICE			78,865			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL				29,139		20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(RADIOLOGY)					20,684	23
23.01 PARAMED PROGRAM-OR TECH						23.01
23.02 PARAMED PROGRAM-EMS						23.02
23.03 PARAMED PROGRAM-RESP CARE						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		42,608,763	48,074	9,536		30
31 INTENSIVE CARE UNIT		9,911,297	4,890	3,963		31
31.01 NICU		2,706,570	2,068	104		31.01
32 CORONARY CARE UNIT		9,631,252	7,618			32
41 SUBPROVIDER - IRF		5,121,092	4,555			41
43 NURSERY		2,382,576	2,934			43
44 SKILLED NURSING FACILITY		3,601,373	8,726			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		66,823,698		1,459	1,950	50
51 RECOVERY ROOM		10,137,383		496		51
52 DELIVERY ROOM & LABOR ROOM		6,838,876		2,332		52
53 ANESTHESIOLOGY		7,119,526				53
54 RADIOLOGY-DIAGNOSTIC		25,776,369		16	10,732	54
54.01 NUCLEAR MEDICINE		4,611,960			240	54.01
54.02 ULTRASOUND		6,593,728				54.02
55 RADIOLOGY-THERAPEUTIC		17,877,518			232	55
57 COMPUTED TOMOGRAPHY (CT) SCAN		45,804,811			1,251	57
58 MAGNETIC RESONANCE IMAGING (MRI)		4,445,131				58
59 CARDIAC CATHETERIZATION		53,906,284			139	59
60 LABORATORY		41,021,239				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		2,030,589				63
64 INTRAVENOUS THERAPY		7,627,721		185		64
65 RESPIRATORY THERAPY		9,488,765				65
65.01 PULMONARY		6,681,723				65.01
66 PHYSICAL THERAPY		11,689,990				66
67 OCCUPATIONAL THERAPY		5,134,315				67
68 SPEECH PATHOLOGY		952,436				68
69 ELECTROCARDIOLOGY		8,952,713		43	33	69
69.01 CARDIOLOGY		7,772,884		38	30	69.01
70 ELECTROENCEPHALOGRAPHY		4,623,588		7	6	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		31,323,605				71
72 IMPL. DEV. CHARGED TO PATIENT		47,586,487				72
73 DRUGS CHARGED TO PATIENTS	14,620,763	73,830,024				73
74 RENAL DIALYSIS		1,722,239		582		74
76 GASTRO INTESTINAL		4,353,145				76
76.97 CARDIAC REHABILITATION		1,600,949		144		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		10,435,517		339		90
91 EMERGENCY		30,049,372		1,007	106	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS + LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED EDUCATION RADIOLOGY	
	COSTED REQUIS. 15	TOTAL REVENUE 16	PATIENT DAYS 17	ASSIGNED TIME 20	ASSIGNED TIME 23	
95 AMBULANCE SERVICES		3,062,545				95
118 SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	14,620,763	635,838,053	78,865	20,251	14,719	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	29,340					192
192.01 RIVERSIDE OUTPATIENT						192.01
192.02 PRIMARY OFFICE CLINIC	28,103					192.02
192.03 ORTHOPEDIC CLINIC	6,302					192.03
192.04 NON-REIMBURSABLE CLINIC	31					192.04
192.05 TRINITY FAMILY PRACTICE	34,954					192.05
194 NON REIMBURSABLE				8,888	5,965	194
194.01 MEDICAL OFFICE						194.01
194.02 GROUP HOMES DEPT 783						194.02
194.03 PRECEDENCE						194.03
194.04 CALL CENTER						194.04
194.05 WORK FITNESS CENTER						194.05
194.06 PARAMED NON-ACCREDITED						194.06
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,160,257	2,678,034	5,804,463	2,773		202
203 UNIT COST MULT-WS B PT I	0.554384	0.004212	73.599987	0.095165		203
204 COST TO BE ALLOC PER B PT II	173,916	147,144	59,033	886		204
205 UNIT COST MULT-WS B PT II	0.011815	0.000231	0.748532	0.030406		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED PROGRAM OR TECH ASSIGNED TIME	PARAMED PROGRAM EMS HOURS	PARAMED PROGRAM RESP CARE HOURS	
	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.01 PURCHASING				5.01
5.02 ADMITTING				5.02
5.03 CASHIERING/AR				5.03
5.04 A&G				5.04
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
8 LAUNDRY & LINEN SERVICE				8
9 HOUSEKEEPING				9
10 DIETARY				10
11 CAFETERIA				11
11.01 EMPLOYEE CAFETERIA				11.01
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-(RADIOLOGY)				23
23.01 PARAMED PROGRAM-OR TECH	2,896			23.01
23.02 PARAMED PROGRAM-EMS		3,348		23.02
23.03 PARAMED PROGRAM-RESP CARE			9,180	23.03
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS	10	149		30
31 INTENSIVE CARE UNIT		65		31
31.01 NICU				31.01
32 CORONARY CARE UNIT				32
41 SUBPROVIDER - IRF				41
43 NURSERY				43
44 SKILLED NURSING FACILITY				44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	1,684	30		50
51 RECOVERY ROOM	8	1		51
52 DELIVERY ROOM & LABOR ROOM	79	8		52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC		112	35	54
54.01 NUCLEAR MEDICINE				54.01
54.02 ULTRASOUND				54.02
55 RADIOLOGY-THERAPEUTIC				55
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION		30		59
60 LABORATORY				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRANS.				63
64 INTRAVENOUS THERAPY				64
65 RESPIRATORY THERAPY			1,229	65
65.01 PULMONARY			475	65.01
66 PHYSICAL THERAPY				66
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY		14	41	69
69.01 RADIOLOGY			84	69.01
70 ELECTROENCEPHALOGRAPHY			16	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 GASTRO INTESTINAL				76
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	12	9		90
91 EMERGENCY		604		91
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED PROGRAM OR TECH ASSIGNED TIME	PARAMED PROGRAM EMS HOURS	PARAMED PROGRAM RESP CARE HOURS	
	23.01	23.02	23.03	
95 AMBULANCE SERVICES				95
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	1,793	1,022	1,880	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192 PHYSICIANS' PRIVATE OFFICES				192
192.01 RIVERSIDE OUTPATIENT				192.01
192.02 PRIMARY OFFICE CLINIC				192.02
192.03 ORTHOPEDIC CLINIC				192.03
192.04 NON-REIMBURSABLE CLINIC				192.04
192.05 TRINITY FAMILY PRACTICE				192.05
194 NON REIMBURSABLE	1,103	2,326	7,300	194
194.01 MEDICAL OFFICE				194.01
194.02 GROUP HOMES DEPT 783				194.02
194.03 PRECEDENCE				194.03
194.04 CALL CENTER				194.04
194.05 WORK FITNESS CENTER				194.05
194.06 PARAMED NON-ACCREDITED				194.06
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	34,529	29,697	33,247	202
203 UNIT COST MULT-WS B PT I	11.922997	8.870072	3.621678	203
204 COST TO BE ALLOC PER B PT II	4,128	8,823	10,609	204
205 UNIT COST MULT-WS B PT II	1.425414	2.635305	1.155664	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	33,870,524		33,870,524		33,870,524	30
31 INTENSIVE CARE UNIT	7,189,412		7,189,412		7,189,412	31
31.01 NICU	2,808,211		2,808,211		2,808,211	31.01
32 CORONARY CARE UNIT	5,810,950		5,810,950		5,810,950	32
41 SUBPROVIDER - IRF	3,140,622		3,140,622	3,882	3,144,504	41
43 NURSERY	1,845,480		1,845,480		1,845,480	43
44 SKILLED NURSING FACILITY	4,078,149		4,078,149		4,078,149	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,425,206		18,425,206	2,023	18,427,229	50
51 RECOVERY ROOM	5,442,209		5,442,209		5,442,209	51
52 DELIVERY ROOM & LABOR ROOM	2,774,153		2,774,153		2,774,153	52
53 ANESTHESIOLOGY	269,980		269,980		269,980	53
54 RADIOLOGY-DIAGNOSTIC	7,703,767		7,703,767		7,703,767	54
54.01 NUCLEAR MEDICINE	1,614,479		1,614,479		1,614,479	54.01
54.02 ULTRASOUND	870,221		870,221		870,221	54.02
55 RADIOLOGY-THERAPEUTIC	4,637,767		4,637,767	17,589	4,655,356	55
57 COMPUTED TOMOGRAPHY (CT) SC	3,292,311		3,292,311		3,292,311	57
58 MAGNETIC RESONANCE IMAGING	2,864,459		2,864,459		2,864,459	58
59 CARDIAC CATHETERIZATION	7,215,199		7,215,199	22,050	7,237,249	59
60 LABORATORY	9,399,150		9,399,150		9,399,150	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	2,349,300		2,349,300		2,349,300	63
64 INTRAVENOUS THERAPY	1,971,205		1,971,205	18,984	1,990,189	64
65 RESPIRATORY THERAPY	2,575,327		2,575,327	287	2,575,614	65
65.01 PULMONARY	1,033,907		1,033,907		1,033,907	65.01
66 PHYSICAL THERAPY	3,295,642		3,295,642	1,411	3,297,053	66
67 OCCUPATIONAL THERAPY	1,432,479		1,432,479		1,432,479	67
68 SPEECH PATHOLOGY	268,803		268,803		268,803	68
69 ELECTROCARDIOLOGY	1,154,981		1,154,981	3,004	1,157,985	69
69.01 CARDIOLOGY	1,698,717		1,698,717		1,698,717	69.01
70 ELECTROENCEPHALOGRAPHY	1,073,231		1,073,231	541	1,073,772	70
71 MEDICAL SUPPLIES CHRGED TO	12,742,939		12,742,939		12,742,939	71
72 IMPL. DEV. CHARGED TO PATIE	23,051,365		23,051,365		23,051,365	72
73 DRUGS CHARGED TO PATIENTS	27,155,845		27,155,845		27,155,845	73
74 RENAL DIALYSIS	1,102,305		1,102,305		1,102,305	74
76 GASTRO INTESTINAL	1,306,613		1,306,613		1,306,613	76
76.97 CARDIAC REHABILITATION	931,082		931,082	563	931,645	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,199,510		4,199,510		4,199,510	90
91 EMERGENCY	12,365,911		12,365,911		12,365,911	91
92 OBSERVATION BEDS	2,015,058		2,015,058		2,015,058	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,857,518		2,857,518		2,857,518	95
200 SUBTOTAL (SEE INSTRUCTIONS)	227,833,987		227,833,987	70,334	227,904,321	200
201 LESS OBSERVATION BEDS	2,015,058		2,015,058		2,015,058	201
202 TOTAL (SEE INSTRUCTIONS)	225,818,929		225,818,929		225,889,263	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	39,505,528		39,505,528			30
31 INTENSIVE CARE UNIT	9,870,428		9,870,428			31
31.01 NICU	2,669,022		2,669,022			31.01
32 CORONARY CARE UNIT	9,603,220		9,603,220			32
41 SUBPROVIDER - IRF	5,089,900		5,089,900			41
43 NURSERY	2,322,992		2,322,992			43
44 SKILLED NURSING FACILITY	3,578,117		3,578,117			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	29,725,005	35,779,933	65,504,938	0.281280	0.281280	0.281311 50
51 RECOVERY ROOM	3,778,270	6,183,967	9,962,237	0.546284	0.546284	0.546284 51
52 DELIVERY ROOM & LABOR ROOM	5,256,623	1,328,539	6,585,162	0.421273	0.421273	0.421273 52
53 ANESTHESIOLOGY	2,744,868	4,230,396	6,975,264	0.038705	0.038705	0.038705 53
54 RADIOLOGY-DIAGNOSTIC	6,246,757	19,099,133	25,345,890	0.303945	0.303945	0.303945 54
54.01 NUCLEAR MEDICINE	708,291	3,808,649	4,516,940	0.357428	0.357428	0.357428 54.01
54.02 ULTRASOUND	1,152,957	5,286,799	6,439,756	0.135133	0.135133	0.135133 54.02
55 RADIOLOGY-THERAPEUTIC	188,625	17,487,900	17,676,525	0.262369	0.262369	0.262369 55
57 COMPUTED TOMOGRAPHY (CT) SC	12,497,221	32,541,763	45,038,984	0.073099	0.073099	0.073099 57
58 MAGNETIC RESONANCE IMAGING	3,505,517	876,208	4,381,725	0.653729	0.653729	0.653729 58
59 CARDIAC CATHETERIZATION	20,364,258	33,087,487	53,451,745	0.134985	0.134985	0.135398 59
60 LABORATORY	25,944,720	14,603,794	40,548,514	0.231800	0.231800	0.231800 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,638,512	382,188	2,020,700	1.162617	1.162617	1.162617 63
64 INTRAVENOUS THERAPY	2,173,735	5,358,093	7,531,828	0.261717	0.261717	0.264237 64
65 RESPIRATORY THERAPY	9,080,837	370,317	9,451,154	0.272488	0.272488	0.272518 65
65.01 PULMONARY	5,285,025	1,336,252	6,621,277	0.156149	0.156149	0.156149 65.01
66 PHYSICAL THERAPY	7,375,663	4,010,683	11,386,346	0.289438	0.289438	0.289562 66
67 OCCUPATIONAL THERAPY	4,363,963	684,879	5,048,842	0.283724	0.283724	0.283724 67
68 SPEECH PATHOLOGY	702,530	239,990	942,520	0.285196	0.285196	0.285196 68
69 ELECTROCARDIOLOGY	5,534,508	3,329,266	8,863,774	0.130304	0.130304	0.130642 69
69.01 CARDIOLOGY	4,627,599	3,045,361	7,672,960	0.221390	0.221390	0.221390 69.01
70 ELECTROENCEPHALOGRAPHY	1,076,826	3,440,509	4,517,335	0.237581	0.237581	0.237700 70
71 MEDICAL SUPPLIES CHRGED TO	19,059,635	11,889,771	30,949,406	0.411735	0.411735	0.411735 71
72 IMPL. DEV. CHARGED TO PATIE	31,380,288	15,651,493	47,031,781	0.490123	0.490123	0.490123 72
73 DRUGS CHARGED TO PATIENTS	41,166,511	31,918,874	73,085,385	0.371563	0.371563	0.371563 73
74 RENAL DIALYSIS	1,645,214	68,073	1,713,287	0.643386	0.643386	0.643386 74
76 GASTRO INTESTINAL	2,084,700	2,178,679	4,263,379	0.306474	0.306474	0.306474 76
76.97 CARDIAC REHABILITATION	270,226	1,323,899	1,594,125	0.584071	0.584071	0.584424 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,202,524	9,123,901	10,326,425	0.406676	0.406676	0.406676 90
91 EMERGENCY	7,122,402	22,622,375	29,744,777	0.415734	0.415734	0.415734 91
92 OBSERVATION BEDS	381,652	2,273,832	2,655,484	0.758829	0.758829	0.758829 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		3,062,545	3,062,545	0.933053	0.933053	0.933053 95
200 SUBTOTAL (SEE INSTRUCTIONS)	330,924,669	296,625,548	627,550,217			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	330,924,669	296,625,548	627,550,217			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	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	1,877,639		1,877,639	36.73	20,744	761,927	30
31 INTENSIVE CARE UNIT	442,138		442,138	90.42	2,810	254,080	31
31.01 NICU	102,712		102,712	49.67			31.01
32 CORONARY CARE UNIT	266,112		266,112	34.93	4,967	173,497	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	213,442		213,442	46.86	3,295	154,404	41
42 SUBPROVIDER I							42
43 NURSERY	131,276		131,276	44.74			43
44 SKILLED NURSING FACILITY	219,007		219,007	25.10	6,834	171,533	44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,252,326		3,252,326		38,650	1,515,441	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0280) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] 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	1,612,400	65,504,938	0.024615	14,624,395	359,979	50
51 RECOVERY ROOM	279,485	9,962,237	0.028054	1,588,570	44,566	51
52 DELIVERY ROOM & LABOR ROOM	176,963	6,585,162	0.026873	32,555	875	52
53 ANESTHESIOLOGY	93,603	6,975,264	0.013419	1,347,847	18,087	53
54 RADIOLOGY-DIAGNOSTIC	1,194,193	25,345,890	0.047116	3,830,922	180,498	54
54.01 NUCLEAR MEDICINE	66,661	4,516,940	0.014758	393,281	5,804	54.01
54.02 ULTRASOUND	18,030	6,439,756	0.002800	502,412	1,407	54.02
55 RADIOLOGY-THERAPEUTIC	608,505	17,676,525	0.034424	98,956	3,406	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	557,068	45,038,984	0.012369	6,729,475	83,237	57
58 MAGNETIC RESONANCE IMAGING (M	359,702	4,381,725	0.082091	1,844,996	151,458	58
59 CARDIAC CATHETERIZATION	848,715	53,451,745	0.015878	14,152,218	224,709	59
60 LABORATORY	165,642	40,548,514	0.004085	12,907,994	52,729	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	15,357	2,020,700	0.007600	1,150,006	8,740	63
64 INTRAVENOUS THERAPY	75,388	7,531,828	0.010009	1,105,103	11,061	64
65 RESPIRATORY THERAPY	74,550	9,451,154	0.007888	5,002,864	39,463	65
65.01 PULMONARY	30,425	6,621,277	0.004595	2,958,609	13,595	65.01
66 PHYSICAL THERAPY	92,586	11,386,346	0.008131	1,990,560	16,185	66
67 OCCUPATIONAL THERAPY	41,243	5,048,842	0.008169	275,052	2,247	67
68 SPEECH PATHOLOGY	7,660	942,520	0.008127	173,954	1,414	68
69 ELECTROCARDIOLOGY	78,297	8,863,774	0.008833	3,700,648	32,688	69
69.01 CARDIOLOGY	130,512	7,672,960	0.017009	2,904,058	49,395	69.01
70 ELECTROENCEPHALOGRAPHY	65,007	4,517,335	0.014391	671,526	9,664	70
71 MEDICAL SUPPLIES CHRGD TO PA	181,494	30,949,406	0.005864	11,062,862	64,873	71
72 IMPL. DEV. CHARGED TO PATIENT	327,517	47,031,781	0.006964	19,282,987	134,287	72
73 DRUGS CHARGED TO PATIENTS	324,103	73,085,385	0.004435	19,689,196	87,322	73
74 RENAL DIALYSIS	38,964	1,713,287	0.022742	1,120,897	25,491	74
76 GASTRO INTESTINAL	123,095	4,263,379	0.028873	1,238,760	35,767	76
76.97 CARDIAC REHABILITATION	27,995	1,594,125	0.017561	142,500	2,502	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	220,678	10,326,425	0.021370	92,146	1,969	90
91 EMERGENCY	427,047	29,744,777	0.014357	3,537,842	50,793	91
92 OBSERVATION BEDS	111,707	2,655,484	0.042067	150,737	6,341	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	8,374,592	551,848,465	551,848,465	134,303,928	1,720,552	200

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 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
 05/17/2012 11:28

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
30 ADULTS & PEDIATRICS	906	1,441			2,347	30
31 INTENSIVE CARE UNIT	377	577			954	31
31.01 NICU	10				10	31.01
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						41
42 SUBPROVIDER I						42
43 NURSERY						43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (SUM OF LINES 30-199)	1,293	2,018			3,311	200

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
 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
 05/17/2012 11:28

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	51,115	0.05	20,744	1,037	30
31 INTENSIVE CARE UNIT	4,890	0.20	2,810	562	31
31.01 NICU	2,068				31.01
32 CORONARY CARE UNIT	7,618		4,967		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	4,555		3,295		41
42 SUBPROVIDER I					42
43 NURSERY	2,934				43
44 SKILLED NURSING FACILITY	8,726		6,834		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	81,906		38,650	1,599	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0280)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM				20,484	20,484	50
51	RECOVERY ROOM	139	20,345		151	151	51
52	DELIVERY ROOM & LABOR ROOM	47	104		1,235	1,235	52
53	ANESTHESIOLOGY	222	1,013				53
54	RADIOLOGY-DIAGNOSTIC		2	1,120	1,122	1,122	54
54.01	NUCLEAR MEDICINE						54.01
54.02	ULTRASOUND						54.02
55	RADIOLOGY-THERAPEUTIC						55
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
59	CARDIAC CATHETERIZATION		266		266	266	59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
64	INTRAVENOUS THERAPY	18			18	18	64
65	RESPIRATORY THERAPY			4,451	4,451	4,451	65
65.01	PULMONARY			1,720	1,720	1,720	65.01
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	4	272		276	276	69
69.01	CARDIOLOGY	4	304		308	308	69.01
70	ELECTROENCEPHALOGRAPHY	1	58		59	59	70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	55			55	55	74
76	GASTRO INTESTINAL						76
76.97	CARDIAC REHABILITATION	14			14	14	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		32	223	255	255	90
91	EMERGENCY		96	5,358	5,454	5,454	91
92	OBSERVATION BEDS		54	87	141	141	92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)		688	35,321	36,009	36,009	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0280)	[] 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	65,504,938	0.000313	0.000313	14,624,395	4,577	9,684,346	3,031	50
51	RECOVERY ROOM	9,962,237	0.000015	0.000015	1,588,570	24	1,943,572	29	51
52	DELIVERY ROOM & LABOR ROOM	6,585,162	0.000188	0.000188	32,555	6	6,848	1	52
53	ANESTHESIOLOGY	6,975,264			1,347,847		1,154,499		53
54	RADIOLOGY-DIAGNOSTIC	25,345,890	0.000044	0.000044	3,830,922	169	5,446,604	240	54
54.01	NUCLEAR MEDICINE	4,516,940			393,281		1,300,254		54.01
54.02	ULTRASOUND	6,439,756			502,412		904,853		54.02
55	RADIOLOGY-THERAPEUTIC	17,676,525			98,956		7,400,026		55
57	COMPUTED TOMOGRAPHY (CT) SCA	45,038,984			6,729,475		9,252,727		57
58	MAGNETIC RESONANCE IMAGING (4,381,725			1,844,996		224,016		58
59	CARDIAC CATHETERIZATION	53,451,745	0.000005	0.000005	14,152,218	71	14,887,224	74	59
60	LABORATORY	40,548,514			12,907,994		738,632		60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	2,020,700			1,150,006		382,188		63
64	INTRAVENOUS THERAPY	7,531,828	0.000002	0.000002	1,105,103	2	1,516,970	3	64
65	RESPIRATORY THERAPY	9,451,154	0.000471	0.000471	5,002,864	2,356	63,597	30	65
65.01	PULMONARY	6,621,277	0.000260	0.000260	2,958,609	769	544,813	142	65.01
66	PHYSICAL THERAPY	11,386,346			1,990,560				66
67	OCCUPATIONAL THERAPY	5,048,842			275,052		496		67
68	SPEECH PATHOLOGY	942,520			173,954		1,989		68
69	ELECTROCARDIOLOGY	8,863,774	0.000031	0.000031	3,700,648	115	1,150,087	36	69
69.01	CARDIOLOGY	7,672,960	0.000040	0.000040	2,904,058	116	1,206,783	48	69.01
70	ELECTROENCEPHALOGRAPHY	4,517,335	0.000013	0.000013	671,526	9	921,512	12	70
71	MEDICAL SUPPLIES CHRGED TO P	30,949,406			11,062,862		4,526,683		71
72	IMPL. DEV. CHARGED TO PATIEN	47,031,781			19,282,987		7,429,161		72
73	DRUGS CHARGED TO PATIENTS	73,085,385			19,689,196		13,932,012		73
74	RENAL DIALYSIS	1,713,287	0.000032	0.000032	1,120,897	36	48,677	2	74
76	GASTRO INTESTINAL	4,263,379			1,238,760		552,749		76
76.97	CARDIAC REHABILITATION	1,594,125	0.000009	0.000009	142,500	1	649,964	6	76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
90	CLINIC	10,326,425	0.000025	0.000025	92,146	2	3,041,995	76	90
91	EMERGENCY	29,744,777	0.000183	0.000183	3,537,842	647	4,007,565	733	91
92	OBSERVATION BEDS	2,655,484	0.000053	0.000053	150,737	8	461,580	24	92
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES								95
200	TOTAL (SUM OF LINES 50-199)	551,848,465			134,303,928	8,908	93,382,422	4,487	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0280) [] 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	PPS	COST REIMB.	COST REIMB.	COST	COST		
	CHARGE RATIO	REIMBURSED	SUBJECT TO	SVCES NOT	SUBJECT TO	SVCES NOT		
FROM WKST C,	SERVICES	DED & COINS	DED & COINS	PPS	SUBJECT TO	SUBJECT TO		
PT I, COL. 9	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.281280	9,684,346	99,368		2,724,013	27,950		50
51 RECOVERY ROOM	0.546284	1,943,572			1,061,742			51
52 DELIVERY ROOM & LABOR ROOM	0.421273	6,848			2,885			52
53 ANESTHESIOLOGY	0.038705	1,154,499			44,685			53
54 RADIOLOGY-DIAGNOSTIC	0.303945	5,446,604	3,364		1,655,468	1,022		54
54.01 NUCLEAR MEDICINE	0.357428	1,300,254			464,747			54.01
54.02 ULTRASOUND	0.135133	904,853			122,276			54.02
55 RADIOLOGY-THERAPEUTIC	0.262369	7,400,026			1,941,537			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.073099	9,252,727			676,365			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.653729	224,016			146,446			58
59 CARDIAC CATHETERIZATION	0.134985	14,887,224			2,009,552			59
60 LABORATORY	0.231800	738,632			171,215			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
63 BLOOD STORING, PROCESSING & TRA	1.162617	382,188			444,338			63
64 INTRAVENOUS THERAPY	0.261717	1,516,970			397,017			64
65 RESPIRATORY THERAPY	0.272488	63,597			17,329			65
65.01 PULMONARY	0.156149	544,813	309		85,072	48		65.01
66 PHYSICAL THERAPY	0.289438							66
67 OCCUPATIONAL THERAPY	0.283724	496			141			67
68 SPEECH PATHOLOGY	0.285196	1,989			567			68
69 ELECTROCARDIOLOGY	0.130304	1,150,087			149,861			69
69.01 CARDIOLOGY	0.221390	1,206,783			267,170			69.01
70 ELECTROENCEPHALOGRAPHY	0.237581	921,512			218,934			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.411735	4,526,683			1,863,794			71
72 IMPL. DEV. CHARGED TO PATIENT	0.490123	7,429,161	6,338		3,641,203	3,106		72
73 DRUGS CHARGED TO PATIENTS	0.371563	13,932,012		13,317	5,176,620		4,948	73
74 RENAL DIALYSIS	0.643386	48,677			31,318			74
76 GASTRO INTESTINAL	0.306474	552,749			169,403			76
76.97 CARDIAC REHABILITATION	0.584071	649,964			379,625			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.406676	3,041,995			1,237,106			90
91 EMERGENCY	0.415734	4,007,565			1,666,081			91
92 OBSERVATION BEDS	0.758829	461,580			350,260			92
OTHER REIMBURSABLE COST CENTERS								
95 AMBULANCE SERVICES	0.933053							95
200 SUBTOTAL (SEE INSTRUCTIONS)		93,382,422	109,379	13,317	27,116,770	32,126	4,948	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		93,382,422	109,379	13,317	27,116,770	32,126	4,948	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T280)

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	1,612,400	65,504,938	0.024615	25,682	632	50
51 RECOVERY ROOM	279,485	9,962,237	0.028054	570	16	51
52 DELIVERY ROOM & LABOR ROOM	176,963	6,585,162	0.026873			52
53 ANESTHESIOLOGY	93,603	6,975,264	0.013419	570	8	53
54 RADIOLOGY-DIAGNOSTIC	1,194,193	25,345,890	0.047116	57,416	2,705	54
54.01 NUCLEAR MEDICINE	66,661	4,516,940	0.014758	3,528	52	54.01
54.02 ULTRASOUND	18,030	6,439,756	0.002800	8,712	24	54.02
55 RADIOLOGY-THERAPEUTIC	608,505	17,676,525	0.034424	2,546	88	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	557,068	45,038,984	0.012369	106,070	1,312	57
58 MAGNETIC RESONANCE IMAGING (M	359,702	4,381,725	0.082091	8,160	670	58
59 CARDIAC CATHETERIZATION	848,715	53,451,745	0.015878	14,781	235	59
60 LABORATORY	165,642	40,548,514	0.004085	312,450	1,276	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	15,357	2,020,700	0.007600	7,888	60	63
64 INTRAVENOUS THERAPY	75,388	7,531,828	0.010009			64
65 RESPIRATORY THERAPY	74,550	9,451,154	0.007888	213,196	1,682	65
65.01 PULMONARY	30,425	6,621,277	0.004595	80,929	372	65.01
66 PHYSICAL THERAPY	92,586	11,386,346	0.008131	1,420,481	11,550	66
67 OCCUPATIONAL THERAPY	41,243	5,048,842	0.008169	1,451,721	11,859	67
68 SPEECH PATHOLOGY	7,660	942,520	0.008127	279,500	2,271	68
69 ELECTROCARDIOLOGY	78,297	8,863,774	0.008833	11,947	106	69
69.01 CARDIOLOGY	130,512	7,672,960	0.017009	10,365	176	69.01
70 ELECTROENCEPHALOGRAPHY	65,007	4,517,335	0.014391	6,312	91	70
71 MEDICAL SUPPLIES CHRGD TO PA	181,494	30,949,406	0.005864	155,692	913	71
72 IMPL. DEV. CHARGED TO PATIENT	327,517	47,031,781	0.006964	18,780	131	72
73 DRUGS CHARGED TO PATIENTS	324,103	73,085,385	0.004435	666,154	2,954	73
74 RENAL DIALYSIS	38,964	1,713,287	0.022742	79,822	1,815	74
76 GASTRO INTESTINAL	123,095	4,263,379	0.028873	13,999	404	76
76.97 CARDIAC REHABILITATION	27,995	1,594,125	0.017561			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	220,678	10,326,425	0.021370	792	17	90
91 EMERGENCY	427,047	29,744,777	0.014357	1,283	18	91
92 OBSERVATION BEDS	111,707	2,655,484	0.042067			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	8,374,592	551,848,465	551,848,465	4,959,346	41,437	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-T280)	[] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	139	20,345		20,484	20,484	50
51	RECOVERY ROOM	47	104		151	151	51
52	DELIVERY ROOM & LABOR ROOM	222	1,013		1,235	1,235	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	2	1,120		1,122	1,122	54
54.01	NUCLEAR MEDICINE						54.01
54.02	ULTRASOUND						54.02
55	RADIOLOGY-THERAPEUTIC						55
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
59	CARDIAC CATHETERIZATION		266		266	266	59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
64	INTRAVENOUS THERAPY	18			18	18	64
65	RESPIRATORY THERAPY		4,451		4,451	4,451	65
65.01	PULMONARY		1,720		1,720	1,720	65.01
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	4	272		276	276	69
69.01	CARDIOLOGY	4	304		308	308	69.01
70	ELECTROENCEPHALOGRAPHY	1	58		59	59	70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	55			55	55	74
76	GASTRO INTESTINAL						76
76.97	CARDIAC REHABILITATION	14			14	14	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	32	223		255	255	90
91	EMERGENCY	96	5,358		5,454	5,454	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	634	35,234		35,868	35,868	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T280)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA							
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	65,504,938	0.000313	0.000313	25,682	8						50
51	RECOVERY ROOM	9,962,237	0.000015	0.000015	570							51
52	DELIVERY ROOM & LABOR ROOM	6,585,162	0.000188	0.000188								52
53	ANESTHESIOLOGY	6,975,264			570							53
54	RADIOLOGY-DIAGNOSTIC	25,345,890	0.000044	0.000044	57,416	3	214					54
54.01	NUCLEAR MEDICINE	4,516,940			3,528							54.01
54.02	ULTRASOUND	6,439,756			8,712							54.02
55	RADIOLOGY-THERAPEUTIC	17,676,525			2,546							55
57	COMPUTED TOMOGRAPHY (CT) SCA	45,038,984			106,070							57
58	MAGNETIC RESONANCE IMAGING (4,381,725			8,160							58
59	CARDIAC CATHETERIZATION	53,451,745	0.000005	0.000005	14,781							59
60	LABORATORY	40,548,514			312,450							60
62.30	BLOOD CLOTTING FOR HEMOPHILI											62.30
63	BLOOD STORING, PROCESSING &	2,020,700			7,888							63
64	INTRAVENOUS THERAPY	7,531,828	0.000002	0.000002								64
65	RESPIRATORY THERAPY	9,451,154	0.000471	0.000471	213,196	100						65
65.01	PULMONARY	6,621,277	0.000260	0.000260	80,929	21						65.01
66	PHYSICAL THERAPY	11,386,346			1,420,481							66
67	OCCUPATIONAL THERAPY	5,048,842			1,451,721							67
68	SPEECH PATHOLOGY	942,520			279,500							68
69	ELECTROCARDIOLOGY	8,863,774	0.000031	0.000031	11,947							69
69.01	CARDIOLOGY	7,672,960	0.000040	0.000040	10,365							69.01
70	ELECTROENCEPHALOGRAPHY	4,517,335	0.000013	0.000013	6,312							70
71	MEDICAL SUPPLIES CHRGED TO P	30,949,406			155,692							71
72	IMPL. DEV. CHARGED TO PATIEN	47,031,781			18,780							72
73	DRUGS CHARGED TO PATIENTS	73,085,385			666,154							73
74	RENAL DIALYSIS	1,713,287	0.000032	0.000032	79,822	3	19,396				1	74
76	GASTRO INTESTINAL	4,263,379			13,999							76
76.97	CARDIAC REHABILITATION	1,594,125	0.000009	0.000009								76.97
76.98	HYPERBARIC OXYGEN THERAPY											76.98
76.99	LITHOTRIPSY											76.99
OUTPATIENT SERVICE COST CENTERS												
90	CLINIC	10,326,425	0.000025	0.000025	792							90
91	EMERGENCY	29,744,777	0.000183	0.000183	1,283							91
92	OBSERVATION BEDS	2,655,484										92
OTHER REIMBURSABLE COST CENTERS												
95	AMBULANCE SERVICES											95
200	TOTAL (SUM OF LINES 50-199)	551,848,465			4,959,346	135	19,610					1 200

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-T280) [] 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	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.281280						50
51 RECOVERY ROOM	0.546284						51
52 DELIVERY ROOM & LABOR ROOM	0.421273						52
53 ANESTHESIOLOGY	0.038705						53
54 RADIOLOGY-DIAGNOSTIC	0.303945	214			65		54
54.01 NUCLEAR MEDICINE	0.357428						54.01
54.02 ULTRASOUND	0.135133						54.02
55 RADIOLOGY-THERAPEUTIC	0.262369						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.073099						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.653729						58
59 CARDIAC CATHETERIZATION	0.134985						59
60 LABORATORY	0.231800						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	1.162617						63
64 INTRAVENOUS THERAPY	0.261717						64
65 RESPIRATORY THERAPY	0.272488						65
65.01 PULMONARY	0.156149						65.01
66 PHYSICAL THERAPY	0.289438						66
67 OCCUPATIONAL THERAPY	0.283724						67
68 SPEECH PATHOLOGY	0.285196						68
69 ELECTROCARDIOLOGY	0.130304						69
69.01 CARDIOLOGY	0.221390						69.01
70 ELECTROENCEPHALOGRAPHY	0.237581						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.411735						71
72 IMPL. DEV. CHARGED TO PATIENT	0.490123						72
73 DRUGS CHARGED TO PATIENTS	0.371563						73
74 RENAL DIALYSIS	0.643386	19,396			12,479		74
76 GASTRO INTESTINAL	0.306474						76
76.97 CARDIAC REHABILITATION	0.584071						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.406676						90
91 EMERGENCY	0.415734						91
92 OBSERVATION BEDS	0.758829						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.933053						95
200 SUBTOTAL (SEE INSTRUCTIONS)		19,610			12,544		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		19,610			12,544		202

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	[XX] SNF (14-5564)		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	NON PHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL 2	ALLIED HEALTH 3	ALL OTHER MEDICAL EDUCATION COST 4	TOTAL COST (SUM OF COLS.1-4) 5	TOTAL O/P COST (SUM OF COLS.2-4) 6	
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM				20,484	20,484	50
51	RECOVERY ROOM	139	20,345		151	151	51
52	DELIVERY ROOM & LABOR ROOM	47	104		1,235	1,235	52
53	ANESTHESIOLOGY	222	1,013				53
54	RADIOLOGY-DIAGNOSTIC		2	1,120	1,122	1,122	54
54.01	NUCLEAR MEDICINE						54.01
54.02	ULTRASOUND						54.02
55	RADIOLOGY-THERAPEUTIC						55
57	COMPUTED TOMOGRAPHY (CT) SCAN						57
58	MAGNETIC RESONANCE IMAGING (M						58
59	CARDIAC CATHETERIZATION		266		266	266	59
60	LABORATORY						60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
63	BLOOD STORING, PROCESSING & T						63
64	INTRAVENOUS THERAPY	18			18	18	64
65	RESPIRATORY THERAPY		4,451		4,451	4,451	65
65.01	PULMONARY		1,720		1,720	1,720	65.01
66	PHYSICAL THERAPY						66
67	OCCUPATIONAL THERAPY						67
68	SPEECH PATHOLOGY						68
69	ELECTROCARDIOLOGY	4	272		276	276	69
69.01	CARDIOLOGY	4	304		308	308	69.01
70	ELECTROENCEPHALOGRAPHY	1	58		59	59	70
71	MEDICAL SUPPLIES CHRGED TO PA						71
72	IMPL. DEV. CHARGED TO PATIENT						72
73	DRUGS CHARGED TO PATIENTS						73
74	RENAL DIALYSIS	55			55	55	74
76	GASTRO INTESTINAL						76
76.97	CARDIAC REHABILITATION	14			14	14	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC		32	223	255	255	90
91	EMERGENCY		96	5,358	5,454	5,454	91
92	OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)		634	35,234	35,868	35,868	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	[XX] SNF (14-5564)		[] 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	65,504,938	0.000313	0.000313	1,229		50
51	RECOVERY ROOM	9,962,237	0.000015	0.000015			51
52	DELIVERY ROOM & LABOR ROOM	6,585,162	0.000188	0.000188			52
53	ANESTHESIOLOGY	6,975,264					53
54	RADIOLOGY-DIAGNOSTIC	25,345,890	0.000044	0.000044	60,410	3	54
54.01	NUCLEAR MEDICINE	4,516,940					54.01
54.02	ULTRASOUND	6,439,756			861		54.02
55	RADIOLOGY-THERAPEUTIC	17,676,525					55
57	COMPUTED TOMOGRAPHY (CT) SCA	45,038,984			2,881		57
58	MAGNETIC RESONANCE IMAGING (4,381,725					58
59	CARDIAC CATHETERIZATION	53,451,745	0.000005	0.000005			59
60	LABORATORY	40,548,514			465,757		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
63	BLOOD STORING, PROCESSING &	2,020,700			7,260		63
64	INTRAVENOUS THERAPY	7,531,828	0.000002	0.000002			64
65	RESPIRATORY THERAPY	9,451,154	0.000471	0.000471	476,396	224	65
65.01	PULMONARY	6,621,277	0.000260	0.000260	279,967	73	65.01
66	PHYSICAL THERAPY	11,386,346			1,917,977		66
67	OCCUPATIONAL THERAPY	5,048,842			1,552,202		67
68	SPEECH PATHOLOGY	942,520			19,674		68
69	ELECTROCARDIOLOGY	8,863,774	0.000031	0.000031	14,422		69
69.01	CARDIOLOGY	7,672,960	0.000040	0.000040	14,145	1	69.01
70	ELECTROENCEPHALOGRAPHY	4,517,335	0.000013	0.000013	3,978		70
71	MEDICAL SUPPLIES CHRGED TO P	30,949,406			533,128		71
72	IMPL. DEV. CHARGED TO PATIEN	47,031,781					72
73	DRUGS CHARGED TO PATIENTS	73,085,385			1,297,565		73
74	RENAL DIALYSIS	1,713,287	0.000032	0.000032	2,611		74
76	GASTRO INTESTINAL	4,263,379					76
76.97	CARDIAC REHABILITATION	1,594,125	0.000009	0.000009	100		76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	10,326,425	0.000025	0.000025	1,232		90
91	EMERGENCY	29,744,777	0.000183	0.000183			91
92	OBSERVATION BEDS	2,655,484					92
OTHER REIMBURSABLE COST CENTERS							
95	AMBULANCE SERVICES						95
200	TOTAL (SUM OF LINES 50-199)	551,848,465			6,651,795	301	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 [XX] SNF (14-5564) [] 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. SVCS NOT SUBJECT TO	COST SERVICES	COST SVCS NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.281280						50
51 RECOVERY ROOM	0.546284						51
52 DELIVERY ROOM & LABOR ROOM	0.421273						52
53 ANESTHESIOLOGY	0.038705						53
54 RADIOLOGY-DIAGNOSTIC	0.303945						54
54.01 NUCLEAR MEDICINE	0.357428						54.01
54.02 ULTRASOUND	0.135133						54.02
55 RADIOLOGY-THERAPEUTIC	0.262369						55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.073099						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.653729						58
59 CARDIAC CATHETERIZATION	0.134985						59
60 LABORATORY	0.231800						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	1.162617						63
64 INTRAVENOUS THERAPY	0.261717						64
65 RESPIRATORY THERAPY	0.272488						65
65.01 PULMONARY	0.156149						65.01
66 PHYSICAL THERAPY	0.289438						66
67 OCCUPATIONAL THERAPY	0.283724						67
68 SPEECH PATHOLOGY	0.285196						68
69 ELECTROCARDIOLOGY	0.130304						69
69.01 CARDIOLOGY	0.221390						69.01
70 ELECTROENCEPHALOGRAPHY	0.237581						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.411735						71
72 IMPL. DEV. CHARGED TO PATIENT	0.490123						72
73 DRUGS CHARGED TO PATIENTS	0.371563						73
74 RENAL DIALYSIS	0.643386						74
76 GASTRO INTESTINAL	0.306474						76
76.97 CARDIAC REHABILITATION	0.584071						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.406676						90
91 EMERGENCY	0.415734						91
92 OBSERVATION BEDS	0.758829						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.933053						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0280) [] 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)	51,115	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	51,115	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	51,115	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)	20,744	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)	33,870,524	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	33,870,524	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	39,505,528	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	39,505,528	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.857362	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)	772.88	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)	33,870,524	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0280) [] 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) 662.63 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,745,597 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) 13,745,597 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	7,189,412	4,890	1,470.23	2,810	4,131,346	43
43.01 NICU	2,808,211	2,068	1,357.94			43.01
44 CORONARY CARE UNIT	5,810,950	7,618	762.79	4,967	3,788,778	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)					42,625,876	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					64,291,597	49
PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,191,103	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,729,460	51
52 TOTAL PROGRAM EXCLUDABLE COST					2,920,563	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					61,371,034	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) 3,041 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 662.63 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,015,058 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	1,877,639	33,870,524	0.055436	2,015,058	111,707	90
91 NURSING SCHOOL COST	906	33,870,524	0.000027	2,015,058	54	91
92 ALLIED HEALTH COST	1,441	33,870,524	0.000043	2,015,058	87	92
93 ALL OTHER MEDICAL EDUCATION						93

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-T280) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,555	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,555	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,555	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)	3,295	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)	3,144,504	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	3,144,504	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,089,900	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,089,900	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.617793	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)	1,117.43	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)	3,144,504	37

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-T280) [] 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)	690.34 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	2,274,670 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)	2,274,670 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,481,142 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	3,755,812 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	154,404 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	41,572 51
52	TOTAL PROGRAM EXCLUDABLE COST	195,976 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	3,559,836 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5564) [] 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)	8,726	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,726	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,726	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)	6,834	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)	4,078,149	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	4,078,149	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,578,117	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,578,117	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.139747	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)	410.05	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)	4,078,149	37

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
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
05/17/2012 11:28

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5564) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	4,078,149	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	467.36	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 x LINE 71)	3,193,938	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 x LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,193,938	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 x LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 x LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,193,938	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	2,019,938	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,213,876	86

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0280) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		16,411,823		30
31 INTENSIVE CARE UNIT		5,547,213		31
31.01 NICU				31.01
32 CORONARY CARE UNIT		5,793,019		32
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.281311	14,624,395	4,114,003	50
51 RECOVERY ROOM	0.546284	1,588,570	867,810	51
52 DELIVERY ROOM & LABOR ROOM	0.421273	32,555	13,715	52
53 ANESTHESIOLOGY	0.038705	1,347,847	52,168	53
54 RADIOLOGY-DIAGNOSTIC	0.303945	3,830,922	1,164,390	54
54.01 NUCLEAR MEDICINE	0.357428	393,281	140,570	54.01
54.02 ULTRASOUND	0.135133	502,412	67,892	54.02
55 RADIOLOGY-THERAPEUTIC	0.263364	98,956	26,061	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.073099	6,729,475	491,918	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.653729	1,844,996	1,206,127	58
59 CARDIAC CATHETERIZATION	0.135398	14,152,218	1,916,182	59
60 LABORATORY	0.231800	12,907,994	2,992,073	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	1.162617	1,150,006	1,337,017	63
64 INTRAVENOUS THERAPY	0.264237	1,105,103	292,009	64
65 RESPIRATORY THERAPY	0.272518	5,002,864	1,363,370	65
65.01 PULMONARY	0.156149	2,958,609	461,984	65.01
66 PHYSICAL THERAPY	0.289562	1,990,560	576,391	66
67 OCCUPATIONAL THERAPY	0.283724	275,052	78,039	67
68 SPEECH PATHOLOGY	0.285196	173,954	49,611	68
69 ELECTROCARDIOLOGY	0.130642	3,700,648	483,460	69
69.01 CARDIOLOGY	0.221390	2,904,058	642,929	69.01
70 ELECTROENCEPHALOGRAPHY	0.237700	671,526	159,622	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.411735	11,062,862	4,554,967	71
72 IMPL. DEV. CHARGED TO PATIENT	0.490123	19,282,987	9,451,035	72
73 DRUGS CHARGED TO PATIENTS	0.371563	19,689,196	7,315,777	73
74 RENAL DIALYSIS	0.643386	1,120,897	721,169	74
76 GASTRO INTESTINAL	0.306474	1,238,760	379,648	76
76.97 CARDIAC REHABILITATION	0.584424	142,500	83,280	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.406676	92,146	37,474	90
91 EMERGENCY	0.415734	3,537,842	1,470,801	91
92 OBSERVATION BEDS	0.758829	150,737	114,384	92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		134,303,928	42,625,876	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		134,303,928		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-T280) [] 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				30
31 INTENSIVE CARE UNIT				31
31.01 NICU				31.01
32 CORONARY CARE UNIT				32
41 SUBPROVIDER - IRF		3,665,706		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.281311	25,682	7,225	50
51 RECOVERY ROOM	0.546284	570	311	51
52 DELIVERY ROOM & LABOR ROOM	0.421273			52
53 ANESTHESIOLOGY	0.038705	570	22	53
54 RADIOLOGY-DIAGNOSTIC	0.303945	57,416	17,451	54
54.01 NUCLEAR MEDICINE	0.357428	3,528	1,261	54.01
54.02 ULTRASOUND	0.135133	8,712	1,177	54.02
55 RADIOLOGY-THERAPEUTIC	0.263364	2,546	671	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.073099	106,070	7,754	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.653729	8,160	5,334	58
59 CARDIAC CATHETERIZATION	0.135398	14,781	2,001	59
60 LABORATORY	0.231800	312,450	72,426	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	1.162617	7,888	9,171	63
64 INTRAVENOUS THERAPY	0.264237			64
65 RESPIRATORY THERAPY	0.272518	213,196	58,100	65
65.01 PULMONARY	0.156149	80,929	12,637	65.01
66 PHYSICAL THERAPY	0.289562	1,420,481	411,317	66
67 OCCUPATIONAL THERAPY	0.283724	1,451,721	411,888	67
68 SPEECH PATHOLOGY	0.285196	279,500	79,712	68
69 ELECTROCARDIOLOGY	0.130642	11,947	1,561	69
69.01 CARDIOLOGY	0.221390	10,365	2,295	69.01
70 ELECTROENCEPHALOGRAPHY	0.237700	6,312	1,500	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.411735	155,692	64,104	71
72 IMPL. DEV. CHARGED TO PATIENT	0.490123	18,780	9,205	72
73 DRUGS CHARGED TO PATIENTS	0.371563	666,154	247,518	73
74 RENAL DIALYSIS	0.643386	79,822	51,356	74
76 GASTRO INTESTINAL	0.306474	13,999	4,290	76
76.97 CARDIAC REHABILITATION	0.584424			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.406676	792	322	90
91 EMERGENCY	0.415734	1,283	533	91
92 OBSERVATION BEDS	0.758829			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		4,959,346	1,481,142	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		4,959,346		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	[XX]	SNF (14-5564)	[]	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				30
31 INTENSIVE CARE UNIT				31
31.01 NICU				31.01
32 CORONARY CARE UNIT				32
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.281280	1,229	346	50
51 RECOVERY ROOM	0.546284			51
52 DELIVERY ROOM & LABOR ROOM	0.421273			52
53 ANESTHESIOLOGY	0.038705			53
54 RADIOLOGY-DIAGNOSTIC	0.303945	60,410	18,361	54
54.01 NUCLEAR MEDICINE	0.357428			54.01
54.02 ULTRASOUND	0.135133	861	116	54.02
55 RADIOLOGY-THERAPEUTIC	0.262369			55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.073099	2,881	211	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.653729			58
59 CARDIAC CATHETERIZATION	0.134985			59
60 LABORATORY	0.231800	465,757	107,962	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	1.162617	7,260	8,441	63
64 INTRAVENOUS THERAPY	0.261717			64
65 RESPIRATORY THERAPY	0.272488	476,396	129,812	65
65.01 PULMONARY	0.156149	279,967	43,717	65.01
66 PHYSICAL THERAPY	0.289438	1,917,977	555,135	66
67 OCCUPATIONAL THERAPY	0.283724	1,552,202	440,397	67
68 SPEECH PATHOLOGY	0.285196	19,674	5,611	68
69 ELECTROCARDIOLOGY	0.130304	14,422	1,879	69
69.01 RADIOLOGY	0.221390	14,145	3,132	69.01
70 ELECTROENCEPHALOGRAPHY	0.237581	3,978	945	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.411735	533,128	219,507	71
72 IMPL. DEV. CHARGED TO PATIENT	0.490123			72
73 DRUGS CHARGED TO PATIENTS	0.371563	1,297,565	482,127	73
74 RENAL DIALYSIS	0.643386	2,611	1,680	74
76 GASTRO INTESTINAL	0.306474			76
76.97 CARDIAC REHABILITATION	0.584071	100	58	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.406676	1,232	501	90
91 EMERGENCY	0.415734			91
92 OBSERVATION BEDS	0.758829			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,651,795	2,019,938	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,651,795		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0280)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	50,937,715	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,006,944	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	283.67	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)		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)		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
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		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		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		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)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
	DISPROPORTIONATE SHARE ADJUSTMENT		
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0588	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1857	31
32	SUM OF LINES 30 AND 31	0.2445	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0939	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,783,051	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)	56,727,710	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)	56,727,710	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	4,313,933	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 (14-0280)
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)		52
53	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	60,096	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	1,599	57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)	8,908	58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	61,112,246	59
60	PRIMARY PAYER PAYMENTS	33,322	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	61,078,924	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,402,763	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	189,295	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	995,211	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	696,648	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	785,691	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	56,183,514	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)	56,183,514	71
72	INTERIM PAYMENTS	56,559,163	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-375,649	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		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 (14-0280) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	37,074	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	27,112,283	2
3	PPS PAYMENTS	24,952,416	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	99,668	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	4,487	9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	37,074	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	122,696	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)	122,696	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)	122,696	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	85,622	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)	37,074	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)	25,056,571	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	5,502,083	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	19,591,562	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)	19,591,562	30
31	PRIMARY PAYER PAYMENTS	9,212	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	19,582,350	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)	803,585	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	562,510	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	633,800	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	20,144,860	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R	-141	38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	20,145,001	40
41	INTERIM PAYMENTS	20,273,359	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-128,358	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T280)
 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 OPPS (SEE INSTRUCTIONS)	12,543	2
3	PPS PAYMENTS	5,732	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	1	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)	5,733	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,146	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	4,587	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)	4,587	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	4,587	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)	4,587	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)	4,587	40
41	INTERIM PAYMENTS	4,586	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	1	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF
 SUB (OTHER) SNF (14-5564)

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 (14-0280) [] 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		56,559,163		20,273,359	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		56,559,163		20,273,359	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.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				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	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	PROVIDER .04				6.04
	TO .05				6.05
	PROGRAM .06				6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T280) [] 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		3,723,095		4,586	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE	3.01
	.02				3.02
	.03				3.03
	.04				3.04
	.05				3.05
	.06				3.06
	.07				3.07
	.08				3.08
	.09				3.09
	.50	NONE		NONE	3.50
	.51				3.51
	.52				3.52
	.53				3.53
	.54				3.54
	.55				3.55
	.56				3.56
	.57				3.57
	.58				3.58
	.59				3.59
	.99				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)					
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,723,095		4,586	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.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	.04				5.04
	.05				5.05
	.06				5.06
	.07				5.07
	.08				5.08
	.09				5.09
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
	.53				5.53
	.54				5.54
	.55				5.55
	.56				5.56
	.57				5.57
	.58				5.58
	.59				5.59
	.99				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	PROGRAM .01				6.01
	TO .02				6.02
	PROVIDER .03				6.03
	PROVIDER .04				6.04
	TO .05				6.05
	PROGRAM .06				6.06
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)					7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [XX] SNF (14-5564)
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,319,907		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		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		3.01
	.02			3.02
PROGRAM	.03			3.03
TO	.04			3.04
PROVIDER	.05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
PROVIDER	.52			3.52
TO	.53			3.53
PROGRAM	.54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		2,319,907		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.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			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	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0280 TRINITY ROCK ISLAND
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
05/17/2012 11:28

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (14-0280) CAH

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	15,731	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	28,521	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,422	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	62,650	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	627,550,217	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,939,666	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-T280)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	3,479,540	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.022800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	127,717	3
4	OUTLIER PAYMENTS	70,418	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)	12.479452	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)	3,677,675	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)	3,677,675	17
18	PRIMARY PAYER PAYMENTS	50	18
19	SUBTOTAL LINE 17b LESS LINE 18)	3,677,625	19
20	DEDUCTIBLES	18,112	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	3,659,513	21
22	COINSURANCE	14,433	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	3,645,080	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	2,376	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,663	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	2,376	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	3,646,743	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	135	29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,646,878	32
33	INTERIM PAYMENTS	3,723,095	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-76,217	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 VI

PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	2,481,304 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	301 3
4	SUBTOTAL (SUM OF LINES 1-3)	2,481,605 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	165,697 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	9,060 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	4,694 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	7,750 10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	2,323,658 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	2,323,658 15
16	INTERIM PAYMENTS	2,319,907 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	3,751 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

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	14,098,203			1
2	TEMPORARY INVESTMENTS	42,454,498			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	140,651,848			4
5	OTHER RECEIVABLES	2,420,703			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-97,075,634			6
7	INVENTORY	7,654,536			7
8	PREPAID EXPENSES	1,386,933			8
9	OTHER CURRENT ASSETS	3,304,783			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	114,895,870			11
FIXED ASSETS					
12	LAND	6,322,281			12
13	LAND IMPROVEMENTS	7,294,037			13
14	ACCUMULATED DEPRECIATION	-4,636,748			14
15	BUILDINGS	199,986,646			15
16	ACCUMULATED DEPRECIATION	-107,449,566			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	706,296			19
20	ACCUMULATED DEPRECIATION	-129,975			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	89,894,655			23
24	ACCUMULATED DEPRECIATION	-63,987,595			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	1,818,993			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	129,819,024			30
OTHER ASSETS					
31	INVESTMENTS	122,709,828			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	12,398,103			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	135,107,931			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	379,822,825			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	15,660,963			37
38	SALARIES, WAGES & FEES PAYABLE	13,980,132			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	26,242,649			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	55,883,744			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	137,465,299			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	137,465,299			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	193,349,043			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	186,473,782			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)	186,473,782			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	379,822,825			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		169,803,473							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		59,043,112							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		228,846,585							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 BETTENDORF NET INCOME	20,996,589								5
6 UNRESTRICTED NET ASSETS	12,234,869								6
7 OTHER	149,742								7
8 CMHC NET INCOME	60,110								8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		33,441,310							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		262,287,895							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRHS NET LOSS	70,758,915								13
14 HEALTH & HEAL-SCHOLARSHIP FD	178,091								14
15 UNRESTRICTED PENSION CHANGES	245,090								15
16 INTERCO TRANSFERS OF AP	4,632,017								16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		75,814,113							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		186,473,782							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	43,307,555		43,307,555	1
3 SUBPROVIDER IPF				2
5 SUBPROVIDER IRF	5,117,031		5,117,031	3
6 SWING BED - SNF				5
7 SWING BED - NF				6
8 SKILLED NURSING FACILITY	3,594,630		3,594,630	7
9 NURSING FACILITY				8
10 OTHER LONG TERM CARE				9
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	52,019,216		52,019,216	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11 INTENSIVE CARE UNIT	10,173,589		10,173,589	11
11.01 NICU	2,714,900		2,714,900	11.01
12 CORONARY CARE UNIT	9,370,838		9,370,838	12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	22,259,327		22,259,327	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	74,278,543		74,278,543	17
18 ANCILLARY SERVICES	259,347,896	299,706,408	559,054,304	18
19 OUTPATIENT SERVICES		9,331,536	9,331,536	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE		3,710,962	3,710,962	23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 PHYSICIAN REVENUE		36,277,442	36,277,442	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	333,626,439	349,026,348	682,652,787	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		212,960,522	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)		212,960,522	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	682,652,787	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	421,166,026	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	261,486,761	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	212,960,522	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	48,526,239	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	61,898	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	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.)	2,779,529	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	1,695,151	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (GRANTS)	3,747,647	24.01
24.02	OTHER (MEANINGFUL USE)	749,891	24.02
24.03	OTHER (MISCELLANEOUS)	1,482,756	24.03
24.04	OTHER (ROUNDING)	1	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	10,516,873	25
26	TOTAL (LINE 5 PLUS LINE 25)	59,043,112	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	59,043,112	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-028) [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	4,092,105	1
2	CAPITAL DRG OUTLIER PAYMENTS	13,949	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	173.36	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0588	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1857	8
9	SUM OF LINES 7 AND 8	0.2445	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0508	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	207,879	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	4,313,933	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						1
2						2
4						4
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
6						6
7						7
8						8
9						9
10						10
11						11
11.01						11.01
12						12
13						13
14						14
15						15
16						16
17						17
19						19
20						20
21						21
22						22
23						23
23.01						23.01
23.02						23.02
23.03						23.03
INPATIENT ROUTINE SERV COST CENTERS						
30						30
31						31
31.01						31.01
32						32
41						41
43						43
44						44
ANCILLARY SERVICE COST CENTERS						
50						50
51						51
52						52
53						53
54						54
54.01						54.01
54.02						54.02
55						55
57						57
58						58
59						59
60						60
62.30						62.30
63						63
64						64
65						65
65.01						65.01
66						66
67						67
68						68
69						69
69.01						69.01
70						70
71						71
72						72
73						73
74						74
76						76
76.97						76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90						90
91						91
92						92
OTHER REIMBURSABLE COST CENTERS						
95						95

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) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS						
190	GIFT, FLOWER, COFFEE SHOP & CA					190
192	PHYSICIANS' PRIVATE OFFICES					192
192.01	RIVERSIDE OUTPATIENT					192.01
192.02	PRIMARY OFFICE CLINIC					192.02
192.03	ORTHOPEDIC CLINIC					192.03
192.04	NON-REIMBURSABLE CLINIC					192.04
192.05	TRINITY FAMILY PRACTICE					192.05
194	NON REIMBURSABLE					194
194.01	MEDICAL OFFICE					194.01
194.02	GROUP HOMES DEPT 783					194.02
194.03	PRECEDENCE					194.03
194.04	CALL CENTER					194.04
194.05	WORK FITNESS CENTER					194.05
194.06	PARAMED NON-ACCREDITED					194.06
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

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	40.58						40.58 30
31 INTENSIVE CARE UNIT	57.46						57.46 31
32 CORONARY CARE UNIT	65.20						65.20 32
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	22.33	14.94					37.27 50
51 RECOVERY ROOM	15.95	19.51					35.46 51
52 DELIVERY ROOM & LABOR ROOM	0.49	0.10					0.59 52
53 ANESTHESIOLOGY	19.32	16.55					35.87 53
54 RADIOLOGY-DIAGNOSTIC	15.11	21.50					36.61 54
54.01 NUCLEAR MEDICINE	8.71	28.79					37.50 54.01
54.02 ULTRASOUND	7.80	14.05					21.85 54.02
55 RADIOLOGY-THERAPEUTIC	0.56	41.86					42.42 55
57 COMPUTED TOMOGRAPHY (CT) SCAN	14.94	20.54					35.48 57
58 MAGNETIC RESONANCE IMAGING (MRI)	42.11	5.11					47.22 58
59 CARDIAC CATHETERIZATION	26.48	27.85					54.33 59
60 LABORATORY	31.83	1.82					33.65 60
63 BLOOD STORING, PROCESSING & TRA	56.91	18.91					75.82 63
64 INTRAVENOUS THERAPY	14.67	20.14					34.81 64
65 RESPIRATORY THERAPY	52.93	0.67					53.60 65
65.01 PULMONARY	44.68	8.23					52.91 65.01
66 PHYSICAL THERAPY	17.48						17.48 66
67 OCCUPATIONAL THERAPY	5.45	0.01					5.46 67
68 SPEECH PATHOLOGY	18.46	0.21					18.67 68
69 ELECTROCARDIOLOGY	41.75	12.98					54.73 69
69.01 CARDIOLOGY	37.85	15.73					53.58 69.01
70 ELECTROENCEPHALOGRAPHY	14.87	20.40					35.27 70
71 MEDICAL SUPPLIES CHRGED TO PATI	35.74	14.63					50.37 71
72 IMPL. DEV. CHARGED TO PATIENT	41.00	15.81					56.81 72
73 DRUGS CHARGED TO PATIENTS	26.94	19.08					46.02 73
74 RENAL DIALYSIS	65.42	2.84					68.26 74
76 GASTRO INTESTINAL	29.06	12.97					42.03 76
76.97 CARDIAC REHABILITATION	8.94	40.77					49.71 76.97
90 CLINIC	0.89	29.46					30.35 90
91 EMERGENCY	11.89	13.47					25.36 91
92 OBSERVATION BEDS	5.68	17.38					23.06 92
200 TOTAL CHARGES	24.20	16.85					41.05 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	72.34		5.88				78.22 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.04						0.04 50
51 RECOVERY ROOM	0.01						0.01 51
53 ANESTHESIOLOGY	0.01						0.01 53
54 RADIOLOGY-DIAGNOSTIC	0.23						0.23 54
54.01 NUCLEAR MEDICINE	0.08						0.08 54.01
54.02 ULTRASOUND	0.14						0.14 54.02
55 RADIOLOGY-THERAPEUTIC	0.01						0.01 55
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.24						0.24 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.19						0.19 58
59 CARDIAC CATHETERIZATION	0.03						0.03 59
60 LABORATORY	0.77						0.77 60
63 BLOOD STORING, PROCESSING & TRA	0.39						0.39 63
65 RESPIRATORY THERAPY	2.26						2.26 65
65.01 PULMONARY	1.22						1.22 65.01
66 PHYSICAL THERAPY	12.48						12.48 66
67 OCCUPATIONAL THERAPY	28.75						28.75 67
68 SPEECH PATHOLOGY	29.65						29.65 68
69 ELECTROCARDIOLOGY	0.13						0.13 69
69.01 CARDIOLOGY	0.14						0.14 69.01
70 ELECTROENCEPHALOGRAPHY	0.14						0.14 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.50						0.50 71
72 IMPL. DEV. CHARGED TO PATIENT	0.04						0.04 72
73 DRUGS CHARGED TO PATIENTS	0.91						0.91 73
74 RENAL DIALYSIS	4.66	1.13					5.79 74
76 GASTRO INTESTINAL	0.33						0.33 76
90 CLINIC	0.01						0.01 90
200 TOTAL CHARGES	0.89						0.89 200

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

SNF / NF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
44 SKILLED NURSING FACILITY	78.32						78.32 44
UTILIZATION PERCENTAGES BASED ON CHARGES							
54 RADIOLOGY-DIAGNOSTIC	0.24						0.24 54
54.02 ULTRASOUND	0.01						0.01 54.02
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.01						0.01 57
60 LABORATORY	1.15						1.15 60
63 BLOOD STORING, PROCESSING & TRA	0.36						0.36 63
65 RESPIRATORY THERAPY	5.04						5.04 65
65.01 PULMONARY	4.23						4.23 65.01
66 PHYSICAL THERAPY	16.84						16.84 66
67 OCCUPATIONAL THERAPY	30.74						30.74 67
68 SPEECH PATHOLOGY	2.09						2.09 68
69 ELECTROCARDIOLOGY	0.16						0.16 69
69.01 CARDIOLOGY	0.18						0.18 69.01
70 ELECTROENCEPHALOGRAPHY	0.09						0.09 70
71 MEDICAL SUPPLIES CHRGED TO PATI	1.72						1.72 71
73 DRUGS CHARGED TO PATIENTS	1.78						1.78 73
74 RENAL DIALYSIS	0.15						0.15 74
76.97 CARDIAC REHABILITATION	0.01						0.01 76.97
90 CLINIC	0.01						0.01 90
200 TOTAL CHARGES	1.20						1.20 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	9,589,096	3.82	-9,589,096	-10.07			1
2	CAP REL COSTS-MVBLE EQUIP							2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	3,400,802	1.35	-3,400,802	-3.57			4
5.01	PURCHASING	1,385,002	0.55	-1,385,002	-1.45			5.01
5.02	ADMITTING	2,249,911	0.90	-2,249,911	-2.36			5.02
5.03	CASHIERING/AR	1,695,337	0.67	-1,695,337	-1.78			5.03
5.04	A&G	47,262,060	18.81	-47,262,060	-49.62			5.04
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	8,159,953	3.25	-8,159,953	-8.57			7
8	LAUNDRY & LINEN SERVICE							8
9	HOUSEKEEPING	3,169,165	1.26	-3,169,165	-3.33			9
10	DIETARY	2,921,121	1.16	-2,921,121	-3.07			10
11	CAFETERIA							11
11.01	EMPLOYEE CAFETERIA							11.01
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	1,710,877	0.68	-1,710,877	-1.80			13
14	CENTRAL SERVICES & SUPPLY	2,023,314	0.81	-2,023,314	-2.12			14
15	PHARMACY	6,035,880	2.40	-6,035,880	-6.34			15
16	MEDICAL RECORDS & LIBRARY	1,834,956	0.73	-1,834,956	-1.93			16
17	SOCIAL SERVICE	4,619,152	1.84	-4,619,152	-4.85			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL	-617,396	-0.25	617,396	0.65			20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(RADIOLOGY)	-126,675	-0.05	126,675	0.13			23
23.01	PARAMED PROGRAM-OR TECH	14,502	0.01	-14,502	-0.02			23.01
23.02	PARAMED PROGRAM-EMS	-3,266		3,266				23.02
23.03	PARAMED PROGRAM-RESP CARE	-82,190	-0.03	82,190	0.09			23.03
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	17,683,437	7.04	16,187,087	17.00	33,870,524	13.48	30
31	INTENSIVE CARE UNIT	4,404,558	1.75	2,784,854	2.92	7,189,412	2.86	31
31.01	NICU	1,832,017	0.73	976,194	1.02	2,808,211	1.12	31.01
32	CORONARY CARE UNIT	3,266,306	1.30	2,544,644	2.67	5,810,950	2.31	32
41	SUBPROVIDER - IRF	1,637,472	0.65	1,503,150	1.58	3,140,622	1.25	41
43	NURSERY	987,753	0.39	857,727	0.90	1,845,480	0.73	43
44	SKILLED NURSING FACILITY	1,968,527	0.78	2,109,622	2.22	4,078,149	1.62	44
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	11,745,877	4.67	6,679,329	7.01	18,425,206	7.33	50
51	RECOVERY ROOM	3,674,781	1.46	1,767,428	1.86	5,442,209	2.17	51
52	DELIVERY ROOM & LABOR ROOM	1,649,823	0.66	1,124,330	1.18	2,774,153	1.10	52
53	ANESTHESIOLOGY	140,826	0.06	129,154	0.14	269,980	0.11	53
54	RADIOLOGY-DIAGNOSTIC	4,737,209	1.89	2,966,558	3.11	7,703,767	3.07	54
54.01	NUCLEAR MEDICINE	1,138,112	0.45	476,367	0.50	1,614,479	0.64	54.01
54.02	ULTRASOUND	590,489	0.24	279,732	0.29	870,221	0.35	54.02
55	RADIOLOGY-THERAPEUTIC	2,951,779	1.17	1,685,988	1.77	4,637,767	1.85	55
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,065,028	0.82	1,227,283	1.29	3,292,311	1.31	57
58	MAGNETIC RESONANCE IMAGING (MRI)	2,207,452	0.88	657,007	0.69	2,864,459	1.14	58
59	CARDIAC CATHETERIZATION	4,752,345	1.89	2,462,854	2.59	7,215,199	2.87	59
60	LABORATORY	6,945,187	2.76	2,453,963	2.58	9,399,150	3.74	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63	BLOOD STORING, PROCESSING & TRA	1,872,928	0.75	476,372	0.50	2,349,300	0.94	63
64	INTRAVENOUS THERAPY	1,322,739	0.53	648,466	0.68	1,971,205	0.78	64
65	RESPIRATORY THERAPY	1,826,706	0.73	748,621	0.79	2,575,327	1.02	65
65.01	PULMONARY	707,392	0.28	326,515	0.34	1,033,907	0.41	65.01
66	PHYSICAL THERAPY	2,293,859	0.91	1,001,783	1.05	3,295,642	1.31	66
67	OCCUPATIONAL THERAPY	994,617	0.40	437,862	0.46	1,432,479	0.57	67
68	SPEECH PATHOLOGY	186,971	0.07	81,832	0.09	268,803	0.11	68
69	ELECTROCARDIOLOGY	705,653	0.28	449,328	0.47	1,154,981	0.46	69
69.01	CARDIOLOGY	1,125,959	0.45	572,758	0.60	1,698,717	0.68	69.01
70	ELECTROENCEPHALOGRAPHY	752,459	0.30	320,772	0.34	1,073,231	0.43	70
71	MEDICAL SUPPLIES CHRGD TO PATI	8,855,901	3.52	3,887,038	4.08	12,742,939	5.07	71
72	IMPL. DEV. CHARGED TO PATIENT	16,077,460	6.40	6,973,905	7.32	23,051,365	9.17	72
73	DRUGS CHARGED TO PATIENTS	14,620,764	5.82	12,535,081	13.16	27,155,845	10.81	73
74	RENAL DIALYSIS	759,351	0.30	342,954	0.36	1,102,305	0.44	74
76	GASTRO INTESTINAL	854,971	0.34	451,642	0.47	1,306,613	0.52	76
76.97	CARDIAC REHABILITATION	653,457	0.26	277,625	0.29	931,082	0.37	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	2,671,122	1.06	1,528,388	1.60	4,199,510	1.67	90
91	EMERGENCY	8,143,095	3.24	4,222,816	4.43	12,365,911	4.92	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
95	AMBULANCE SERVICES	2,125,774	0.85	731,744	0.77	2,857,518	1.14	95
OUTPATIENT SERVICE COST CENTERS								
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			569,711	0.60	569,711	0.23	190

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
192 PHYSICIANS' PRIVATE OFFICES	4,810,814	1.91	2,195,434	2.31	7,006,248	2.79	192
192.01 RIVERSIDE OUTPATIENT	383,680	0.15	230,834	0.24	614,514	0.24	192.01
192.02 PRIMARY OFFICE CLINIC	6,680,377	2.66	1,898,777	1.99	8,579,154	3.41	192.02
192.03 ORTHOPEDIC CLINIC	270,466	0.11	79,492	0.08	349,958	0.14	192.03
192.04 NON-REIMBURSABLE CLINIC	854,729	0.34	243,882	0.26	1,098,611	0.44	192.04
192.05 TRINITY FAMILY PRACTICE	1,102,652	0.44	326,960	0.34	1,429,612	0.57	192.05
194 NON REIMBURSABLE			4,558,981	4.79	4,558,981	1.81	194
194.01 MEDICAL OFFICE	123,972	0.05	29,973	0.03	153,945	0.06	194.01
194.02 GROUP HOMES DEPT 783	854,051	0.34	237,307	0.25	1,091,358	0.43	194.02
194.03 PRECEDENCE							194.03
194.04 CALL CENTER							194.04
194.05 WORK FITNESS CENTER							194.05
194.06 PARAMED NON-ACCREDITED							194.06
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER			-18,523	-0.02	-18,523	-0.01	201
202 TOTAL	251,252,498	100.00			251,252,498	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,612,400	65,504,938	0.024615	14,624,395	359,979	50
51 RECOVERY ROOM	279,485	9,962,237	0.028054	1,588,570	44,566	51
52 DELIVERY ROOM & LABOR ROOM	176,963	6,585,162	0.026873	32,555	875	52
53 ANESTHESIOLOGY	93,603	6,975,264	0.013419	1,347,847	18,087	53
54 RADIOLOGY-DIAGNOSTIC	1,194,193	25,345,890	0.047116	3,830,922	180,498	54
54.01 NUCLEAR MEDICINE	66,661	4,516,940	0.014758	393,281	5,804	54.01
54.02 ULTRASOUND	18,030	6,439,756	0.002800	502,412	1,407	54.02
55 RADIOLOGY-THERAPEUTIC	608,505	17,676,525	0.034424	98,956	3,406	55
57 COMPUTED TOMOGRAPHY (CT) SCAN	557,068	45,038,984	0.012369	6,729,475	83,237	57
58 MAGNETIC RESONANCE IMAGING (MRI)	359,702	4,381,725	0.082091	1,844,996	151,458	58
59 CARDIAC CATHETERIZATION	848,715	53,451,745	0.015878	14,152,218	224,709	59
60 LABORATORY	165,642	40,548,514	0.004085	12,907,994	52,729	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRA	15,357	2,020,700	0.007600	1,150,006	8,740	63
64 INTRAVENOUS THERAPY	75,388	7,531,828	0.010009	1,105,103	11,061	64
65 RESPIRATORY THERAPY	74,550	9,451,154	0.007888	5,002,864	39,463	65
65.01 PULMONARY	30,425	6,621,277	0.004595	2,958,609	13,595	65.01
66 PHYSICAL THERAPY	92,586	11,386,346	0.008131	1,990,560	16,185	66
67 OCCUPATIONAL THERAPY	41,243	5,048,842	0.008169	275,052	2,247	67
68 SPEECH PATHOLOGY	7,660	942,520	0.008127	173,954	1,414	68
69 ELECTROCARDIOLOGY	78,297	8,863,774	0.008833	3,700,648	32,688	69
69.01 CARDIOLOGY	130,512	7,672,960	0.017009	2,904,058	49,395	69.01
70 ELECTROENCEPHALOGRAPHY	65,007	4,517,335	0.014391	671,526	9,664	70
71 MEDICAL SUPPLIES CHRGED TO PATI	181,494	30,949,406	0.005864	11,062,862	64,873	71
72 IMPL. DEV. CHARGED TO PATIENT	327,517	47,031,781	0.006964	19,282,987	134,287	72
73 DRUGS CHARGED TO PATIENTS	324,103	73,085,385	0.004435	19,689,196	87,322	73
74 RENAL DIALYSIS	38,964	1,713,287	0.022742	1,120,897	25,491	74
76 GASTRO INTESTINAL	123,095	4,263,379	0.028873	1,238,760	35,767	76
76.97 CARDIAC REHABILITATION	27,995	1,594,125	0.017561	142,500	2,502	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	220,678	10,326,425	0.021370	92,146	1,969	90
91 EMERGENCY	427,047	29,744,777	0.014357	3,537,842	50,793	91
92 OBSERVATION BEDS	111,707	2,655,484	0.042067	150,737	6,341	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL	8,374,592	551,848,465		134,303,928	1,720,552	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE	
	RELATED	ADJUSTMENT	CAPITAL	PATIENT				
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT	
	1	2	COST	4	5	DAYS	PPS CAPITAL	
			3			6	COSTS	7
INPATIENT ROUTINE SERVICE COST CENTERS								
30 ADULTS & PEDIATRICS	1,877,639		1,877,639	51,115	36.73	20,744	761,927	30
31 INTENSIVE CARE UNIT	442,138		442,138	4,890	90.42	2,810	254,080	31
31.01 NICU	102,712		102,712	2,068	49.67			31.01
32 CORONARY CARE UNIT	266,112		266,112	7,618	34.93	4,967	173,497	32
200 TOTAL	2,688,601		2,688,601	65,691		28,521	1,189,504	200

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS	1,189,504
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS	1,720,552
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS	2,910,056
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)	6,727
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)	28,521
PER DISCHARGE CAPITAL COSTS	432.59
PER DIEM CAPITAL COSTS	102.03

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	61,371,034
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	162,055,983
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.379

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	3,755,677
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	8,645,828
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.434

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	2,910,056
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01 & 2.02 x (WKST B, PART I, COLUMN 26 - COLUMNS 20 & 23 / WKST C, PART I, COLUMN 8) LESS LINES 61, 66-68, 74, 94, 95 & 96) (SEE CR 5999)	27,080,254
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	93,331,260
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.290