

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
 - 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.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
- 5. COST REPORT STATUS
 - 6. DATE RECEIVED: _____
 - 7. CONTRACTOR NO: _____
 - 8. INITIAL REPORT FOR THIS PROVIDER CCN
 - 9. FINAL REPORT FOR THIS PROVIDER CCN
 - 10. NPR DATE: _____
 - 11. CONTRACTOR'S VENDOR CODE: _____
 - 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 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 ST. CATHERINE HOSPITAL (15-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, 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		16,097	41,902		1
2 SUBPROVIDER - IPF		49,176			2
3 SUBPROVIDER - IRF		116,440	-40		3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF					5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		181,713	41,862		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 4321 FIR STREET
 2 CITY: EAST CHICAGO

STATE: IN

P.O. BOX:
 ZIP CODE: 46312

COUNTY: LAKE

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	15-0008	23844	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF	15-S008	23844	4	01/01/1991	N	P	P	4
5	SUBPROVIDER - IRF	15-T008	23844	5	01/01/2002	N	P	P	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA	15-7453	23844		01/01/1996	N	P	N	12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2010			TO: 06/30/2011				20
21	TYPE OF CONTROL				2				21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.							1	2
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 23

	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 IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	2,833	233	307	40	5,400	24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID 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.	472		46		181	25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

	V 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	45
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	46
48	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	47
49	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	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 21248? 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)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR 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.			Y 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 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 XIX 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY	N N N 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.	2	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.	1	1 119
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	158054 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: NAME: COMMUNITY FOUNDATION OF CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES 8 CONTRACTOR'S NUMBER: 00450		141
142	STREET: STREET: 10010 DONALD S POWE P.O. BOX: STE 201		142
143	CITY: CITY: MUNSTER STATE: IN ZIP CODE: 46321		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)

155	HOSPITAL	N	N	155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

MULTICAMPUS

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

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

167	IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(m)? 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)			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.	N		5	
APPROVED EDUCATIONAL ACTIVITIES					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.			7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?			8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.			9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			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.			11	
			Y/N	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.			15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		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)	Y	01/04/2012	Y	01/04/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
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	
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	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

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	57,421,743	57,421,743	2,002,960.00	28.67	1	
2	NON-PHYSICIAN ANESTHETIST PART A						2	
3	NON-PHYSICIAN ANESTHETIST PART B		802,090	802,090	8,489.00	94.49	3	
4	PHYSICIAN-PART A						4	
4.01	PHYSICIANS-PART A - DIRECT TEACHING						4.01	
5	PHYSICIAN-PART B		2,009,737	2,009,737	12,861.00	156.27	5	
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					9	
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		10,231,518	10,231,518	289,789.00	35.31	10	
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		342,997	342,997	2,984.00	114.95	11	
12	MANAGEMENT AND ADMINISTRATIVE SERVICES						12	
13	CONTRACT LABOR: PHYSICIAN-PART A		549,469	549,469	3,496.00	157.17	13	
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		5,230,664	5,230,664	142,189.00	36.79	14	
15	HOME OFFICE: PHYSICIAN-PART A						15	
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						16	
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		12,366,122	12,366,122			17	
18	WAGE-RELATED COSTS (OTHER)						18	
19	EXCLUDED AREAS		2,351,057	2,351,057			19	
20	NON-PHYSICIAN ANESTHETIST PART A						20	
21	NON-PHYSICIAN ANESTHETIST PART B		113,356	113,356			21	
22	PHYSICIAN PART A						22	
23	PHYSICIAN PART B		242,093	242,093			23	
24	WAGE-RELATED COSTS (RHC/FQHC)						24	
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25	
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		432,508	432,508	13,137.00	32.92	26	
27	ADMINISTRATIVE & GENERAL		5,428,377	5,428,377	188,002.00	28.87	27	
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		906,453	906,453	6,780.00	133.70	28	
29	MAINTENANCE & REPAIRS		1,169,748	1,169,748	40,849.00	28.64	29	
30	OPERATION OF PLANT		402,605	402,605	16,081.00	25.04	30	
31	LAUNDRY & LINEN SERVICE		101,412	101,412	7,337.00	13.82	31	
32	HOUSEKEEPING		1,664,537	1,664,537	108,069.00	15.40	32	
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33	
34	DIETARY		1,515,505	-534,436	981,069	62,682.00	15.65	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)			534,436	534,436	34,139.00	15.65	35
36	CAFETERIA						36	
37	MAINTENANCE OF PERSONNEL						37	
38	NURSING ADMINISTRATION		1,185,445	1,185,445	35,018.00	33.85	38	
39	CENTRAL SERVICES AND SUPPLY						39	
40	PHARMACY		1,346,171	1,346,171	36,252.00	37.13	40	
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		1,022,886	1,022,886	50,810.00	20.13	41	
42	SOCIAL SERVICE						42	
43	OTHER GENERAL SERVICE						43	

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	55,516,369		55,516,369	1,988,390.0	27.92	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	10,231,518		10,231,518	289,789.00	35.31	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	45,284,851		45,284,851	1,698,601.0	26.66	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	6,123,130		6,123,130	148,669.00	41.19	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	12,366,122		12,366,122		27.31%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	63,774,103		63,774,103	1,847,270.0	34.52	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	15,175,647		15,175,647	599,156.00	25.33	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	385,033	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	2,431,519	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)	7,436,252	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN		10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	50,421	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	149,737	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	428,197	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	3,206,517	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	842,846	18
19 UNEMPLOYMENT INSURANCE	72,322	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	69,785	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	15,072,629	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/25/2012 23:19

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	342,997	2
3	SUBPROVIDER - IPF	342,997	3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		5,375		664	6,039	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		328.00		185.00	511.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			TOTAL 3	
	STAFF 1	CONTRACT 2			
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.01		2.01	3	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				4	
5 OTHER ADMINISTRATIVE PERSONNEL	5.64		5.64	5	
6 DIRECT NURSING SERVICE	9.86		9.86	6	
7 NURSING SUPERVISOR				7	
8 PHYSICAL THERAPY SERVICE		1.83	1.83	8	
9 PHYSICAL THERAPY SUPERVISOR				9	
10 OCCUPATIONAL THERAPY SERVICE		0.75	0.75	10	
11 OCCUPATIONAL THERAPY SUPERVISOR				11	
12 SPEECH PATHOLOGY SERVICE				12	
13 SPEECH PATHOLOGY SUPERVISOR				13	
14 MEDICAL SOCIAL SERVICE		0.01	0.01	14	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15	
16 HOME HEALTH AIDE	4.14		4.14	16	
17 HOME HEALTH AIDE SUPERVISOR				17	
18 OTHER (SPECIFY)				18	

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	23844	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	9,950	1,478	83	49	11,560	21
22 SKILLED NURSING VISIT CHARGES	1,554,153	234,604	12,957	7,656	1,809,370	22
23 PHYSICAL THERAPY VISITS	2,479	39	5	15	2,538	23
24 PHYSICAL THERAPY VISIT CHARGES	450,630	7,105	920	2,700	461,355	24
25 OCCUPATIONAL THERAPY VISITS	1,134	22		10	1,166	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	205,935	3,960		1,800	211,695	26
27 SPEECH PATHOLOGY VISITS						27
28 SPEECH PATHOLOGY VISIT CHARGES						28
29 MEDICAL SOCIAL SERVICE VISITS	9				9	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,869				1,869	30
31 HOME HEALTH AIDE VISITS	4,809	369	3	14	5,195	31
32 HOME HEALTH AIDE VISIT CHARGES	574,603	44,054	357	1,680	620,694	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	18,381	1,908	91	88	20,468	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	2,787,190	289,723	14,234	13,836	3,104,983	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	724		35	7	766	36
37 TOTAL NUMBER OF OUTLIER EPISODES		35			35	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	180,856	23,480	609	2,300	207,245	38

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)				0.376760	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				13,071,499	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				11,931,644	5
6	MEDICAID CHARGES				77,021,745	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				29,018,713	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)				4,015,570	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)				160,253	13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE				25,000	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS				138,074	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				4,015,570	19
			UNINSURED PATIENTS	INSURED PATIENTS	TOTAL	
			1	2	3	
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY		13,460,386		13,460,386	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		5,071,335		5,071,335	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE		58,946		58,946	22
23	COST OF CHARITY CARE		5,012,389		5,012,389	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				10,522,853	26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,184,561	27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				9,338,292	28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				3,518,295	29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				8,530,684	30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				12,546,254	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100				5,195,975	1
2	00200				3,140,974	2
3	00300					3
4	00400	72,095	22,995	95,090	15,072,514	4
4.01	00401	360,413	236,742	597,155	-2,247	4.01
5.01	00540	242,286	166,628	408,914	-555	5.01
5.02	00560	307,702	72,063	379,765	-383	5.02
5.03	00570	898,870	83,478	982,348	-25,987	5.03
5.04	00580		23,596	23,596		5.04
5.05	00590	3,979,519	62,055,073	66,034,592	-22,223,658	5.05
6	00600	1,169,748	5,241,390	6,411,138	-4,993	6
7	00700	402,605	1,068,486	1,471,091	47,357	7
8	00800	101,412	581,323	682,735	-100	8
9	00900	1,664,537	289,597	1,954,134	-6,649	9
10	01000	1,515,505	1,361,510	2,877,015	-1,034,734	10
11	01100				1,014,508	11
12	01200					12
13	01300	1,185,445	122,695	1,308,140	-1,500	13
14	01400		169,625	169,625	-167,384	14
15	01500	1,346,171	3,811,277	5,157,448	-3,684,438	15
16	01600	1,022,886	328,658	1,351,544	-2,077	16
17	01700					17
19	01900					19
20	02000					20
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	10,419,557	1,455,416	11,874,973	-1,339,182	30
31	03100	1,986,368	338,758	2,325,126	-3,171	31
40	04000	1,234,816	79,472	1,314,288	-1,397	40
41	04100	1,793,079	963,885	2,756,964	-2,065	41
43	04300		-410	-410	239,366	43
ANCILLARY SERVICE COST CENTERS						
50	05000	2,954,086	6,429,698	9,383,784	-4,219,099	50
51	05100	311,060	32,455	343,515	-225	51
52	05200				1,096,201	52
53	05300	2,572,022	516,486	3,088,508	-329,658	53
54	05400	1,575,960	417,236	1,993,196	-274,948	54
54.01	05401	336,851	66,359	403,210	-32,848	54.01
54.02	03040					54.02
56	05600	458,549	359,592	818,141	-435,157	56
57	05700	357,203	190,975	548,178	-50,735	57
59	05900	911,960	3,947,087	4,859,047	-3,774,859	59
60	06000	2,235,141	1,794,477	4,029,618	-3,522	60
62	06200	162,463	804,073	966,536	-133	62
62.30	06250					62.30
63.01	03950					63.01
63.02	03951	631,831	88,252	720,083	-32,924	63.02
65	06500	1,263,777	219,616	1,483,393	-200,367	65
66	06600	779,936	934,779	1,714,715	-62,556	66
67	06700	481,044	754,179	1,235,223	-3,219	67
68	06800	94,177	147,142	241,319		68
70	07000	214,501	38,878	253,379	-2,558	70
71	07100				5,474,731	71
72	07200				3,491,095	72
73	07300				4,204,962	73
74	07400		631,703	631,703		74
75.01	03480	109,209	17,033	126,242	-174	75.01
76.97	07697	436,656	45,010	481,666	-1,319	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	1,927,198	690,697	2,617,895	-41,013	90
91	09100	2,701,482	1,484,222	4,185,704	-493,471	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
101	10100	1,270,581	517,993	1,788,574	-87,892	101
SPECIAL PURPOSE COST CENTERS						
118		51,488,701	98,600,199	150,088,900	454,082	118
NONREIMBURSABLE COST CENTERS						
192	19200	5,933,042	1,846,453	7,779,495	-451,573	192
194	07950		323,784	323,784	-1,760	194
194.03	07951		108,174	108,174	-749	194.03
194.04	07952					194.04
194.05	07953					194.05
200		57,421,743	100,878,610	158,300,353		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	5,195,975	450,680	5,646,655	1
2	00200	3,140,974	1,544,512	4,685,486	2
3	00300				3
4	00400	15,167,604		15,167,604	4
4.01	00401	594,908	-5	594,903	4.01
5.01	00540	408,359	-12,862	395,497	5.01
5.02	00560	379,382	-11,429	367,953	5.02
5.03	00570	956,361		956,361	5.03
5.04	00580	47,192		47,192	5.04
5.05	00590	43,810,934	-30,303,610	13,507,324	5.05
6	00600	6,406,145	-20,148	6,385,997	6
7	00700	1,518,448	-40,651	1,477,797	7
8	00800	682,635	-36,372	646,263	8
9	00900	1,947,485		1,947,485	9
10	01000	1,842,281	-709,740	1,132,541	10
11	01100	1,014,508		1,014,508	11
12	01200				12
13	01300	1,306,640	-15,850	1,290,790	13
14	01400	2,241		2,241	14
15	01500	1,473,010	-518	1,472,492	15
16	01600	1,349,467	-5,118	1,344,349	16
17	01700				17
19	01900				19
20	02000				20
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	10,535,791	-19,467	10,516,324	30
31	03100	2,321,955	-1,445	2,320,510	31
40	04000	1,312,891	-104,950	1,207,941	40
41	04100	2,754,899		2,754,899	41
43	04300	238,956		238,956	43
ANCILLARY SERVICE COST CENTERS					
50	05000	5,164,685	-436,120	4,728,565	50
51	05100	343,290		343,290	51
52	05200	1,096,201		1,096,201	52
53	05300	2,758,850	-2,716,059	42,791	53
54	05400	1,718,248	-1,662	1,716,586	54
54.01	05401	370,362		370,362	54.01
54.02	03040				54.02
56	05600	382,984		382,984	56
57	05700	497,443		497,443	57
59	05900	1,084,188	-83,682	1,000,506	59
60	06000	4,026,096	-12,309	4,013,787	60
62	06200	966,403		966,403	62
62.30	06250				62.30
63.01	03950				63.01
63.02	03951	687,159	-29,399	657,760	63.02
65	06500	1,283,026		1,283,026	65
66	06600	1,652,159	-62,357	1,589,802	66
67	06700	1,232,004		1,232,004	67
68	06800	241,319		241,319	68
70	07000	250,821	-2,381	248,440	70
71	07100	5,474,731		5,474,731	71
72	07200	3,491,095		3,491,095	72
73	07300	4,204,962		4,204,962	73
74	07400	631,703		631,703	74
75.01	03480	126,068		126,068	75.01
76.97	07697	480,347	-47,848	432,499	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	2,576,882	-1,469,189	1,107,693	90
91	09100	3,692,233	-740,840	2,951,393	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
101	10100	1,700,682	-20,635	1,680,047	101
SPECIAL PURPOSE COST CENTERS					
118		150,542,982	-34,909,454	115,633,528	118
NONREIMBURSABLE COST CENTERS					
192	19200	7,327,922		7,327,922	192
194	07950	322,024	-26,541	295,483	194
194.03	07951	107,425		107,425	194.03
194.04	07952				194.04
194.05	07953				194.05
200		158,300,353	-34,935,995	123,364,358	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
1	1	2	3	4	5	
1 MEDICAL SUPPLIES CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHRGED TO PA	71		5,474,731	1
2		IMPL. DEV. CHARGED TO PATIENT	72		3,491,095	2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
500 TOTAL RECLASSIFICATIONS						8,965,826 500
CODE LETTER - A						
1 DRUGS CHARGED TO PATIENTS	B					1
2						2
3						3
4						4
5						5
6						6
7						7
8		DRUGS CHARGED TO PATIENTS	73		4,204,962	8
500 TOTAL RECLASSIFICATIONS						4,204,962 500
CODE LETTER - B						
1 CAFETERIA RECLASS	C	CAFETERIA	11		534,436	480,072 1
500 TOTAL RECLASSIFICATIONS					534,436	480,072 500
CODE LETTER - C						
1 UNASSIGNED DEPRECIATION RECLASS	D	CAP REL COSTS-BLDG & FIXT	1		2,163,704	1
2		CAP REL COSTS-MVBLE EQUIP	2		3,138,590	2
500 TOTAL RECLASSIFICATIONS						5,302,294 500
CODE LETTER - D						
1 UNASSIGNED INTEREST RECLASS	E	CAP REL COSTS-BLDG & FIXT	1		1,813,988	1
2		CAP REL COSTS-MVBLE EQUIP	2		2,384	2
500 TOTAL RECLASSIFICATIONS						1,816,372 500
CODE LETTER - E						
1 RECLASS LABOR AND DELIVERY EXPENSE	F	DELIVERY ROOM & LABOR ROOM	52		952,150	144,051 1
500 TOTAL RECLASSIFICATIONS					952,150	144,051 500
CODE LETTER - F						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 NURSERY RECLASS	G	NURSERY	43	207,911	31,455	1
2 RECLASS RENTAL EXPENSE EQPMT	G	CAP REL COSTS-BLDG & FIXT	1		889,655	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
32						32
33						33
34						34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
500 TOTAL RECLASSIFICATIONS				207,911	921,110	500
CODE LETTER - G						
1 RECLASS RENTAL EXPENSE BLDG	H	CAP REL COSTS-BLDG & FIXT	1		313,817	1
2						2
500 TOTAL RECLASSIFICATIONS					313,817	500
CODE LETTER - H						
1 RECLASS FRINGE EXPENSE	I	EMPLOYEE BENEFITS	4		15,072,629	1
500 TOTAL RECLASSIFICATIONS					15,072,629	500
CODE LETTER - I						
1 RECLASS PROPERTY INSURANCE	J	CAP REL COSTS-BLDG & FIXT	1		14,811	1
500 TOTAL RECLASSIFICATIONS					14,811	500
CODE LETTER - J						
1 RECLASS POB UTILITIES EXPENSE	K	OPERATION OF PLANT	7		51,762	1
500 TOTAL RECLASSIFICATIONS					51,762	500
CODE LETTER - K						
1 CASHIERING ACCOUNTS RECEIVABLE	L	CASHIERING ACCOUNTS RECEIVABL	5.04		23,596	1
500 TOTAL RECLASSIFICATIONS					23,596	500
CODE LETTER - L						
1 RECLASS MED PHYSICS	M	OPERATING ROOM	50	88,241	15,038	1
500 TOTAL RECLASSIFICATIONS				88,241	15,038	500
CODE LETTER - M						
GRAND TOTAL (INCREASES)				1,782,738	37,326,340	

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 CHARGED TO PATIENT	A	CENTRAL SERVICES & SUPPLY	14		12,538	1
2		OPERATING ROOM	50		4,179,544	2
3		ANESTHESIOLOGY	53		282,198	3
4		RESPIRATORY THERAPY	65		102,654	4
5		PHYSICAL THERAPY	66		43,326	5
6		OCCUPATIONAL THERAPY	67		3,087	6
7		CARDIAC CATHETERIZATION	59		3,767,132	7
8		EMERGENCY	91		491,306	8
9		HOME HEALTH AGENCY	101		84,041	9
500 TOTAL RECLASSIFICATIONS					8,965,826	500
CODE LETTER - A						
1 DRUGS CHARGED TO PATIENTS	B	PHARMACY	15		3,682,460	1
2		OPERATING ROOM	50		45	2
3		ANESTHESIOLOGY	53		46,773	3
4		RADIOISOTOPE	56		322,474	4
5		RESPIRATORY THERAPY	65		39,387	5
6		CLINIC	90		36,006	6
7		PHYSICIANS' PRIVATE OFFICES	192		77,817	7
8						8
500 TOTAL RECLASSIFICATIONS					4,204,962	500
CODE LETTER - B						
1 CAFETERIA RECLASS	C	DIETARY	10	534,436	480,072	1
500 TOTAL RECLASSIFICATIONS				534,436	480,072	500
CODE LETTER - C						
1 UNASSIGNED DEPRECIATION RECLASS	D	OTHER ADMIN & GENERAL	5.05		2,163,704	9 1
2		OTHER ADMIN & GENERAL	5.05		3,138,590	9 2
500 TOTAL RECLASSIFICATIONS					5,302,294	500
CODE LETTER - D						
1 UNASSIGNED INTEREST RECLASS	E	OTHER ADMIN & GENERAL	5.05		1,813,988	11 1
2		OTHER ADMIN & GENERAL	5.05		2,384	11 2
500 TOTAL RECLASSIFICATIONS					1,816,372	500
CODE LETTER - E						
1 RECLASS LABOR AND DELIVERY EXPENSE	F	ADULTS & PEDIATRICS	30	952,150	144,051	1
500 TOTAL RECLASSIFICATIONS				952,150	144,051	500
CODE LETTER - F						

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 NURSERY RECLASS	G	ADULTS & PEDIATRICS	30	207,911	31,455	1
2 RECLASS RENTAL EXPENSE EQPMT	G	EMPLOYEE BENEFITS	4		115	10 2
3		MAINTENANCE OF PERSONNEL	4.01		2,247	3
4		NONPATIENT TELEPHONES	5.01		555	4
5		PURCHASING RECEIVING & STORES	5.02		383	5
6		ADMITTING	5.03		2,391	6
7		OTHER ADMIN & GENERAL	5.05		17,552	7
8		MAINTENANCE & REPAIRS	6		1,089	8
9		OPERATION OF PLANT	7		4,405	9
10		LAUNDRY & LINEN SERVICE	8		100	10
11		HOUSEKEEPING	9		6,649	11
12		DIETARY	10		20,226	12
13		NURSING ADMINISTRATION	13		1,500	13
14		CENTRAL SERVICES & SUPPLY	14		154,846	14
15		PHARMACY	15		1,978	15
16		MEDICAL RECORDS & LIBRARY	16		2,077	16
17		ADULTS & PEDIATRICS	30		3,615	17
18		INTENSIVE CARE UNIT	31		3,171	18
19		SUBPROVIDER - IPF	40		1,397	19
20		SUBPROVIDER - IRF	41		2,065	20
21		OPERATING ROOM	50		142,789	21
22		RECOVERY ROOM	51		225	22
23		ANESTHESIOLOGY	53		687	23
24		RADIOLOGY-DIAGNOSTIC	54		274,948	24
25		ULTRASOUND	54.01		32,848	25
26		RADIOISOTOPE	56		9,404	26
27		COMPUTED TOMOGRAPHY (CT) SCAN	57		50,735	27
28		CARDIAC CATHETERIZATION	59		7,727	28
29		LABORATORY	60		3,522	29
30		WHOLE BLOOD & PCKD RED BLOOD	62		133	30
31		CARDIAC REHABILITATION	76.97		1,319	31
32		NONINVASIVE LAB	63.02		32,924	32
33		ONCOLOGY	75.01		174	33
34		RESPIRATORY THERAPY	65		58,326	34
35		PHYSICAL THERAPY	66		19,230	35
36		OCCUPATIONAL THERAPY	67		132	36
37		ELECTROENCEPHALOGRAPHY	70		2,558	37
38		CLINIC	90		5,007	38
39		EMERGENCY	91		2,165	39
40		HOME HEALTH AGENCY	101		3,851	40
41		PHYSICIANS' PRIVATE OFFICES	192		12,081	41
42		OTHER NON REIM COST CENTER	194		1,760	42
43		ADVERTISING EXPENSE	194.03		749	43
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				207,911	921,110	500
1 RECLASS RENTAL EXPENSE BLDG	H	MAINTENANCE & REPAIRS	6		3,904	10 1
2		PHYSICIANS' PRIVATE OFFICES	192		309,913	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					313,817	500
1 RECLASS FRINGE EXPENSE	I	OTHER ADMIN & GENERAL	5.05		15,072,629	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					15,072,629	500
1 RECLASS PROPERTY INSURANCE	J	OTHER ADMIN & GENERAL	5.05		14,811	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - J					14,811	500
1 RECLASS POB UTILITIES EXPENSE	K	PHYSICIANS' PRIVATE OFFICES	192		51,762	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					51,762	500
1 CASHIERING ACCOUNTS RECEIVABLE	L	ADMITTING	5.03		23,596	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - L					23,596	500
1 RECLASS MED PHYSICS	M	RADIOISOTOPE	56	88,241	15,038	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - M				88,241	15,038	500
GRAND TOTAL (DECREASES)				1,782,738	37,326,340	

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	271,342					271,342	1
2 LAND IMPROVEMENTS	1,977,848					1,977,848	2
3 BUILDINGS AND FIXTURES	49,672,249				19,784	49,652,465	3
4 BUILDING IMPROVEMENTS	7,511,700	2,652,004		2,652,004		10,163,704	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	95,551,441	3,288,069		3,288,069	1,043,105	97,796,405	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	154,984,580	5,940,073		5,940,073	1,062,889	159,861,764	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	154,984,580	5,940,073		5,940,073	1,062,889	159,861,764	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT							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 (SEE INSTR.) 7	TOTAL (SUM OF COLS. 5-7) 8
1 CAP REL COSTS-BLDG & FIXT	59,430,140		59,430,140	0.383466				1
2 CAP REL COSTS-MVBLE EQUIP	95,551,441		95,551,441	0.616534				2
3 TOTAL (SUM OF LINES 1-2)	154,981,581		154,981,581	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2) (SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	2,694,903	1,203,472	1,733,469	14,811			5,646,655
2 CAP REL COSTS-MVBLE EQUIP	4,683,102		2,384				4,685,486
3 TOTAL	7,378,005	1,203,472	1,735,853	14,811			10,332,141

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-80,519	CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					5
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					6
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					7
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	A	-5,722	NONPATIENT TELEPHONES	5.01	9 8
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-9,820	CAP REL COSTS-MVBLE EQUIP	2	9 9
9 PARKING LOT (CHAPTER 21)					10
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,777,127			11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	1,873,766			13
13 LAUNDRY AND LINEN SERVICE					14
14 CAFETERIA - EMPLOYEES AND GUESTS					15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-518	PHARMACY	15	18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					19
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					20
20 VENDING MACHINES					21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES	A	442,980	CAP REL COSTS-BLDG & FIXT	1	9 27
27 DEPRECIATION--MOVABLE EQUIPMENT	A	299,496	CAP REL COSTS-MVBLE EQUIP	2	9 28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33 OTHER OPERATING REVENUE	B	-36,659	CARDIAC REHABILITATION	76.97	33.02
33.02 TRI CITY INCOME	B	-93,750	SUBPROVIDER - IPF	40	33.04
33.04 OTH OPER REV INTER COMPANY	B	-19,560	NONINVASIVE LAB	63.02	33.07
33.07 LAB REVENUE	B	-7,980	LABORATORY	60	33.08
33.08 RADIOLOGY REVENUE	B	-1,662	RADIOLOGY-DIAGNOSTIC	54	33.13
33.13 OTHER OPERATING REVENUE	B	-5	MAINTENANCE OF PERSONNEL	4.01	33.15
33.15 OFFSET OCC HEALTH COSTS FOR BP/US	A	-683,843	CLINIC	90	33.17
33.17 GRANT REVENUE	B	-94,190	CLINIC	90	33.18
33.18 RENT REVENUE	B	-184,500	OTHER ADMIN & GENERAL	5.05	33.19
33.19 OTHER OPERATING REVENUE	B	-43,887	OTHER ADMIN & GENERAL	5.05	33.22
33.22 OTHER OPER REVENUE	B	-11,200	SUBPROVIDER - IPF	40	33.23
33.23 OTHER OPER REV	B	-11,429	PURCHASING RECEIVING & STORES	5.02	33.24
33.24 COPYING FEE REVENUE	B	-2,485	MEDICAL RECORDS & LIBRARY	16	33.26
33.26 CAFETERIA REVENUE	B	-709,740	DIETARY	10	33.27
33.27 OTHER OPER REVENUE	B	-900	OPERATING ROOM	50	33.28
33.28 OTHER OPER REVENUE	B	-40,651	OPERATION OF PLANT	7	33.29
33.29 OTHER OPERATING REVENUE	B	-20,148	MAINTENANCE & REPAIRS	6	33.30
33.30 OTHER OPERATING REVENUE	B	-36,372	LAUNDRY & LINEN SERVICE	8	33.34
33.34 OTHER OPERATING REVENUE	B	-7,140	NONPATIENT TELEPHONES	5.01	34
34 OFFSET ON CALL EXPENSE	A	-2,100	ADULTS & PEDIATRICS	30	34.01
34.01 OFFSET CONTRIBUTIONS	A	-31,568	OTHER ADMIN & GENERAL	5.05	34.02
34.02 OFFSET PHYSICIAN RECRUITMENT	A	-755	OTHER ADMIN & GENERAL	5.05	34.03
34.03 OFFSET CAPITATION EXPENSE	A	-30,451,701	OTHER ADMIN & GENERAL	5.05	101
34.04 OFFSET HOSPITAL BAD DEBT EXP	A	-20,635	HOME HEALTH AGENCY	13	194
34.05 OFFSET CONTRIBUTIONS	A	-3,405	NURSING ADMINISTRATION	53	36
34.06 OFFSET CONTRIBUTIONS	A	-26,541	OTHER NON REIM COST CENTER	59	37
35 CRNA SALARIES	A	-802,090	ANESTHESIOLOGY	53	
36 OFFSET LOBBYING COSTS	A	-1,844	OTHER ADMIN & GENERAL	5.05	
37 OFFSET PHYSICIAN FEES	A	-37,025	CARDIAC CATHETERIZATION	59	

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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		LINE NO. 4	WKST A-7 REF 5
				COST CENTER 3			
38	OFFSET NONWAGE CRNA/ANEST COSTS	A	-157,397	ANESTHESIOLOGY		53	38
39	OFFSET OCC HEALTH INCOME	B	-137,369	CLINIC		90	39
40							40
41							41
42							42
43							43
44							44
45							45
46							46
47							47
48							48
49							49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-34,935,995				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	1	CAP REL COSTS-BLDG & FIXT	88,219		88,219	9 1
2	2	CAP REL COSTS-MVBLE EQUIP	1,254,836		1,254,836	9 2
3	5.05	OTHER ADMIN & GENERAL	11,193,066	10,662,355	530,711	3
4						4
5		TOTALS (SUM OF LINES 1-4)	12,536,121	10,662,355	1,873,766	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	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				6
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
G	CFNI				HEALTHCARE HOME OFFICE	6
						7
						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	5.05	OTHER ADMIN & GENERAL	183,764	66,440	117,324	171,400	773	63,698	3,185	1
2	13	NURSING ADMINISTRATION	38,732		38,732	171,400	319	26,287	1,314	2
3	16	MEDICAL RECORDS & LIBRAR	19,855		19,855	171,400	209	17,222	861	3
4	30	ADULTS & PEDIATRICS	57,250		57,250	171,400	484	39,883	1,994	4
5	31	INTENSIVE CARE UNIT	3,752		3,752	171,400	28	2,307	115	5
6	50	OPERATING ROOM	450,712	409,456	41,256	171,400	188	15,492	775	6
7	60	LABORATORY	13,721		13,721	219,500	89	9,392	470	7
8	76.97	CARDIAC REHABILITATION	19,100		19,100	171,400	96	7,911	396	8
9	63.02	NONINVASIVE LAB	15,525		15,525	171,400	69	5,686	284	9
10	66	PHYSICAL THERAPY	92,846		92,846	171,400	370	30,489	1,524	10
11	70	ELECTROENCEPHALOGRAPHY	17,955		17,955	171,400	189	15,574	779	11
12	59	CARDIAC CATHETERIZATION	78,300		78,300	171,400	384	31,643	1,582	12
13	90	CLINIC	325,342	291,489	33,853	171,400	300	24,721	1,236	13
14	91	EMERGENCY	740,840	740,840						14
15	53	ANESTHESIOLOGY	1,756,572	1,756,572						15
16	90	CLINIC	198,045	198,045						16
17	90	CLINIC	55,121	55,121						17
200		TOTAL	4,067,432	3,517,963	549,469		3,498	290,305	14,515	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.05 OTHER ADMIN & GENERAL					63,698	53,626	120,066	1
2	13 NURSING ADMINISTRATION					26,287	12,445	12,445	2
3	16 MEDICAL RECORDS & LIBRAR					17,222	2,633	2,633	3
4	30 ADULTS & PEDIATRICS					39,883	17,367	17,367	4
5	31 INTENSIVE CARE UNIT					2,307	1,445	1,445	5
6	50 OPERATING ROOM		AGGREGATE			15,492	25,764	435,220	6
7	60 LABORATORY					9,392	4,329	4,329	7
8	76.97 CARDIAC REHABILITATION					7,911	11,189	11,189	8
9	63.02 NONINVASIVE LAB					5,686	9,839	9,839	9
10	66 PHYSICAL THERAPY					30,489	62,357	62,357	10
11	70 ELECTROENCEPHALOGRAPHY					15,574	2,381	2,381	11
12	59 CARDIAC CATHETERIZATION					31,643	46,657	46,657	12
13	90 CLINIC		AGGREGATE			24,721	9,132	300,621	13
14	91 EMERGENCY		AGGREGATE					740,840	14
15	53 ANESTHESIOLOGY		AGGREGATE					1,756,572	15
16	90 CLINIC		AGGREGATE					198,045	16
17	90 CLINIC		AGGREGATE					55,121	17
200	TOTAL					290,305	259,164	3,777,127	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	MAINT OF PERSONNEL 4.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	5,646,655	5,646,655				1
2 CAP REL COSTS-MVBLE EQUIP	4,685,486			4,685,486		2
4 EMPLOYEE BENEFITS	15,167,604			2,767	15,170,371	4
4.01 MAINTENANCE OF PERSONNEL	594,903	33,668		98,947	727,518	4.01
5.01 NONPATIENT TELEPHONES	395,497	10,543		45,157	66,516	5.01
5.02 PURCHASING RECEIVING & STORES	367,953	91,026		4,933	84,476	5.02
5.03 ADMITTING	956,361	37,632		2,615	246,773	5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE	47,192	9,529			491	5.04
5.05 OTHER ADMIN & GENERAL	13,507,324	980,264		441,064	1,092,525	5.05
6 MAINTENANCE & REPAIRS	6,385,997	479,947		169,692	321,139	6
7 OPERATION OF PLANT	1,477,797	262,707		203,623	110,530	7
8 LAUNDRY & LINEN SERVICE	646,263	27,273			27,841	8
9 HOUSEKEEPING	1,947,485	22,134		19,590	456,977	9
10 DIETARY	1,132,541	197,433		50,386	269,340	10
11 CAFETERIA	1,014,508	6,913			146,722	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,290,790	48,290		41,501	325,449	13
14 CENTRAL SERVICES & SUPPLY	2,241	42,264				14
15 PHARMACY	1,472,492	49,672		216,247	369,574	15
16 MEDICAL RECORDS & LIBRARY	1,344,349	60,503		6,898	280,820	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,516,324	743,230		376,319	2,542,051	30
31 INTENSIVE CARE UNIT	2,320,510	67,705		157,106	545,332	31
40 SUBPROVIDER - IPF	1,207,941	134,695		7,342	339,003	40
41 SUBPROVIDER - IRF	2,754,899	210,027		91,174	492,267	41
43 NURSERY	238,956			2,718	57,079	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,728,565	377,123		886,544	835,231	50
51 RECOVERY ROOM	343,290	15,751		5,845	85,397	51
52 DELIVERY ROOM & LABOR ROOM	1,096,201	30,695			261,400	52
53 ANESTHESIOLOGY	42,791	5,842		64,996	131,911	53
54 RADIOLOGY-DIAGNOSTIC	1,716,586	141,389		316,942	432,659	54
54.01 ULTRASOUND	370,362	8,480		23,245	92,478	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	382,984	29,405		115,937	101,663	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	497,443	37,436		195,236	98,065	57
59 CARDIAC CATHETERIZATION	1,000,506	78,466		652,646	250,367	59
60 LABORATORY	4,013,787	179,067		100,387	613,629	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	966,403	14,795		12,117	44,602	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	657,760	16,638		151,730	173,461	63.02
65 RESPIRATORY THERAPY	1,283,026	26,674		57,595	346,954	65
66 PHYSICAL THERAPY	1,589,802	92,512		5,518	214,121	66
67 OCCUPATIONAL THERAPY	1,232,004	3,261		611	132,064	67
68 SPEECH PATHOLOGY	241,319	7,778		12,390	25,855	68
70 ELECTROENCEPHALOGRAPHY	248,440	58,971		40,808	58,888	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	5,474,731					71
72 IMPL. DEV. CHARGED TO PATIENT	3,491,095					72
73 DRUGS CHARGED TO PATIENTS	4,204,962					73
74 RENAL DIALYSIS	631,703	6,383				74
75.01 ONCOLOGY	126,068	11,269		1,093	29,982	75.01
76.97 CARDIAC REHABILITATION	432,499	81,865		10,997	119,878	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,107,693	65,999		15,182	529,087	90
91 EMERGENCY	2,951,393	117,988		67,449	741,657	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	1,680,047	35,949		16,769	348,821	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	115,633,528	4,959,191		4,593,169	13,541,531	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	7,327,922	436,624		90,399	1,628,840	192
194 OTHER NON REIM COST CENTER	295,483	13,539		673		194

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	MAINT OF PERSONNEL 4.01	
194.03 ADVERTISING EXPENSE	107,425	10,197	1,245			194.03
194.04 REGENCY HOSPITAL		189,230				194.04
194.05 UNUSED SPACE		37,874				194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	123,364,358	5,646,655	4,685,486	15,170,371	727,518	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NONPATIENT	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL (COLS. 0-4) 4A	
	TELEPHONES 5.01	RECEIVING & STORES 5.02	5.03	ACCOUNTS RECEIVABLE 5.04		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES	523,251					5.01
5.02 PURCHASING RECEIVING & STORES	2,075	557,490				5.02
5.03 ADMITTING	11,619	9,045	1,284,992			5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE	4,149			61,361		5.04
5.05 OTHER ADMIN & GENERAL	168,885	20,157			16,249,157	5.05
6 MAINTENANCE & REPAIRS	4,979	65,700			7,442,260	6
7 OPERATION OF PLANT	6,639	11,585			2,078,687	7
8 LAUNDRY & LINEN SERVICE	830	42,823			747,754	8
9 HOUSEKEEPING	4,979	40,944			2,531,427	9
10 DIETARY	7,469	43,966			1,736,463	10
11 CAFETERIA	2,905				1,171,048	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5,809	4,679			1,731,026	13
14 CENTRAL SERVICES & SUPPLY	4,564	400			49,469	14
15 PHARMACY	12,034	5,007			2,138,291	15
16 MEDICAL RECORDS & LIBRARY	9,544	8,990			1,729,148	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,209	53,478	95,934	4,579	14,529,597	30
31 INTENSIVE CARE UNIT	7,469	7,385	13,822	660	3,141,985	31
40 SUBPROVIDER - IPF	14,523	2,430	13,503	644	1,736,800	40
41 SUBPROVIDER - IRF	14,523	12,067	20,378	973	3,622,845	41
43 NURSERY			2,534	121	301,408	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	21,992	100,594	137,864	6,580	7,130,588	50
51 RECOVERY ROOM	2,075	476	9,057	432	465,420	51
52 DELIVERY ROOM & LABOR ROOM			10,363	495	1,399,154	52
53 ANESTHESIOLOGY	2,490	2,897	19,520	932	278,220	53
54 RADIOLOGY-DIAGNOSTIC	16,598	5,927	72,924	3,481	2,729,991	54
54.01 ULTRASOUND	1,660	1,062	14,346	685	515,690	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	3,735	526	21,711	1,036	660,272	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,735	390	88,960	4,246	929,761	57
59 CARDIAC CATHETERIZATION	15,353	6,954	62,223	2,970	2,079,117	59
60 LABORATORY	31,536	14,834	195,120	9,340	5,191,264	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	2,905	602	10,942	522	1,054,838	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	7,884	1,224	41,182	1,966	1,061,120	63.02
65 RESPIRATORY THERAPY	6,639	3,188	21,162	1,010	1,762,475	65
66 PHYSICAL THERAPY	17,013	2,707	30,822	1,471	1,964,060	66
67 OCCUPATIONAL THERAPY	12,863	855	21,573	1,030	1,411,176	67
68 SPEECH PATHOLOGY	415	331	2,967	142	292,060	68
70 ELECTROENCEPHALOGRAPHY	7,469	643	16,443	785	435,566	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			47,897	2,286	5,524,914	71
72 IMPL. DEV. CHARGED TO PATIENT			38,122	1,820	3,531,037	72
73 DRUGS CHARGED TO PATIENTS			124,174	5,927	4,335,063	73
74 RENAL DIALYSIS			10,265	490	648,841	74
75.01 ONCOLOGY	5,394	483	2,335	111	178,082	75.01
76.97 CARDIAC REHABILITATION	7,469	3,261	2,011	96	663,086	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,224	7,811	7,402	353	1,764,084	90
91 EMERGENCY	2,905	16,536	117,177	5,593	4,053,785	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	6,224	4,591	12,259	585	2,121,361	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	515,782	504,548	1,284,992	61,361	113,118,390	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	3,320	44,615			9,577,826	192
194 OTHER NON REIM COST CENTER					309,695	194
194.03 ADVERTISING EXPENSE	4,149	7,427			130,443	194.03
194.04 REGENCY HOSPITAL		900			190,130	194.04

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	PURCHASING RECEIVING & STORES	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	SUBTOTAL (COLS.0-4) 4A	
194.05 UNUSED SPACE	5.01	5.02	5.03	5.04	37,874	194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	523,251	557,490	1,284,992	61,361	123,364,358	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMIN GENERAL 5.05	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMIN & GENERAL	16,249,157					5.05
6 MAINTENANCE & REPAIRS	1,128,976	8,571,236				6
7 OPERATION OF PLANT	315,333	669,687	3,063,707			7
8 LAUNDRY & LINEN SERVICE	113,433	69,886	25,509	956,582		8
9 HOUSEKEEPING	384,012	56,718	20,702		2,992,859	9
10 DIETARY	263,418	505,911	184,661		183,154	10
11 CAFETERIA	177,646	17,715	6,466		6,413	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	262,593	112,431	41,038		40,703	13
14 CENTRAL SERVICES & SUPPLY	7,504	108,298	39,529		39,207	14
15 PHARMACY	324,374	128,700	46,976		46,593	15
16 MEDICAL RECORDS & LIBRARY	262,308	155,036	56,589		56,127	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,204,109	1,904,482	695,152	369,027	689,472	30
31 INTENSIVE CARE UNIT	476,633	173,489	63,325	36,573	62,808	31
40 SUBPROVIDER - IPF	263,469	345,148	125,981	51,481	124,953	40
41 SUBPROVIDER - IRF	549,578	460,650	168,140	104,371	166,768	41
43 NURSERY	45,723					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,081,696	966,354	352,726	107,487	349,846	50
51 RECOVERY ROOM	70,603	40,361	14,732	21,488	14,612	51
52 DELIVERY ROOM & LABOR ROOM	212,249	78,655	28,710		28,475	52
53 ANESTHESIOLOGY	42,205	14,969	5,464		5,419	53
54 RADIOLOGY-DIAGNOSTIC	414,134	362,302	132,243	23,145	131,163	54
54.01 ULTRASOUND	78,229	21,730	7,932		7,867	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	100,162	75,348	27,503	4,676	27,278	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	141,043	95,927	35,014		34,728	57
59 CARDIAC CATHETERIZATION	315,398	201,065	73,390	14,777	72,791	59
60 LABORATORY	787,504	458,849	167,483		166,116	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	160,017	37,910	13,837		13,724	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	160,970	42,634	15,562	3,884	15,435	63.02
65 RESPIRATORY THERAPY	267,364	68,350	24,948		24,745	65
66 PHYSICAL THERAPY	297,944	237,057	86,527	7,263	85,821	66
67 OCCUPATIONAL THERAPY	214,073	8,356	3,050	2,915	3,025	67
68 SPEECH PATHOLOGY	44,305	19,929	7,274		7,215	68
70 ELECTROENCEPHALOGRAPHY	66,074	151,109	55,156		54,706	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	838,118					71
72 IMPL. DEV. CHARGED TO PATIENT	535,651					72
73 DRUGS CHARGED TO PATIENTS	657,620					73
74 RENAL DIALYSIS	98,428	16,357	5,970		5,922	74
75.01 ONCOLOGY	27,015	28,875	10,540	936	10,454	75.01
76.97 CARDIAC REHABILITATION	100,589	209,775	76,570	10,465	75,944	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	267,608	191,116	69,759	6,895	69,189	90
91 EMERGENCY	614,951	307,060	112,079	87,910	111,164	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	321,806	92,118	33,624		33,349	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	14,694,865	8,434,357	2,834,161	853,293	2,765,186	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	1,452,937	13,700	5,000		4,960	192
194 OTHER NON REIM COST CENTER	46,980					194
194.03 ADVERTISING EXPENSE	19,788	26,130	9,538		9,460	194.03
194.04 REGENCY HOSPITAL	28,842		179,585	103,289	178,119	194.04

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	OTHER ADMIN GENERAL 5.05	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194.05 UNUSED SPACE	5,745	97,049	35,423		35,134	194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	16,249,157	8,571,236	3,063,707	956,582	2,992,859	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMIN & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	2,873,607					10
11 CAFETERIA		1,379,288				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		39,198	2,226,989			13
14 CENTRAL SERVICES & SUPPLY				244,007		14
15 PHARMACY		35,840			2,720,774	15
16 MEDICAL RECORDS & LIBRARY		48,752				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,362,297	398,462	1,057,007			30
31 INTENSIVE CARE UNIT	52,603	59,431	196,122			31
40 SUBPROVIDER - IPF	110,762	45,172	90,551			40
41 SUBPROVIDER - IRF	208,503	71,700	178,138			41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	139	97,524	194,603			50
51 RECOVERY ROOM		8,367	35,163			51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY		18,483				53
54 RADIOLOGY-DIAGNOSTIC	208	63,454	9,428			54
54.01 ULTRASOUND		9,111	41			54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	1,059	8,849				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		11,484				57
59 CARDIAC CATHETERIZATION	17	26,025	49,202			59
60 LABORATORY		90,685				60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		5,269				62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB		25,060				63.02
65 RESPIRATORY THERAPY		43,844				65
66 PHYSICAL THERAPY		27,272				66
67 OCCUPATIONAL THERAPY		18,684				67
68 SPEECH PATHOLOGY		2,333				68
70 ELECTROENCEPHALOGRAPHY		8,427				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				172,691		71
72 IMPL. DEV. CHARGED TO PATIENT				71,316		72
73 DRUGS CHARGED TO PATIENTS					2,720,774	73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY		3,640	2,798			75.01
76.97 CARDIAC REHABILITATION		13,535	29,136			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,023	65,746	24,220			90
91 EMERGENCY	19,019	89,398	241,952			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		43,543	118,628			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,756,630	1,379,288	2,226,989	244,007	2,720,774	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER NON REIM COST CENTER						194
194.03 ADVERTISING EXPENSE						194.03
194.04 REGENCY HOSPITAL	116,977					194.04

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194.05 UNUSED SPACE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,873,607	1,379,288	2,226,989	244,007	2,720,774	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 MAINTENANCE OF PERSONNEL					4.01
5.01 NONPATIENT TELEPHONES					5.01
5.02 PURCHASING RECEIVING & STORES					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE					5.04
5.05 OTHER ADMIN & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	2,307,960				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	172,323	24,381,928		24,381,928	30
31 INTENSIVE CARE UNIT	24,829	4,287,798		4,287,798	31
40 SUBPROVIDER - IPF	24,254	2,918,571		2,918,571	40
41 SUBPROVIDER - IRF	36,605	5,567,298		5,567,298	41
43 NURSERY	4,552	351,683		351,683	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	247,641	10,528,604		10,528,604	50
51 RECOVERY ROOM	16,268	687,014		687,014	51
52 DELIVERY ROOM & LABOR ROOM	18,614	1,765,857		1,765,857	52
53 ANESTHESIOLOGY	35,064	399,824		399,824	53
54 RADIOLOGY-DIAGNOSTIC	130,991	3,997,059		3,997,059	54
54.01 ULTRASOUND	25,769	666,369		666,369	54.01
54.02 AUDIOLOGY					54.02
56 RADIOISOTOPE	38,999	944,146		944,146	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	159,796	1,407,753		1,407,753	57
59 CARDIAC CATHETERIZATION	111,769	2,943,551		2,943,551	59
60 LABORATORY	350,254	7,212,155		7,212,155	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	19,656	1,305,251		1,305,251	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63.01 CARDIAC REHAB					63.01
63.02 NONINVASIVE LAB	73,974	1,398,639		1,398,639	63.02
65 RESPIRATORY THERAPY	38,013	2,229,739		2,229,739	65
66 PHYSICAL THERAPY	55,365	2,761,309		2,761,309	66
67 OCCUPATIONAL THERAPY	38,752	1,700,031		1,700,031	67
68 SPEECH PATHOLOGY	5,330	378,446		378,446	68
70 ELECTROENCEPHALOGRAPHY	29,536	800,574		800,574	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	86,036	6,621,759		6,621,759	71
72 IMPL. DEV. CHARGED TO PATIENT	68,478	4,206,482		4,206,482	72
73 DRUGS CHARGED TO PATIENTS	223,051	7,936,508		7,936,508	73
74 RENAL DIALYSIS	18,439	793,957		793,957	74
75.01 ONCOLOGY	4,194	266,534		266,534	75.01
76.97 CARDIAC REHABILITATION	3,612	1,182,712		1,182,712	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	13,295	2,473,935		2,473,935	90
91 EMERGENCY	210,481	5,847,799		5,847,799	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	22,020	2,786,449		2,786,449	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	2,307,960	110,749,734		110,749,734	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES		11,054,423		11,054,423	192
194 OTHER NON REIM COST CENTER		356,675		356,675	194
194.03 ADVERTISING EXPENSE		195,359		195,359	194.03
194.04 REGENCY HOSPITAL		796,942		796,942	194.04

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PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.05 UNUSED SPACE		211,225		211,225	194.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	2,307,960	123,364,358		123,364,358	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS
	0	1	2	2A	4
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS			2,767	2,767	4
4.01 MAINTENANCE OF PERSONNEL		33,668		33,668	18 4.01
5.01 NONPATIENT TELEPHONES		10,543	45,157	55,700	12 5.01
5.02 PURCHASING RECEIVING & STORES		91,026	4,933	95,959	15 5.02
5.03 ADMITTING		37,632	2,615	40,247	45 5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE		9,529		9,529	5 5.04
5.05 OTHER ADMIN & GENERAL		980,264	441,064	1,421,328	199 5.05
6 MAINTENANCE & REPAIRS		479,947	169,692	649,639	58 6
7 OPERATION OF PLANT		262,707	203,623	466,330	20 7
8 LAUNDRY & LINEN SERVICE		27,273		27,273	5 8
9 HOUSEKEEPING		22,134	19,590	41,724	83 9
10 DIETARY		197,433	50,386	247,819	49 10
11 CAFETERIA		6,913		6,913	27 11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		48,290	41,501	89,791	59 13
14 CENTRAL SERVICES & SUPPLY		42,264		42,264	14
15 PHARMACY		49,672	216,247	265,919	67 15
16 MEDICAL RECORDS & LIBRARY		60,503	6,898	67,401	51 16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS		743,230	376,319	1,119,549	466 30
31 INTENSIVE CARE UNIT		67,705	157,106	224,811	99 31
40 SUBPROVIDER - IPF		134,695	7,342	142,037	62 40
41 SUBPROVIDER - IRF		210,027	91,174	301,201	90 41
43 NURSERY			2,718	2,718	10 43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		377,123	886,544	1,263,667	152 50
51 RECOVERY ROOM		15,751	5,845	21,596	16 51
52 DELIVERY ROOM & LABOR ROOM		30,695		30,695	48 52
53 ANESTHESIOLOGY		5,842	64,996	70,838	24 53
54 RADIOLOGY-DIAGNOSTIC		141,389	316,942	458,331	79 54
54.01 ULTRASOUND		8,480	23,245	31,725	17 54.01
54.02 AUDIOLOGY					54.02
56 RADIOISOTOPE		29,405	115,937	145,342	19 56
57 COMPUTED TOMOGRAPHY (CT) SCAN		37,436	195,236	232,672	18 57
59 CARDIAC CATHETERIZATION		78,466	652,646	731,112	46 59
60 LABORATORY		179,067	100,387	279,454	112 60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		14,795	12,117	26,912	8 62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63.01 CARDIAC REHAB					63.01
63.02 NONINVASIVE LAB		16,638	151,730	168,368	32 63.02
65 RESPIRATORY THERAPY		26,674	57,595	84,269	63 65
66 PHYSICAL THERAPY		92,512	5,518	98,030	39 66
67 OCCUPATIONAL THERAPY		3,261	611	3,872	24 67
68 SPEECH PATHOLOGY		7,778	12,390	20,168	5 68
70 ELECTROENCEPHALOGRAPHY		58,971	40,808	99,779	11 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS		6,383		6,383	74
75.01 ONCOLOGY		11,269	1,093	12,362	5 75.01
76.97 CARDIAC REHABILITATION		81,865	10,997	92,862	22 76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		65,999	15,182	81,181	96 90
91 EMERGENCY		117,988	67,449	185,437	135 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY		35,949	16,769	52,718	64 101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)		4,959,191	4,593,169	9,552,360	2,470 118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES		436,624	90,399	527,023	297 192
194 OTHER NON REIM COST CENTER		13,539	673	14,212	194
194.03 ADVERTISING EXPENSE		10,197	1,245	11,442	194.03
194.04 REGENCY HOSPITAL		189,230		189,230	194.04

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ALLOCATION OF CAPITAL-RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4
194.05 UNUSED SPACE		37,874		37,874	194.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)		5,646,655	4,685,486	10,332,141	2,767 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAINT OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	ADMITTING 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL	33,686					4.01
5.01 NONPATIENT TELEPHONES	256	55,968				5.01
5.02 PURCHASING RECEIVING & STORES	325	222	96,521			5.02
5.03 ADMITTING	970	1,243	1,566	44,071		5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE	23	444			9,996	5.04
5.05 OTHER ADMIN & GENERAL	1,803	18,065	3,490			5.05
6 MAINTENANCE & REPAIRS	686	533	11,375			6
7 OPERATION OF PLANT	269	710	2,006			7
8 LAUNDRY & LINEN SERVICE	126	89	7,414			8
9 HOUSEKEEPING	1,821	533	7,089			9
10 DIETARY	1,636	799	7,612			10
11 CAFETERIA		311				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	672	621	810			13
14 CENTRAL SERVICES & SUPPLY		488	69			14
15 PHARMACY	614	1,287	867			15
16 MEDICAL RECORDS & LIBRARY	835	1,021	1,556			16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,831	5,370	9,259	3,283	737	30
31 INTENSIVE CARE UNIT	1,018	799	1,279	473	106	31
40 SUBPROVIDER - IPF	774	1,553	421	462	104	40
41 SUBPROVIDER - IRF	1,229	1,553	2,089	697	157	41
43 NURSERY				87	19	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,671	2,352	17,416	4,719	1,059	50
51 RECOVERY ROOM	143	222	82	310	70	51
52 DELIVERY ROOM & LABOR ROOM				355	80	52
53 ANESTHESIOLOGY	317	266	502	668	150	53
54 RADIOLOGY-DIAGNOSTIC	1,087	1,775	1,026	2,496	560	54
54.01 ULTRASOUND	156	178	184	491	110	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	152	399	91	743	167	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	197	399	68	3,045	684	57
59 CARDIAC CATHETERIZATION	446	1,642	1,204	2,130	478	59
60 LABORATORY	1,554	3,373	2,568	6,769	1,622	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	90	311	104	375	84	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	429	843	212	1,409	316	63.02
65 RESPIRATORY THERAPY	751	710	552	724	163	65
66 PHYSICAL THERAPY	467	1,820	469	1,055	237	66
67 OCCUPATIONAL THERAPY	320	1,376	148	738	166	67
68 SPEECH PATHOLOGY	40	44	57	102	23	68
70 ELECTROENCEPHALOGRAPHY	144	799	111	563	126	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,639	368	71
72 IMPL. DEV. CHARGED TO PATIENT				1,305	293	72
73 DRUGS CHARGED TO PATIENTS				4,250	954	73
74 RENAL DIALYSIS				351	79	74
75.01 ONCOLOGY	62	577	84	80	18	75.01
76.97 CARDIAC REHABILITATION	232	799	565	69	15	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,127	666	1,352	253	57	90
91 EMERGENCY	1,532	311	2,863	4,010	900	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	746	666	795	420	94	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	31,551	55,169	87,355	44,071	9,996	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	2,135	355	7,724			192
194 OTHER NON REIM COST CENTER						194
194.03 ADVERTISING EXPENSE		444	1,286			194.03
194.04 REGENCY HOSPITAL			156			194.04

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COST CENTER DESCRIPTION	MAINT OF PERSONNEL 4.01	NONPATIENT TELEPHONES 5.01	PURCHASING RECEIVING & STORES 5.02	ADMITTING 5.03	CASHIERING ACCOUNTS RECEIVABLE 5.04	
194.05 UNUSED SPACE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	33,686	55,968	96,521	44,071	9,996	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OTHER ADMIN GENERAL 5.05	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMIN & GENERAL	1,444,885					5.05
6 MAINTENANCE & REPAIRS	100,389	762,680				6
7 OPERATION OF PLANT	28,039	59,590	556,964			7
8 LAUNDRY & LINEN SERVICE	10,086	6,219	4,637	55,849		8
9 HOUSEKEEPING	34,146	5,047	3,764		94,207	9
10 DIETARY	23,423	45,017	33,570		5,765	10
11 CAFETERIA	15,796	1,576	1,176		202	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	23,350	10,004	7,461		1,281	13
14 CENTRAL SERVICES & SUPPLY	667	9,636	7,186		1,234	14
15 PHARMACY	28,843	11,452	8,540		1,467	15
16 MEDICAL RECORDS & LIBRARY	23,324	13,795	10,288		1,767	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	195,999	169,462	126,374	21,543	21,702	30
31 INTENSIVE CARE UNIT	42,382	15,437	11,512	2,135	1,977	31
40 SUBPROVIDER - IPF	23,428	30,712	22,903	3,006	3,933	40
41 SUBPROVIDER - IRF	48,869	40,989	30,567	6,094	5,249	41
43 NURSERY	4,066					43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	96,185	85,988	64,124	6,276	11,012	50
51 RECOVERY ROOM	6,278	3,591	2,678	1,255	460	51
52 DELIVERY ROOM & LABOR ROOM	18,873	6,999	5,219		896	52
53 ANESTHESIOLOGY	3,753	1,332	993		171	53
54 RADIOLOGY-DIAGNOSTIC	36,825	32,238	24,041	1,351	4,129	54
54.01 ULTRASOUND	6,956	1,934	1,442		248	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	8,906	6,705	5,000	273	859	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	12,542	8,536	6,365		1,093	57
59 CARDIAC CATHETERIZATION	28,045	17,891	13,342	863	2,291	59
60 LABORATORY	70,025	40,829	30,447		5,229	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	14,229	3,373	2,516		432	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	14,313	3,794	2,829	227	486	63.02
65 RESPIRATORY THERAPY	23,774	6,082	4,535		779	65
66 PHYSICAL THERAPY	26,493	21,094	15,730	424	2,701	66
67 OCCUPATIONAL THERAPY	19,035	743	554	170	95	67
68 SPEECH PATHOLOGY	3,940	1,773	1,322		227	68
70 ELECTROENCEPHALOGRAPHY	5,875	13,446	10,027		1,722	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	74,526					71
72 IMPL. DEV. CHARGED TO PATIENT	47,630					72
73 DRUGS CHARGED TO PATIENTS	58,476					73
74 RENAL DIALYSIS	8,752	1,455	1,085		186	74
75.01 ONCOLOGY	2,402	2,569	1,916	55	329	75.01
76.97 CARDIAC REHABILITATION	8,944	18,666	13,920	611	2,391	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	23,796	17,006	12,682	403	2,178	90
91 EMERGENCY	54,682	27,323	20,375	5,133	3,499	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	28,615	8,197	6,113		1,050	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,306,677	750,500	515,233	49,819	87,040	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	129,195	1,219	909		156	192
194 OTHER NON REIM COST CENTER	4,177					194
194.03 ADVERTISING EXPENSE	1,760	2,325	1,734		298	194.03
194.04 REGENCY HOSPITAL	2,565		32,648	6,030	5,607	194.04

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COST CENTER DESCRIPTION	OTHER ADMIN GENERAL 5.05	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	
194.05 UNUSED SPACE	511	8,636	6,440		1,106	194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,444,885	762,680	556,964	55,849	94,207	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMIN & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	365,690					10
11 CAFETERIA		26,001				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		739	134,788			13
14 CENTRAL SERVICES & SUPPLY				61,544		14
15 PHARMACY		676			319,732	15
16 MEDICAL RECORDS & LIBRARY		919				16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	300,622	7,511	63,976			30
31 INTENSIVE CARE UNIT	6,694	1,120	11,870			31
40 SUBPROVIDER - IPF	14,095	852	5,481			40
41 SUBPROVIDER - IRF	26,534	1,352	10,782			41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18	1,838	11,778			50
51 RECOVERY ROOM		158	2,128			51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY		348				53
54 RADIOLOGY-DIAGNOSTIC	27	1,196	571			54
54.01 ULTRASOUND		172	2			54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	135	167				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		216				57
59 CARDIAC CATHETERIZATION	2	491	2,978			59
60 LABORATORY		1,710				60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS		99				62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB		472				63.02
65 RESPIRATORY THERAPY		827				65
66 PHYSICAL THERAPY		514				66
67 OCCUPATIONAL THERAPY		352				67
68 SPEECH PATHOLOGY		44				68
70 ELECTROENCEPHALOGRAPHY		159				70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				43,556		71
72 IMPL. DEV. CHARGED TO PATIENT				17,988		72
73 DRUGS CHARGED TO PATIENTS					319,732	73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY		69	169			75.01
76.97 CARDIAC REHABILITATION		255	1,763			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	257	1,239	1,466			90
91 EMERGENCY	2,420	1,685	14,644			91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		821	7,180			101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	350,804	26,001	134,788	61,544	319,732	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER NON REIM COST CENTER						194
194.03 ADVERTISING EXPENSE						194.03
194.04 REGENCY HOSPITAL	14,886					194.04

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COST CENTER DESCRIPTION	DIETARY 10	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	
194.05 UNUSED SPACE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	365,690	26,001	134,788	61,544	319,732	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
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COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
4.01 MAINTENANCE OF PERSONNEL					4.01
5.01 NONPATIENT TELEPHONES					5.01
5.02 PURCHASING RECEIVING & STORES					5.02
5.03 ADMITTING					5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE					5.04
5.05 OTHER ADMIN & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY	120,957				16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	9,024	2,061,708		2,061,708	30
31 INTENSIVE CARE UNIT	1,300	323,012		323,012	31
40 SUBPROVIDER - IPF	1,270	251,093		251,093	40
41 SUBPROVIDER - IRF	1,917	479,369		479,369	41
43 NURSERY	238	7,138		7,138	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	12,968	1,581,223		1,581,223	50
51 RECOVERY ROOM	852	39,839		39,839	51
52 DELIVERY ROOM & LABOR ROOM	975	64,140		64,140	52
53 ANESTHESIOLOGY	1,836	81,198		81,198	53
54 RADIOLOGY-DIAGNOSTIC	6,859	572,591		572,591	54
54.01 ULTRASOUND	1,349	44,964		44,964	54.01
54.02 AUDIOLOGY					54.02
56 RADIOISOTOPE	2,042	171,000		171,000	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	8,368	274,203		274,203	57
59 CARDIAC CATHETERIZATION	5,853	808,814		808,814	59
60 LABORATORY	18,441	462,133		462,133	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	1,029	49,562		49,562	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63.01 CARDIAC REHAB					63.01
63.02 NONINVASIVE LAB	3,874	197,604		197,604	63.02
65 RESPIRATORY THERAPY	1,991	125,220		125,220	65
66 PHYSICAL THERAPY	2,899	171,972		171,972	66
67 OCCUPATIONAL THERAPY	2,029	29,622		29,622	67
68 SPEECH PATHOLOGY	279	28,024		28,024	68
70 ELECTROENCEPHALOGRAPHY	1,547	134,309		134,309	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4,505	124,594		124,594	71
72 IMPL. DEV. CHARGED TO PATIENT	3,586	70,802		70,802	72
73 DRUGS CHARGED TO PATIENTS	11,680	395,092		395,092	73
74 RENAL DIALYSIS	966	19,257		19,257	74
75.01 ONCOLOGY	220	20,917		20,917	75.01
76.97 CARDIAC REHABILITATION	189	141,303		141,303	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	696	144,455		144,455	90
91 EMERGENCY	11,022	335,971		335,971	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	1,153	108,632		108,632	101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	120,957	9,319,761		9,319,761	118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES		669,013		669,013	192
194 OTHER NON REIM COST CENTER		18,389		18,389	194
194.03 ADVERTISING EXPENSE		19,289		19,289	194.03
194.04 REGENCY HOSPITAL		251,122		251,122	194.04

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
194.05 UNUSED SPACE		54,567		54,567	194.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	120,957	10,332,141		10,332,141	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DEPRECIATION EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTE'S	NONPATIENT TELEPHONES NUMBER OF TELEPHONES
	1	2	4	4.01	5.01
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	490,066				1
2 CAP REL COSTS-MVBLE EQUIP		3,327,496			2
4 EMPLOYEE BENEFITS		1,965	55,258,110		4
4.01 MAINTENANCE OF PERSONNEL	2,922		360,413	97,736	4.01
5.01 NONPATIENT TELEPHONES	915	32,069	242,286	744	1,261 5.01
5.02 PURCHASING RECEIVING & STORES	7,900	3,503	307,702	944	5 5.02
5.03 ADMITTING	3,266	1,857	898,870	2,814	28 5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE	827			66	10 5.04
5.05 OTHER ADMIN & GENERAL	85,076	313,231	3,979,519	5,231	407 5.05
6 MAINTENANCE & REPAIRS	41,654	120,510	1,169,748	1,989	12 6
7 OPERATION OF PLANT	22,800	144,607	402,605	780	16 7
8 LAUNDRY & LINEN SERVICE	2,367		101,412	366	2 8
9 HOUSEKEEPING	1,921	13,912	1,664,537	5,282	12 9
10 DIETARY	17,135	35,783	981,069	4,746	18 10
11 CAFETERIA	600		534,436		7 11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	4,191	29,473	1,185,445	1,949	14 13
14 CENTRAL SERVICES & SUPPLY	3,668				11 14
15 PHARMACY	4,311	153,572	1,346,171	1,782	29 15
16 MEDICAL RECORDS & LIBRARY	5,251	4,899	1,022,886	2,424	23 16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	64,504	267,251	9,259,496	19,812	121 30
31 INTENSIVE CARE UNIT	5,876	111,572	1,986,368	2,955	18 31
40 SUBPROVIDER - IPF	11,690	5,214	1,234,816	2,246	35 40
41 SUBPROVIDER - IRF	18,228	64,749	1,793,079	3,565	35 41
43 NURSERY		1,930	207,911		43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	32,730	629,599	3,042,327	4,849	53 50
51 RECOVERY ROOM	1,367	4,151	311,060	416	5 51
52 DELIVERY ROOM & LABOR ROOM	2,664		952,150		52
53 ANESTHESIOLOGY	507	46,158	480,484	919	6 53
54 RADIOLOGY-DIAGNOSTIC	12,271	225,083	1,575,960	3,155	40 54
54.01 ULTRASOUND	736	16,508	336,851	453	4 54.01
54.02 AUDIOLOGY					54.02
56 RADIOISOTOPE	2,552	82,335	370,308	440	9 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,249	138,651	357,203	571	9 57
59 CARDIAC CATHETERIZATION	6,810	463,490	911,960	1,294	37 59
60 LABORATORY	15,541	71,292	2,235,141	4,509	76 60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	1,284	8,605	162,463	262	7 62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS					62.30
63.01 CARDIAC REHAB					63.01
63.02 NONINVASIVE LAB	1,444	107,754	631,831	1,246	19 63.02
65 RESPIRATORY THERAPY	2,315	40,902	1,263,777	2,180	16 65
66 PHYSICAL THERAPY	8,029	3,919	779,936	1,356	41 66
67 OCCUPATIONAL THERAPY	283	434	481,044	929	31 67
68 SPEECH PATHOLOGY	675	8,799	94,177	116	1 68
70 ELECTROENCEPHALOGRAPHY	5,118	28,981	214,501	419	18 70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS	554				74
75.01 ONCOLOGY	978	776	109,209	181	13 75.01
76.97 CARDIAC REHABILITATION	7,105	7,810	436,656	673	18 76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	5,728	10,782	1,927,198	3,269	15 90
91 EMERGENCY	10,240	47,900	2,701,482	4,445	7 91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
101 HOME HEALTH AGENCY	3,120	11,909	1,270,581	2,165	15 101
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	430,402	3,261,935	49,325,068	91,542	1,243 118
NONREIMBURSABLE COST CENTERS					
192 PHYSICIANS' PRIVATE OFFICES	37,894	64,199	5,933,042	6,194	8 192
194 OTHER NON REIM COST CENTER	1,175	478			194
194.03 ADVERTISING EXPENSE	885	884			10 194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	MAINT OF PERSONNEL FTE'S 4.01	NONPATIENT TELEPHONES NUMBER OF TELEPHONES 5.01	
194.04 REGENCY HOSPITAL	16,423					194.04
194.05 UNUSED SPACE	3,287					194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	5,646,655	4,685,486	15,170,371	727,518	523,251	202
203 UNIT COST MULT-WS B PT I	11.522234	1.408112	0.274537	7.443705	414.949247	203
204 COST TO BE ALLOC PER B PT II			2,767	33,686	55,968	204
205 UNIT COST MULT-WS B PT II			0.000050	0.344663	44.383822	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING & STORES COSTED REQ 5.02	ADMITTING GROSS REVENUE 5.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.04	RECON-CILIATION 5A.05	OTHER ADMIN GENERAL ACCUM COST 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES	2,123,533					5.02
5.03 ADMITTING	34,453	299,170,122				5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE			299,170,122			5.04
5.05 OTHER ADMIN & GENERAL	76,780			-16,249,157	107,115,201	5.05
6 MAINTENANCE & REPAIRS	250,259				7,442,260	6
7 OPERATION OF PLANT	44,127				2,078,687	7
8 LAUNDRY & LINEN SERVICE	163,118				747,754	8
9 HOUSEKEEPING	155,959				2,531,427	9
10 DIETARY	167,471				1,736,463	10
11 CAFETERIA					1,171,048	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	17,824				1,731,026	13
14 CENTRAL SERVICES & SUPPLY	1,523				49,469	14
15 PHARMACY	19,071				2,138,291	15
16 MEDICAL RECORDS & LIBRARY	34,244				1,729,148	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	203,704	22,336,108	22,336,108		14,529,597	30
31 INTENSIVE CARE UNIT	28,129	3,218,230	3,218,230		3,141,985	31
40 SUBPROVIDER - IPF	9,255	3,143,788	3,143,788		1,736,800	40
41 SUBPROVIDER - IRF	45,963	4,744,700	4,744,700		3,622,845	41
43 NURSERY		590,061	590,061		301,408	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	383,172	32,098,661	32,098,661		7,130,588	50
51 RECOVERY ROOM	1,815	2,108,652	2,108,652		465,420	51
52 DELIVERY ROOM & LABOR ROOM		2,412,749	2,412,749		1,399,154	52
53 ANESTHESIOLOGY	11,034	4,544,925	4,544,925		278,220	53
54 RADIOLOGY-DIAGNOSTIC	22,575	16,978,774	16,978,774		2,729,991	54
54.01 ULTRASOUND	4,047	3,340,168	3,340,168		515,690	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	2,002	5,054,965	5,054,965		660,272	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,486	20,712,400	20,712,400		929,761	57
59 CARDIAC CATHETERIZATION	26,489	14,487,235	14,487,235		2,079,117	59
60 LABORATORY	56,506	45,416,755	45,416,755		5,191,264	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	2,293	2,547,724	2,547,724		1,054,838	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	4,664	9,588,338	9,588,338		1,061,120	63.02
65 RESPIRATORY THERAPY	12,143	4,927,155	4,927,155		1,762,475	65
66 PHYSICAL THERAPY	10,312	7,176,221	7,176,221		1,964,060	66
67 OCCUPATIONAL THERAPY	3,256	5,022,888	5,022,888		1,411,176	67
68 SPEECH PATHOLOGY	1,259	690,831	690,831		292,060	68
70 ELECTROENCEPHALOGRAPHY	2,450	3,828,343	3,828,343		435,566	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,151,826	11,151,826		5,524,914	71
72 IMPL. DEV. CHARGED TO PATIENT		8,875,913	8,875,913		3,531,037	72
73 DRUGS CHARGED TO PATIENTS		28,911,300	28,911,300		4,335,063	73
74 RENAL DIALYSIS		2,389,968	2,389,968		648,841	74
75.01 ONCOLOGY	1,841	543,596	543,596		178,082	75.01
76.97 CARDIAC REHABILITATION	12,423	468,237	468,237		663,086	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	29,753	1,723,310	1,723,310		1,764,084	90
91 EMERGENCY	62,986	27,282,104	27,282,104		4,053,785	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	17,488	2,854,197	2,854,197		2,121,361	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,921,874	299,170,122	299,170,122	-16,249,157	96,869,233	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	169,942				9,577,826	192
194 OTHER NON REIM COST CENTER					309,695	194
194.03 ADVERTISING EXPENSE	28,289				130,443	194.03

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PURCHASING RECEIVING & STORES COSTED REQ 5.02	ADMITTING GROSS REVENUE 5.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.04	RECON- CILIATION 5A.05	OTHER ADMIN GENERAL ACCUM COST 5.05		
194.04 REGENCY HOSPITAL	3,428					190,130	194.04
194.05 UNUSED SPACE						37,874	194.05
200 CROSS FOOT ADJUSTMENTS							200
201 NEGATIVE COST CENTER							201
202 COST TO BE ALLOC PER B PT I	557,490	1,284,992	61,361			16,249,157	202
203 UNIT COST MULT-WS B PT I	0.262529	0.004295	0.000205			0.151698	203
204 COST TO BE ALLOC PER B PT II	96,521	44,071	9,996			1,444,885	204
205 UNIT COST MULT-WS B PT II	0.045453	0.000147	0.000033			0.013489	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-TENANCE + REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMIN & GENERAL						5.05
6 MAINTENANCE & REPAIRS	290,304					6
7 OPERATION OF PLANT	22,682	284,286				7
8 LAUNDRY & LINEN SERVICE	2,367	2,367	1,006,598			8
9 HOUSEKEEPING	1,921	1,921		279,998		9
10 DIETARY	17,135	17,135		17,135	331,046	10
11 CAFETERIA	600	600		600		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,808	3,808		3,808		13
14 CENTRAL SERVICES & SUPPLY	3,668	3,668		3,668		14
15 PHARMACY	4,359	4,359		4,359		15
16 MEDICAL RECORDS & LIBRARY	5,251	5,251		5,251		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	64,504	64,504	388,322	64,504	272,142	30
31 INTENSIVE CARE UNIT	5,876	5,876	38,485	5,876	6,060	31
40 SUBPROVIDER - IPF	11,690	11,690	54,173	11,690	12,760	40
41 SUBPROVIDER - IRF	15,602	15,602	109,828	15,602	24,020	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	32,730	32,730	113,107	32,730	16	50
51 RECOVERY ROOM	1,367	1,367	22,612	1,367		51
52 DELIVERY ROOM & LABOR ROOM	2,664	2,664		2,664		52
53 ANESTHESIOLOGY	507	507		507		53
54 RADIOLOGY-DIAGNOSTIC	12,271	12,271	24,355	12,271	24	54
54.01 ULTRASOUND	736	736		736		54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	2,552	2,552	4,920	2,552	122	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	3,249	3,249		3,249		57
59 CARDIAC CATHETERIZATION	6,810	6,810	15,550	6,810	2	59
60 LABORATORY	15,541	15,541		15,541		60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	1,284	1,284		1,284		62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	1,444	1,444	4,087	1,444		63.02
65 RESPIRATORY THERAPY	2,315	2,315		2,315		65
66 PHYSICAL THERAPY	8,029	8,029	7,643	8,029		66
67 OCCUPATIONAL THERAPY	283	283	3,067	283		67
68 SPEECH PATHOLOGY	675	675		675		68
70 ELECTROENCEPHALOGRAPHY	5,118	5,118		5,118		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	554	554		554		74
75.01 ONCOLOGY	978	978	985	978		75.01
76.97 CARDIAC REHABILITATION	7,105	7,105	11,012	7,105		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	6,473	6,473	7,256	6,473	233	90
91 EMERGENCY	10,400	10,400	92,506	10,400	2,191	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	3,120	3,120		3,120		101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	285,668	262,986	897,908	258,698	317,570	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES	464	464		464		192
194 OTHER NON REIM COST CENTER						194
194.03 ADVERTISING EXPENSE	885	885		885		194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE + REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	
194.04 REGENCY HOSPITAL		16,664	108,690	16,664	13,476	194.04
194.05 UNUSED SPACE	3,287	3,287		3,287		194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,571,236	3,063,707	956,582	2,992,859	2,873,607	202
203 UNIT COST MULT-WS B PT I	29.525036	10.776848	0.950312	10.688858	8.680386	203
204 COST TO BE ALLOC PER B PT II	762,680	556,964	55,849	94,207	365,690	204
205 UNIT COST MULT-WS B PT II	2.627177	1.959168	0.055483	0.336456	1.104650	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
	FTE'S					
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
4.01 MAINTENANCE OF PERSONNEL						4.01
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING & STORES						5.02
5.03 ADMITTING						5.03
5.04 CASHIERING ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMIN & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	68,580					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,949	546,816				13
14 CENTRAL SERVICES & SUPPLY			11,947,958			14
15 PHARMACY	1,782			100		15
16 MEDICAL RECORDS & LIBRARY	2,424				299,170,122	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,812	259,538			22,336,108	30
31 INTENSIVE CARE UNIT	2,955	48,156			3,218,230	31
40 SUBPROVIDER - IPF	2,246	22,234			3,143,788	40
41 SUBPROVIDER - IRF	3,565	43,740			4,744,700	41
43 NURSERY					590,061	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,849	47,783			32,098,661	50
51 RECOVERY ROOM	416	8,634			2,108,652	51
52 DELIVERY ROOM & LABOR ROOM					2,412,749	52
53 ANESTHESIOLOGY	919				4,544,925	53
54 RADIOLOGY-DIAGNOSTIC	3,155	2,315			16,978,774	54
54.01 ULTRASOUND	453	10			3,340,168	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	440				5,054,965	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	571				20,712,400	57
59 CARDIAC CATHETERIZATION	1,294	12,081			14,487,235	59
60 LABORATORY	4,509				45,416,755	60
62 WHOLE BLOOD & PCKD RED BLOOD CELLS	262				2,547,724	62
62.30 BLOOD CLOTTING FACTORS ADMIN COSTS						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	1,246				9,588,338	63.02
65 RESPIRATORY THERAPY	2,180				4,927,155	65
66 PHYSICAL THERAPY	1,356				7,176,221	66
67 OCCUPATIONAL THERAPY	929				5,022,888	67
68 SPEECH PATHOLOGY	116				690,831	68
70 ELECTROENCEPHALOGRAPHY	419				3,828,343	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			8,455,820		11,151,826	71
72 IMPL. DEV. CHARGED TO PATIENT			3,492,138		8,875,913	72
73 DRUGS CHARGED TO PATIENTS				100	28,911,300	73
74 RENAL DIALYSIS					2,389,968	74
75.01 ONCOLOGY	181	687			543,596	75.01
76.97 CARDIAC REHABILITATION	673	7,154			468,237	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,269	5,947			1,723,310	90
91 EMERGENCY	4,445	59,409			27,282,104	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,165	29,128			2,854,197	101
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	68,580	546,816	11,947,958	100	299,170,122	118
NONREIMBURSABLE COST CENTERS						
192 PHYSICIANS' PRIVATE OFFICES						192
194 OTHER NON REIM COST CENTER						194
194.03 ADVERTISING EXPENSE						194.03

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
	FTE'S					
194.04 REGENCY HOSPITAL	11	13	14	15	16	194.04
194.05 UNUSED SPACE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,379,288	2,226,989	244,007	2,720,774	2,307,960	202
203 UNIT COST MULT-WS B PT I	20.112103	4.072648	0.020422	27,207.740000	0.007715	203
204 COST TO BE ALLOC PER B PT II	26,001	134,788	61,544	319,732	120,957	204
205 UNIT COST MULT-WS B PT II	0.379134	0.246496	0.005151	3,197.320000	0.000404	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

GENERAL SERVICE COST CENTERS		
1	CAP REL COSTS-BLDG & FIXT	1
2	CAP REL COSTS-MVBLE EQUIP	2
4	EMPLOYEE BENEFITS	4
4.01	MAINTENANCE OF PERSONNEL	4.01
5.01	NONPATIENT TELEPHONES	5.01
5.02	PURCHASING RECEIVING & STORES	5.02
5.03	ADMITTING	5.03
5.04	CASHIERING ACCOUNTS RECEIVABLE	5.04
5.05	OTHER ADMIN & GENERAL	5.05
6	MAINTENANCE & REPAIRS	6
7	OPERATION OF PLANT	7
8	LAUNDRY & LINEN SERVICE	8
9	HOUSEKEEPING	9
10	DIETARY	10
11	CAFETERIA	11
12	MAINTENANCE OF PERSONNEL	12
13	NURSING ADMINISTRATION	13
14	CENTRAL SERVICES & SUPPLY	14
15	PHARMACY	15
16	MEDICAL RECORDS & LIBRARY	16
17	SOCIAL SERVICE	17
19	NONPHYSICIAN ANESTHETISTS	19
20	NURSING SCHOOL	20
INPATIENT ROUTINE SERV COST CENTERS		
30	ADULTS & PEDIATRICS	30
31	INTENSIVE CARE UNIT	31
40	SUBPROVIDER - IPF	40
41	SUBPROVIDER - IRF	41
43	NURSERY	43
ANCILLARY SERVICE COST CENTERS		
50	OPERATING ROOM	50
51	RECOVERY ROOM	51
52	DELIVERY ROOM & LABOR ROOM	52
53	ANESTHESIOLOGY	53
54	RADIOLOGY-DIAGNOSTIC	54
54.01	ULTRASOUND	54.01
54.02	AUDIOLOGY	54.02
56	RADIOISOTOPE	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	57
59	CARDIAC CATHETERIZATION	59
60	LABORATORY	60
62	WHOLE BLOOD & PCKD RED BLOOD CELLS	62
62.30	BLOOD CLOTTING FACTORS ADMIN COSTS	62.30
63.01	CARDIAC REHAB	63.01
63.02	NONINVASIVE LAB	63.02
65	RESPIRATORY THERAPY	65
66	PHYSICAL THERAPY	66
67	OCCUPATIONAL THERAPY	67
68	SPEECH PATHOLOGY	68
70	ELECTROENCEPHALOGRAPHY	70
71	MEDICAL SUPPLIES CHRGED TO PATIENTS	71
72	IMPL. DEV. CHARGED TO PATIENT	72
73	DRUGS CHARGED TO PATIENTS	73
74	RENAL DIALYSIS	74
75.01	ONCOLOGY	75.01
76.97	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LITHOTRIPSY	76.99
OUTPATIENT SERVICE COST CENTERS		
90	CLINIC	90
91	EMERGENCY	91
92	OBSERVATION BEDS	92
OTHER REIMBURSABLE COST CENTERS		
99.20	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	99.40
101	HOME HEALTH AGENCY	101
SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	118
NONREIMBURSABLE COST CENTERS		
192	PHYSICIANS' PRIVATE OFFICES	192
194	OTHER NON REIM COST CENTER	194
194.03	ADVERTISING EXPENSE	194.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION

194.04	REGENCY HOSPITAL	194.04
194.05	UNUSED SPACE	194.05
200	CROSS FOOT ADJUSTMENTS	200
201	NEGATIVE COST CENTER	201
202	COST TO BE ALLOC PER B PT I	202
203	UNIT COST MULT-WS B PT I	203
204	COST TO BE ALLOC PER B PT II	204
205	UNIT COST MULT-WS B PT II	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	24,381,928		24,381,928	17,367	24,399,295	30
31 INTENSIVE CARE UNIT	4,287,798		4,287,798	1,445	4,289,243	31
40 SUBPROVIDER - IPF	2,918,571		2,918,571		2,918,571	40
41 SUBPROVIDER - IRF	5,567,298		5,567,298		5,567,298	41
43 NURSERY	351,683		351,683		351,683	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,528,604		10,528,604	25,764	10,554,368	50
51 RECOVERY ROOM	687,014		687,014		687,014	51
52 DELIVERY ROOM & LABOR ROOM	1,765,857		1,765,857		1,765,857	52
53 ANESTHESIOLOGY	399,824		399,824		399,824	53
54 RADIOLOGY-DIAGNOSTIC	3,997,059		3,997,059		3,997,059	54
54.01 ULTRASOUND	666,369		666,369		666,369	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	944,146		944,146		944,146	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,407,753		1,407,753		1,407,753	57
59 CARDIAC CATHETERIZATION	2,943,551		2,943,551	46,657	2,990,208	59
60 LABORATORY	7,212,155		7,212,155	4,329	7,216,484	60
62 WHOLE BLOOD & PCKD RED BLOO	1,305,251		1,305,251		1,305,251	62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	1,398,639		1,398,639	9,839	1,408,478	63.02
65 RESPIRATORY THERAPY	2,229,739		2,229,739		2,229,739	65
66 PHYSICAL THERAPY	2,761,309		2,761,309	62,357	2,823,666	66
67 OCCUPATIONAL THERAPY	1,700,031		1,700,031		1,700,031	67
68 SPEECH PATHOLOGY	378,446		378,446		378,446	68
70 ELECTROENCEPHALOGRAPHY	800,574		800,574	2,381	802,955	70
71 MEDICAL SUPPLIES CHRGED TO	6,621,759		6,621,759		6,621,759	71
72 IMPL. DEV. CHARGED TO PATIE	4,206,482		4,206,482		4,206,482	72
73 DRUGS CHARGED TO PATIENTS	7,936,508		7,936,508		7,936,508	73
74 RENAL DIALYSIS	793,957		793,957		793,957	74
75.01 ONCOLOGY	266,534		266,534		266,534	75.01
76.97 CARDIAC REHABILITATION	1,182,712		1,182,712	11,189	1,193,901	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,473,935		2,473,935	9,132	2,483,067	90
91 EMERGENCY	5,847,799		5,847,799		5,847,799	91
92 OBSERVATION BEDS	1,965,647		1,965,647		1,965,647	92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY	2,786,449		2,786,449		2,786,449	101
200 SUBTOTAL (SEE INSTRUCTIONS)	112,715,381		112,715,381	190,460	112,905,841	200
201 LESS OBSERVATION BEDS	1,965,647		1,965,647		1,965,647	201
202 TOTAL (SEE INSTRUCTIONS)	110,749,734		110,749,734	190,460	110,940,194	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	19,870,159		19,870,159			30
31 INTENSIVE CARE UNIT	3,218,230		3,218,230			31
40 SUBPROVIDER - IPF	3,143,788		3,143,788			40
41 SUBPROVIDER - IRF	4,744,700		4,744,700			41
43 NURSERY	590,061		590,061			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,803,248	21,295,413	32,098,661	0.328008	0.328008	0.328810 50
51 RECOVERY ROOM	990,882	1,117,770	2,108,652	0.325807	0.325807	0.325807 51
52 DELIVERY ROOM & LABOR ROOM	1,821,699	591,050	2,412,749	0.731886	0.731886	0.731886 52
53 ANESTHESIOLOGY	2,093,647	2,451,278	4,544,925	0.087972	0.087972	0.087972 53
54 RADIOLOGY-DIAGNOSTIC	6,075,900	10,902,874	16,978,774	0.235415	0.235415	0.235415 54
54.01 ULTRASOUND	810,903	2,529,265	3,340,168	0.199502	0.199502	0.199502 54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	2,164,935	2,890,030	5,054,965	0.186776	0.186776	0.186776 56
57 COMPUTED TOMOGRAPHY (CT) SC	8,643,284	12,069,116	20,712,400	0.067967	0.067967	0.067967 57
59 CARDIAC CATHETERIZATION	9,917,877	4,569,358	14,487,235	0.203182	0.203182	0.206403 59
60 LABORATORY	22,160,402	23,256,353	45,416,755	0.158799	0.158799	0.158895 60
62 WHOLE BLOOD & PCKD RED BLOO	1,947,309	600,415	2,547,724	0.512320	0.512320	0.512320 62
62.30 BLOOD CLOTTING FACTORS ADMI						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	5,435,056	4,153,282	9,588,338	0.145869	0.145869	0.146895 63.02
65 RESPIRATORY THERAPY	4,242,953	684,202	4,927,155	0.452541	0.452541	0.452541 65
66 PHYSICAL THERAPY	4,698,671	2,477,550	7,176,221	0.384786	0.384786	0.393475 66
67 OCCUPATIONAL THERAPY	3,688,990	1,333,898	5,022,888	0.338457	0.338457	0.338457 67
68 SPEECH PATHOLOGY	463,022	227,809	690,831	0.547813	0.547813	0.547813 68
70 ELECTROENCEPHALOGRAPHY	1,790,229	2,038,114	3,828,343	0.209118	0.209118	0.209740 70
71 MEDICAL SUPPLIES CHRGED TO	8,364,539	2,787,287	11,151,826	0.593782	0.593782	0.593782 71
72 IMPL. DEV. CHARGED TO PATIE	7,153,776	1,722,137	8,875,913	0.473921	0.473921	0.473921 72
73 DRUGS CHARGED TO PATIENTS	21,825,324	7,085,976	28,911,300	0.274512	0.274512	0.274512 73
74 RENAL DIALYSIS	2,301,040	88,928	2,389,968	0.332204	0.332204	0.332204 74
75.01 ONCOLOGY	360	543,236	543,596	0.490316	0.490316	0.490316 75.01
76.97 CARDIAC REHABILITATION	148,298	319,939	468,237	2.525883	2.525883	2.549779 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	34,233	1,689,077	1,723,310	1.435572	1.435572	1.440871 90
91 EMERGENCY	7,794,889	19,487,215	27,282,104	0.214346	0.214346	0.214346 91
92 OBSERVATION BEDS	249,717	2,216,232	2,465,949	0.797116	0.797116	0.797116 92
OTHER REIMBURSABLE COST CENTERS						
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
101 HOME HEALTH AGENCY		2,854,197	2,854,197			101
200 SUBTOTAL (SEE INSTRUCTIONS)	167,188,121	131,982,001	299,170,122			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	167,188,121	131,982,001	299,170,122			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	2,061,708		2,061,708	70.98	13,084	928,702	30
31 INTENSIVE CARE UNIT	323,012		323,012	128.08	1,330	170,346	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	251,093		251,093	58.20	1,324	77,057	40
41 SUBPROVIDER - IRF	479,369		479,369	58.32	6,722	392,027	41
42 SUBPROVIDER I							42
43 NURSERY	7,138		7,138	5.80			43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,122,320		3,122,320		22,460	1,568,132	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)	
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,581,223	32,098,661	0.049261	5,361,241	264,100	50
51 RECOVERY ROOM	39,839	2,108,652	0.018893	364,636	6,889	51
52 DELIVERY ROOM & LABOR ROOM	64,140	2,412,749	0.026584	7,551	201	52
53 ANESTHESIOLOGY	81,198	4,544,925	0.017866	829,920	14,827	53
54 RADIOLOGY-DIAGNOSTIC	572,591	16,978,774	0.033724	3,255,228	109,779	54
54.01 ULTRASOUND	44,964	3,340,168	0.013462	296,356	3,990	54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE	171,000	5,054,965	0.033828	979,101	33,121	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	274,203	20,712,400	0.013239	3,476,465	46,025	57
59 CARDIAC CATHETERIZATION	808,814	14,487,235	0.055829	4,520,360	252,367	59
60 LABORATORY	462,133	45,416,755	0.010175	10,515,983	107,000	60
62 WHOLE BLOOD & PCKD RED BLOOD	49,562	2,547,724	0.019453	854,928	16,631	62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB	197,604	9,588,338	0.020609	1,405,970	28,976	63.02
65 RESPIRATORY THERAPY	125,220	4,927,155	0.025414	1,864,115	47,375	65
66 PHYSICAL THERAPY	171,972	7,176,221	0.023964	1,137,576	27,261	66
67 OCCUPATIONAL THERAPY	29,622	5,022,888	0.005897	562,222	3,315	67
68 SPEECH PATHOLOGY	28,024	690,831	0.040566	148,490	6,024	68
70 ELECTROENCEPHALOGRAPHY	134,309	3,828,343	0.035083	621,709	21,811	70
71 MEDICAL SUPPLIES CHRGD TO PA	124,594	11,151,826	0.011173	3,630,332	40,562	71
72 IMPL. DEV. CHARGED TO PATIENT	70,802	8,875,913	0.007977	4,232,443	33,762	72
73 DRUGS CHARGED TO PATIENTS	395,092	28,911,300	0.013666	10,212,593	139,565	73
74 RENAL DIALYSIS	19,257	2,389,968	0.008057	1,143,444	9,213	74
75.01 ONCOLOGY	20,917	543,596	0.038479			75.01
76.97 CARDIAC REHABILITATION	141,303	468,237	0.301777			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	144,455	1,723,310	0.083824	1,360	114	90
91 EMERGENCY	335,971	27,282,104	0.012315	2,723,607	33,541	91
92 OBSERVATION BEDS	166,095	2,465,949	0.067355	30,494	2,054	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	6,254,904	264,748,987	264,748,987	58,176,124	1,248,503	200

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/25/2012 23:19

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
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/25/2012 23:19

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	29,046		13,084		30
31 INTENSIVE CARE UNIT	2,522		1,330		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,314		1,324		40
41 SUBPROVIDER - IRF	8,219		6,722		41
42 SUBPROVIDER I					42
43 NURSERY	1,231				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	45,332		22,460		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS. 1-4) 5	COST (SUM OF COLS. 2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB						63.02
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (15-0008)	[] SUB (OTHER)	[] ICF/MR	[] 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	32,098,661		5,361,241		8,596,270	50
51	RECOVERY ROOM	2,108,652		364,636		445,216	51
52	DELIVERY ROOM & LABOR ROOM	2,412,749		7,551			52
53	ANESTHESIOLOGY	4,544,925		829,920		511,086	53
54	RADIOLOGY-DIAGNOSTIC	16,978,774		3,255,228		3,120,162	54
54.01	ULTRASOUND	3,340,168		296,356		221,130	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	5,054,965		979,101		1,208,049	56
57	COMPUTED TOMOGRAPHY (CT) SCA	20,712,400		3,476,465		2,673,809	57
59	CARDIAC CATHETERIZATION	14,487,235		4,520,360		1,777,367	59
60	LABORATORY	45,416,755		10,515,983		394,982	60
62	WHOLE BLOOD & PCKD RED BLOOD	2,547,724		854,928		82,467	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	9,588,338		1,405,970		993,295	63.02
65	RESPIRATORY THERAPY	4,927,155		1,864,115		157,026	65
66	PHYSICAL THERAPY	7,176,221		1,137,576		2,255	66
67	OCCUPATIONAL THERAPY	5,022,888		562,222			67
68	SPEECH PATHOLOGY	690,831		148,490		19,044	68
70	ELECTROENCEPHALOGRAPHY	3,828,343		621,709		505,772	70
71	MEDICAL SUPPLIES CHRGED TO P	11,151,826		3,630,332		844,803	71
72	IMPL. DEV. CHARGED TO PATIEN	8,875,913		4,232,443		663,076	72
73	DRUGS CHARGED TO PATIENTS	28,911,300		10,212,593		3,214,952	73
74	RENAL DIALYSIS	2,389,968		1,143,444		50,000	74
75.01	ONCOLOGY	543,596				50,405	75.01
76.97	CARDIAC REHABILITATION	468,237					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,723,310		1,360		19,722	90
91	EMERGENCY	27,282,104		2,723,607		2,672,352	91
92	OBSERVATION BEDS	2,465,949		30,494		496,287	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	264,748,987		58,176,124		28,719,527	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	RATIO REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCS NOT SUBJECT TO DED & COINS 4	COST SERVICES DED & COINS 5	COST SERVICES DED & COINS 6	COST SVCS NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.328008	8,596,270			2,819,645			50
51 RECOVERY ROOM	0.325807	445,216			145,054			51
52 DELIVERY ROOM & LABOR ROOM	0.731886							52
53 ANESTHESIOLOGY	0.087972	511,086			44,961			53
54 RADIOLOGY-DIAGNOSTIC	0.235415	3,120,162			734,533			54
54.01 ULTRASOUND	0.199502	221,130			44,116			54.01
54.02 AUDIOLOGY								54.02
56 RADIOISOTOPE	0.186776	1,208,049			225,635			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	2,673,809			181,731			57
59 CARDIAC CATHETERIZATION	0.203182	1,777,367			361,129			59
60 LABORATORY	0.158799	394,982			62,723			60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320	82,467			42,249			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
63.01 CARDIAC REHAB								63.01
63.02 NONINVASIVE LAB	0.145869	993,295			144,891			63.02
65 RESPIRATORY THERAPY	0.452541	157,026			71,061			65
66 PHYSICAL THERAPY	0.384786	2,255			868			66
67 OCCUPATIONAL THERAPY	0.338457							67
68 SPEECH PATHOLOGY	0.547813	19,044			10,433			68
70 ELECTROENCEPHALOGRAPHY	0.209118	505,772			105,766			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.593782	844,803			501,629			71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921	663,076			314,246			72
73 DRUGS CHARGED TO PATIENTS	0.274512	3,214,952		15,560	882,543		4,271	73
74 RENAL DIALYSIS	0.332204	50,000			16,610			74
75.01 ONCOLOGY	0.490316	50,405			24,714			75.01
76.97 CARDIAC REHABILITATION	2.525883							76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.435572	19,722			28,312			90
91 EMERGENCY	0.214346	2,672,352			572,808			91
92 OBSERVATION BEDS	0.797116	496,287			395,598			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		28,719,527		15,560	7,731,255		4,271	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		28,719,527		15,560	7,731,255		4,271	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [XX] IPF (15-S008) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,581,223	32,098,661	0.049261	4,606	227	50
51	RECOVERY ROOM	39,839	2,108,652	0.018893	1,490	28	51
52	DELIVERY ROOM & LABOR ROOM	64,140	2,412,749	0.026584			52
53	ANESTHESIOLOGY	81,198	4,544,925	0.017866	837	15	53
54	RADIOLOGY-DIAGNOSTIC	572,591	16,978,774	0.033724	58,272	1,965	54
54.01	ULTRASOUND	44,964	3,340,168	0.013462	3,453	46	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	171,000	5,054,965	0.033828	3,358	114	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	274,203	20,712,400	0.013239	25,487	337	57
59	CARDIAC CATHETERIZATION	808,814	14,487,235	0.055829	5,581	312	59
60	LABORATORY	462,133	45,416,755	0.010175	180,131	1,833	60
62	WHOLE BLOOD & PCKD RED BLOOD	49,562	2,547,724	0.019453			62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	197,604	9,588,338	0.020609	17,694	365	63.02
65	RESPIRATORY THERAPY	125,220	4,927,155	0.025414	5,574	142	65
66	PHYSICAL THERAPY	171,972	7,176,221	0.023964	5,593	134	66
67	OCCUPATIONAL THERAPY	29,622	5,022,888	0.005897	184	1	67
68	SPEECH PATHOLOGY	28,024	690,831	0.040566			68
70	ELECTROENCEPHALOGRAPHY	134,309	3,828,343	0.035083	22,590	793	70
71	MEDICAL SUPPLIES CHRGD TO PA	124,594	11,151,826	0.011173	799	9	71
72	IMPL. DEV. CHARGED TO PATIENT	70,802	8,875,913	0.007977			72
73	DRUGS CHARGED TO PATIENTS	395,092	28,911,300	0.013666	224,650	3,070	73
74	RENAL DIALYSIS	19,257	2,389,968	0.008057			74
75.01	ONCOLOGY	20,917	543,596	0.038479			75.01
76.97	CARDIAC REHABILITATION	141,303	468,237	0.301777			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	144,455	1,723,310	0.083824			90
91	EMERGENCY	335,971	27,282,104	0.012315	79,563	980	91
92	OBSERVATION BEDS	166,095	2,465,949	0.067355			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,254,904	264,748,987	264,748,987	639,862	10,371	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 [XX] IPF (15-S008) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB						63.02
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[XX] IPF (15-S008)	[] 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	32,098,661			4,606			50
51 RECOVERY ROOM	2,108,652			1,490			51
52 DELIVERY ROOM & LABOR ROOM	2,412,749						52
53 ANESTHESIOLOGY	4,544,925			837			53
54 RADIOLOGY-DIAGNOSTIC	16,978,774			58,272			54
54.01 ULTRASOUND	3,340,168			3,453			54.01
54.02 AUDIOLOGY							54.02
56 RADIOISOTOPE	5,054,965			3,358			56
57 COMPUTED TOMOGRAPHY (CT) SCA	20,712,400			25,487			57
59 CARDIAC CATHETERIZATION	14,487,235			5,581			59
60 LABORATORY	45,416,755			180,131			60
62 WHOLE BLOOD & PCKD RED BLOOD	2,547,724						62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63.01 CARDIAC REHAB							63.01
63.02 NONINVASIVE LAB	9,588,338			17,694			63.02
65 RESPIRATORY THERAPY	4,927,155			5,574			65
66 PHYSICAL THERAPY	7,176,221			5,593			66
67 OCCUPATIONAL THERAPY	5,022,888			184			67
68 SPEECH PATHOLOGY	690,831						68
70 ELECTROENCEPHALOGRAPHY	3,828,343			22,590			70
71 MEDICAL SUPPLIES CHRGED TO P	11,151,826			799			71
72 IMPL. DEV. CHARGED TO PATIEN	8,875,913						72
73 DRUGS CHARGED TO PATIENTS	28,911,300			224,650			73
74 RENAL DIALYSIS	2,389,968						74
75.01 ONCOLOGY	543,596						75.01
76.97 CARDIAC REHABILITATION	468,237						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,723,310						90
91 EMERGENCY	27,282,104			79,563			91
92 OBSERVATION BEDS	2,465,949						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	264,748,987			639,862			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T008)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,581,223	32,098,661	0.049261	302,867	14,920	50
51	RECOVERY ROOM	39,839	2,108,652	0.018893	25,324	478	51
52	DELIVERY ROOM & LABOR ROOM	64,140	2,412,749	0.026584			52
53	ANESTHESIOLOGY	81,198	4,544,925	0.017866	45,879	820	53
54	RADIOLOGY-DIAGNOSTIC	572,591	16,978,774	0.033724	295,172	9,954	54
54.01	ULTRASOUND	44,964	3,340,168	0.013462	18,336	247	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	171,000	5,054,965	0.033828	50,259	1,700	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	274,203	20,712,400	0.013239	254,460	3,369	57
59	CARDIAC CATHETERIZATION	808,814	14,487,235	0.055829	29,042	1,621	59
60	LABORATORY	462,133	45,416,755	0.010175	1,304,598	13,274	60
62	WHOLE BLOOD & PCKD RED BLOOD	49,562	2,547,724	0.019453	93,002	1,809	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	197,604	9,588,338	0.020609	69,464	1,432	63.02
65	RESPIRATORY THERAPY	125,220	4,927,155	0.025414	343,974	8,742	65
66	PHYSICAL THERAPY	171,972	7,176,221	0.023964	2,412,228	57,807	66
67	OCCUPATIONAL THERAPY	29,622	5,022,888	0.005897	2,330,729	13,744	67
68	SPEECH PATHOLOGY	28,024	690,831	0.040566	164,534	6,674	68
70	ELECTROENCEPHALOGRAPHY	134,309	3,828,343	0.035083	547,844	19,220	70
71	MEDICAL SUPPLIES CHRGD TO PA	124,594	11,151,826	0.011173	589,847	6,590	71
72	IMPL. DEV. CHARGED TO PATIENT	70,802	8,875,913	0.007977	27,668	221	72
73	DRUGS CHARGED TO PATIENTS	395,092	28,911,300	0.013666	2,406,062	32,881	73
74	RENAL DIALYSIS	19,257	2,389,968	0.008057	415,016	3,344	74
75.01	ONCOLOGY	20,917	543,596	0.038479			75.01
76.97	CARDIAC REHABILITATION	141,303	468,237	0.301777			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	144,455	1,723,310	0.083824			90
91	EMERGENCY	335,971	27,282,104	0.012315			91
92	OBSERVATION BEDS	166,095	2,465,949	0.067355			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,254,904	264,748,987	264,748,987	11,726,305	198,847	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 (15-T008) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB						63.02
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS	
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA	
BOXES	[] TITLE XIX	[XX] IRF (15-T008)	[] NF			
COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT PGM	O/P PGM	
	CHARGES	COST TO	OF COST TO	PASS-THRU	PASS-THRU	
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x	
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	
	7	8	9	10	11	
					O/P PGM	
					CHARGES	
					12	
					(COL. 9 x	
					COL. 12)	
					13	
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM	32,098,661		302,867		50
51	RECOVERY ROOM	2,108,652		25,324		51
52	DELIVERY ROOM & LABOR ROOM	2,412,749				52
53	ANESTHESIOLOGY	4,544,925		45,879		53
54	RADIOLOGY-DIAGNOSTIC	16,978,774		295,172		54
54.01	ULTRASOUND	3,340,168		18,336		54.01
54.02	AUDIOLOGY					54.02
56	RADIOISOTOPE	5,054,965		50,259		56
57	COMPUTED TOMOGRAPHY (CT) SCA	20,712,400		254,460		57
59	CARDIAC CATHETERIZATION	14,487,235		29,042		59
60	LABORATORY	45,416,755		1,304,598		60
62	WHOLE BLOOD & PCKD RED BLOOD	2,547,724		93,002		62
62.30	BLOOD CLOTTING FACTORS ADMIN					62.30
63.01	CARDIAC REHAB					63.01
63.02	NONINVASIVE LAB	9,588,338		69,464		63.02
65	RESPIRATORY THERAPY	4,927,155		343,974		65
66	PHYSICAL THERAPY	7,176,221		2,412,228		66
67	OCCUPATIONAL THERAPY	5,022,888		2,330,729		67
68	SPEECH PATHOLOGY	690,831		164,534		68
70	ELECTROENCEPHALOGRAPHY	3,828,343		547,844		70
71	MEDICAL SUPPLIES CHRGED TO P	11,151,826		589,847		71
72	IMPL. DEV. CHARGED TO PATIEN	8,875,913		27,668		72
73	DRUGS CHARGED TO PATIENTS	28,911,300		2,406,062	525	73
74	RENAL DIALYSIS	2,389,968		415,016		74
75.01	ONCOLOGY	543,596				75.01
76.97	CARDIAC REHABILITATION	468,237				76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC	1,723,310				90
91	EMERGENCY	27,282,104				91
92	OBSERVATION BEDS	2,465,949				92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)	264,748,987		11,726,305	525	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 (15-T008) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCS NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES DED & COINS	COST SVCS NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.328008						50
51 RECOVERY ROOM	0.325807						51
52 DELIVERY ROOM & LABOR ROOM	0.731886						52
53 ANESTHESIOLOGY	0.087972						53
54 RADIOLOGY-DIAGNOSTIC	0.235415						54
54.01 ULTRASOUND	0.199502						54.01
54.02 AUDIOLOGY							54.02
56 RADIOISOTOPE	0.186776						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967						57
59 CARDIAC CATHETERIZATION	0.203182						59
60 LABORATORY	0.158799						60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320						62
62.30 BLOOD CLOTTING FACTORS ADMIN CO							62.30
63.01 CARDIAC REHAB							63.01
63.02 NONINVASIVE LAB	0.145869						63.02
65 RESPIRATORY THERAPY	0.452541						65
66 PHYSICAL THERAPY	0.384786						66
67 OCCUPATIONAL THERAPY	0.338457						67
68 SPEECH PATHOLOGY	0.547813						68
70 ELECTROENCEPHALOGRAPHY	0.209118						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.593782						71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921						72
73 DRUGS CHARGED TO PATIENTS	0.274512	525		724	144		199 73
74 RENAL DIALYSIS	0.332204						74
75.01 ONCOLOGY	0.490316						75.01
76.97 CARDIAC REHABILITATION	2.525883						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.435572						90
91 EMERGENCY	0.214346						91
92 OBSERVATION BEDS	0.797116						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		525		724	144		199 200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		525		724	144		199 202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	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	2,061,708		2,061,708	70.98	2,550	180,999	30
31 INTENSIVE CARE UNIT	323,012		323,012	128.08	165	21,133	31
32 CORONARY CARE UNIT							32
33 BURN INTENSIVE CARE UNIT							33
34 SURGICAL INTENSIVE CARE UNIT							34
35 OTHER SPECIAL CARE (SPECIFY)							35
40 SUBPROVIDER - IPF	251,093		251,093	58.20	536	31,195	40
41 SUBPROVIDER - IRF	479,369		479,369	58.32	472	27,527	41
42 SUBPROVIDER I							42
43 NURSERY	7,138		7,138	5.80	351	2,036	43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,122,320		3,122,320		4,074	262,890	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (15-0008) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
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	1,581,223	32,098,661	0.049261	1,452,519	71,553	50
51	RECOVERY ROOM	39,839	2,108,652	0.018893	267,279	5,050	51
52	DELIVERY ROOM & LABOR ROOM	64,140	2,412,749	0.026584			52
53	ANESTHESIOLOGY	81,198	4,544,925	0.017866	501,077	8,952	53
54	RADIOLOGY-DIAGNOSTIC	572,591	16,978,774	0.033724	1,200,324	40,480	54
54.01	ULTRASOUND	44,964	3,340,168	0.013462	231,351	3,114	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	171,000	5,054,965	0.033828	420,789	14,234	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	274,203	20,712,400	0.013239	1,527,645	20,224	57
59	CARDIAC CATHETERIZATION	808,814	14,487,235	0.055829	2,415,642	134,863	59
60	LABORATORY	462,133	45,416,755	0.010175	4,359,070	44,354	60
62	WHOLE BLOOD & PCKD RED BLOOD	49,562	2,547,724	0.019453	510,089	9,923	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	197,604	9,588,338	0.020609	896,354	18,473	63.02
65	RESPIRATORY THERAPY	125,220	4,927,155	0.025414	785,071	19,952	65
66	PHYSICAL THERAPY	171,972	7,176,221	0.023964	256,701	6,152	66
67	OCCUPATIONAL THERAPY	29,622	5,022,888	0.005897	113,296	668	67
68	SPEECH PATHOLOGY	28,024	690,831	0.040566	33,682	1,366	68
70	ELECTROENCEPHALOGRAPHY	134,309	3,828,343	0.035083	240,941	8,453	70
71	MEDICAL SUPPLIES CHRGD TO PA	124,594	11,151,826	0.011173	1,504,439	16,809	71
72	IMPL. DEV. CHARGED TO PATIENT	70,802	8,875,913	0.007977	982,888	7,840	72
73	DRUGS CHARGED TO PATIENTS	395,092	28,911,300	0.013666	4,354,957	59,515	73
74	RENAL DIALYSIS	19,257	2,389,968	0.008057	328,776	2,649	74
75.01	ONCOLOGY	20,917	543,596	0.038479	360	14	75.01
76.97	CARDIAC REHABILITATION	141,303	468,237	0.301777	27,932	8,429	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	144,455	1,723,310	0.083824	4,176	350	90
91	EMERGENCY	335,971	27,282,104	0.012315	1,629,471	20,067	91
92	OBSERVATION BEDS		2,465,949	2,465,949			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,088,809	264,748,987	264,748,987	24,044,829	523,484	200

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/25/2012 23:19

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)					200

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
 01/25/2012 23:19

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	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	29,046		2,550		30
31 INTENSIVE CARE UNIT	2,522		165		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF	4,314		536		40
41 SUBPROVIDER - IRF	8,219		472		41
42 SUBPROVIDER I					42
43 NURSERY	1,231		351		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	45,332		4,074		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL (15-0008) SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB						63.02
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (15-0008)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
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	32,098,661		1,452,519			50
51	RECOVERY ROOM	2,108,652		267,279			51
52	DELIVERY ROOM & LABOR ROOM	2,412,749					52
53	ANESTHESIOLOGY	4,544,925		501,077			53
54	RADIOLOGY-DIAGNOSTIC	16,978,774		1,200,324			54
54.01	ULTRASOUND	3,340,168		231,351			54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	5,054,965		420,789			56
57	COMPUTED TOMOGRAPHY (CT) SCA	20,712,400		1,527,645			57
59	CARDIAC CATHETERIZATION	14,487,235		2,415,642			59
60	LABORATORY	45,416,755		4,359,070			60
62	WHOLE BLOOD & PCKD RED BLOOD	2,547,724		510,089			62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	9,588,338		896,354			63.02
65	RESPIRATORY THERAPY	4,927,155		785,071			65
66	PHYSICAL THERAPY	7,176,221		256,701			66
67	OCCUPATIONAL THERAPY	5,022,888		113,296			67
68	SPEECH PATHOLOGY	690,831		33,682			68
70	ELECTROENCEPHALOGRAPHY	3,828,343		240,941			70
71	MEDICAL SUPPLIES CHRGED TO P	11,151,826		1,504,439			71
72	IMPL. DEV. CHARGED TO PATIEN	8,875,913		982,888			72
73	DRUGS CHARGED TO PATIENTS	28,911,300		4,354,957			73
74	RENAL DIALYSIS	2,389,968		328,776			74
75.01	ONCOLOGY	543,596		360			75.01
76.97	CARDIAC REHABILITATION	468,237		27,932			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,723,310		4,176			90
91	EMERGENCY	27,282,104		1,629,471			91
92	OBSERVATION BEDS	2,465,949					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	264,748,987		24,044,829			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0008) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.328008		4,089,997			1,341,552		50
51 RECOVERY ROOM	0.325807		437,123			142,418		51
52 DELIVERY ROOM & LABOR ROOM	0.731886							52
53 ANESTHESIOLOGY	0.087972		770,157			67,752		53
54 RADIOLOGY-DIAGNOSTIC	0.235415		3,104,081			730,747		54
54.01 ULTRASOUND	0.199502		1,183,602			236,131		54.01
54.02 AUDIOLOGY								54.02
56 RADIOISOTOPE	0.186776		692,930			129,423		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967		3,372,346			229,208		57
59 CARDIAC CATHETERIZATION	0.203182		902,739			183,420		59
60 LABORATORY	0.158799		6,473,760			1,028,027		60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320		175,445			89,884		62
62.30 BLOOD CLOTTING FACTORS ADMIN CO								62.30
63.01 CARDIAC REHAB								63.01
63.02 NONINVASIVE LAB	0.145869		855,389			124,775		63.02
65 RESPIRATORY THERAPY	0.452541		303,841			137,501		65
66 PHYSICAL THERAPY	0.384786		365,303			140,563		66
67 OCCUPATIONAL THERAPY	0.338457		90,298			30,562		67
68 SPEECH PATHOLOGY	0.547813		73,622			40,331		68
70 ELECTROENCEPHALOGRAPHY	0.209118		751,586			157,170		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.593782		660,228			392,032		71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921		300,406			142,369		72
73 DRUGS CHARGED TO PATIENTS	0.274512		1,819,551			499,489		73
74 RENAL DIALYSIS	0.332204		38,917			12,928		74
75.01 ONCOLOGY	0.490316		152,497			74,772		75.01
76.97 CARDIAC REHABILITATION	2.525883		28,847			72,864		76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	1.435572		67,591			97,032		90
91 EMERGENCY	0.214346		7,801,575			1,672,236		91
92 OBSERVATION BEDS	0.797116		1,252,195			998,145		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)			35,764,026			8,771,331		200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)			35,764,026			8,771,331		202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [XX] IPF (15-S008) [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
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	1,581,223	32,098,661	0.049261	669	33	50
51	RECOVERY ROOM	39,839	2,108,652	0.018893			51
52	DELIVERY ROOM & LABOR ROOM	64,140	2,412,749	0.026584			52
53	ANESTHESIOLOGY	81,198	4,544,925	0.017866			53
54	RADIOLOGY-DIAGNOSTIC	572,591	16,978,774	0.033724	21,071	711	54
54.01	ULTRASOUND	44,964	3,340,168	0.013462	7,155	96	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	171,000	5,054,965	0.033828			56
57	COMPUTED TOMOGRAPHY (CT) SCAN	274,203	20,712,400	0.013239	25,416	336	57
59	CARDIAC CATHETERIZATION	808,814	14,487,235	0.055829			59
60	LABORATORY	462,133	45,416,755	0.010175	217,584	2,214	60
62	WHOLE BLOOD & PCKD RED BLOOD	49,562	2,547,724	0.019453	1,469	29	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	197,604	9,588,338	0.020609	20,907	431	63.02
65	RESPIRATORY THERAPY	125,220	4,927,155	0.025414	4,699	119	65
66	PHYSICAL THERAPY	171,972	7,176,221	0.023964	1,206	29	66
67	OCCUPATIONAL THERAPY	29,622	5,022,888	0.005897	184	1	67
68	SPEECH PATHOLOGY	28,024	690,831	0.040566			68
70	ELECTROENCEPHALOGRAPHY	134,309	3,828,343	0.035083	11,733	412	70
71	MEDICAL SUPPLIES CHRGED TO PA	124,594	11,151,826	0.011173	3,600	40	71
72	IMPL. DEV. CHARGED TO PATIENT	70,802	8,875,913	0.007977			72
73	DRUGS CHARGED TO PATIENTS	395,092	28,911,300	0.013666	227,306	3,106	73
74	RENAL DIALYSIS	19,257	2,389,968	0.008057			74
75.01	ONCOLOGY	20,917	543,596	0.038479			75.01
76.97	CARDIAC REHABILITATION	141,303	468,237	0.301777			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	144,455	1,723,310	0.083824			90
91	EMERGENCY	335,971	27,282,104	0.012315	117,740	1,450	91
92	OBSERVATION BEDS		2,465,949	2,465,949			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,088,809	264,748,987	264,748,987	660,739	9,007	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF (15-S008) SNF TEFRA
 BOXES TITLE XIX IRF NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB						63.02
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[XX] IPF (15-S008)	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
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	32,098,661		669			50
51	RECOVERY ROOM	2,108,652					51
52	DELIVERY ROOM & LABOR ROOM	2,412,749					52
53	ANESTHESIOLOGY	4,544,925					53
54	RADIOLOGY-DIAGNOSTIC	16,978,774		21,071			54
54.01	ULTRASOUND	3,340,168		7,155			54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	5,054,965					56
57	COMPUTED TOMOGRAPHY (CT) SCA	20,712,400		25,416			57
59	CARDIAC CATHETERIZATION	14,487,235					59
60	LABORATORY	45,416,755		217,584			60
62	WHOLE BLOOD & PCKD RED BLOOD	2,547,724		1,469			62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	9,588,338		20,907			63.02
65	RESPIRATORY THERAPY	4,927,155		4,699			65
66	PHYSICAL THERAPY	7,176,221		1,206			66
67	OCCUPATIONAL THERAPY	5,022,888		184			67
68	SPEECH PATHOLOGY	690,831					68
70	ELECTROENCEPHALOGRAPHY	3,828,343		11,733			70
71	MEDICAL SUPPLIES CHRGED TO P	11,151,826		3,600			71
72	IMPL. DEV. CHARGED TO PATIEN	8,875,913					72
73	DRUGS CHARGED TO PATIENTS	28,911,300		227,306			73
74	RENAL DIALYSIS	2,389,968					74
75.01	ONCOLOGY	543,596					75.01
76.97	CARDIAC REHABILITATION	468,237					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	1,723,310					90
91	EMERGENCY	27,282,104		117,740			91
92	OBSERVATION BEDS	2,465,949					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	264,748,987		660,739			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (15-T008)	[] SUB (OTHER)	[XX] PPS [] TEFRA [] OTHER			
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	1,581,223	32,098,661	0.049261	21,172	1,043	50
51	RECOVERY ROOM	39,839	2,108,652	0.018893	1,504	28	51
52	DELIVERY ROOM & LABOR ROOM	64,140	2,412,749	0.026584			52
53	ANESTHESIOLOGY	81,198	4,544,925	0.017866	1,831	33	53
54	RADIOLOGY-DIAGNOSTIC	572,591	16,978,774	0.033724	30,668	1,034	54
54.01	ULTRASOUND	44,964	3,340,168	0.013462	1,019	14	54.01
54.02	AUDIOLOGY						54.02
56	RADIOISOTOPE	171,000	5,054,965	0.033828	9,126	309	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	274,203	20,712,400	0.013239	47,561	630	57
59	CARDIAC CATHETERIZATION	808,814	14,487,235	0.055829	3,059	171	59
60	LABORATORY	462,133	45,416,755	0.010175	98,810	1,005	60
62	WHOLE BLOOD & PCKD RED BLOOD	49,562	2,547,724	0.019453	4,920	96	62
62.30	BLOOD CLOTTING FACTORS ADMIN						62.30
63.01	CARDIAC REHAB						63.01
63.02	NONINVASIVE LAB	197,604	9,588,338	0.020609	7,196	148	63.02
65	RESPIRATORY THERAPY	125,220	4,927,155	0.025414	58,851	1,496	65
66	PHYSICAL THERAPY	171,972	7,176,221	0.023964	245,442	5,882	66
67	OCCUPATIONAL THERAPY	29,622	5,022,888	0.005897	247,608	1,460	67
68	SPEECH PATHOLOGY	28,024	690,831	0.040566	42,982	1,744	68
70	ELECTROENCEPHALOGRAPHY	134,309	3,828,343	0.035083	36,495	1,280	70
71	MEDICAL SUPPLIES CHRGED TO PA	124,594	11,151,826	0.011173	5,598	63	71
72	IMPL. DEV. CHARGED TO PATIENT	70,802	8,875,913	0.007977			72
73	DRUGS CHARGED TO PATIENTS	395,092	28,911,300	0.013666	254,229	3,474	73
74	RENAL DIALYSIS	19,257	2,389,968	0.008057	25,368	204	74
75.01	ONCOLOGY	20,917	543,596	0.038479			75.01
76.97	CARDIAC REHABILITATION	141,303	468,237	0.301777	794	240	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	144,455	1,723,310	0.083824			90
91	EMERGENCY	335,971	27,282,104	0.012315			91
92	OBSERVATION BEDS		2,465,949	2,465,949			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,088,809	264,748,987	264,748,987	1,144,233	20,354	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK TITLE V HOSPITAL SUB (OTHER) ICF/MR PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF TEFRA
 BOXES TITLE XIX IRF (15-T008) NF OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 ULTRASOUND						54.01
54.02 AUDIOLOGY						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PCKD RED BLOOD						62
62.30 BLOOD CLOTTING FACTORS ADMIN						62.30
63.01 CARDIAC REHAB						63.01
63.02 NONINVASIVE LAB						63.02
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75.01 ONCOLOGY						75.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (15-T008) [] NF [] OTHER

COST CENTER DESCRIPTION	TOTAL	RATIO OF	O/P RATIO	INPAT	INPAT PGM	O/P PGM	O/P PGM
	CHARGES	COST TO	OF COST TO		PASS-THRU		PASS-THRU
	(FROM WKST	CHARGES	CHARGES	INPAT	COSTS	CHARGES	COSTS
	C, PT. I,	(COL. 5 +	(COL. 6 +	PGM	(COL. 8 x		(COL. 9 x
	COL. 8)	COL. 7)	COL. 7)	CHARGES	COL. 10)	CHARGES	COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	32,098,661			21,172			50
51 RECOVERY ROOM	2,108,652			1,504			51
52 DELIVERY ROOM & LABOR ROOM	2,412,749						52
53 ANESTHESIOLOGY	4,544,925			1,831			53
54 RADIOLOGY-DIAGNOSTIC	16,978,774			30,668			54
54.01 ULTRASOUND	3,340,168			1,019			54.01
54.02 AUDIOLOGY							54.02
56 RADIOISOTOPE	5,054,965			9,126			56
57 COMPUTED TOMOGRAPHY (CT) SCA	20,712,400			47,561			57
59 CARDIAC CATHETERIZATION	14,487,235			3,059			59
60 LABORATORY	45,416,755			98,810			60
62 WHOLE BLOOD & PCKD RED BLOOD	2,547,724			4,920			62
62.30 BLOOD CLOTTING FACTORS ADMIN							62.30
63.01 CARDIAC REHAB							63.01
63.02 NONINVASIVE LAB	9,588,338			7,196			63.02
65 RESPIRATORY THERAPY	4,927,155			58,851			65
66 PHYSICAL THERAPY	7,176,221			245,442			66
67 OCCUPATIONAL THERAPY	5,022,888			247,608			67
68 SPEECH PATHOLOGY	690,831			42,982			68
70 ELECTROENCEPHALOGRAPHY	3,828,343			36,495			70
71 MEDICAL SUPPLIES CHRGED TO P	11,151,826			5,598			71
72 IMPL. DEV. CHARGED TO PATIEN	8,875,913						72
73 DRUGS CHARGED TO PATIENTS	28,911,300			254,229			73
74 RENAL DIALYSIS	2,389,968			25,368			74
75.01 ONCOLOGY	543,596						75.01
76.97 CARDIAC REHABILITATION	468,237			794			76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1,723,310						90
91 EMERGENCY	27,282,104						91
92 OBSERVATION BEDS	2,465,949						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	264,748,987			1,144,233			200

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0008) [] 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)	29,046	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	29,046	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,046	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)	13,084	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)	24,399,295	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	24,399,295	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,870,159	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,870,159	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.227937	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)	684.09	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)	24,399,295	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0008) [] 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) 840.02 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 10,990,822 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 10,990,822 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	4,289,243	2,522	1,700.73	1,330	2,261,971	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					16,101,351	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					29,354,144	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,099,048 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,248,503 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,347,551 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 27,006,593 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,340 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 840.02 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,965,647 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) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						(SEE INSTR.)
90 CAPITAL-RELATED COST	2,061,708	24,399,295	0.084499	1,965,647	166,095	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (15-S008) [] 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)	4,314	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,314	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,314	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)	1,324	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)	2,918,571	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	2,918,571	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,143,788	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,143,788	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.928361	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)	728.74	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)	2,918,571	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] IPF (15-S008) [] 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)	676.53 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	895,726 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)	895,726 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	139,932 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,035,658 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	77,057 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	10,371 51
52	TOTAL PROGRAM EXCLUDABLE COST	87,428 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	948,230 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 [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (15-T008) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,219	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,219	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,219	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)	6,722	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,567,298	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,567,298	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,744,700	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,744,700	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.173372	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)	577.28	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,567,298	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (15-T008) [] 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)	677.37 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	4,553,281 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)	4,553,281 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	3,743,260 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	8,296,541 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	392,027 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	198,847 51
52	TOTAL PROGRAM EXCLUDABLE COST	590,874 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	7,705,667 53
TARGET AMOUNT AND LIMIT COMPUTATION		
54	PROGRAM DISCHARGES	54
55	TARGET AMOUNT PER DISCHARGE	55
56	TARGET AMOUNT (LINE 54 x LINE 55)	56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	57
58	BONUS PAYMENT (SEE INSTRUCTIONS)	58
59	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET	59
60	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	60
61	IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E	61
62	RELIEF PAYMENT (SEE INSTRUCTIONS)	62
63	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)	64
65	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0008) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] 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)	29,046	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	29,046	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,046	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)	2,550	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)	1,231	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	351	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)	24,399,295	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	24,399,295	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,870,159	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,870,159	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.227937	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)	684.09	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)	24,399,295	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (15-0008) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] 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) 840.02 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,142,051 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) 2,142,051 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)	351,683	1,231	285.69	351	100,277	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	4,289,243	2,522	1,700.73	165	280,620	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					6,358,273	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					8,881,221	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 204,168 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 523,484 51
 52 TOTAL PROGRAM EXCLUDABLE COST 727,652 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 8,153,569 53

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

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 2,340 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST 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	
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (15-S008) [] SNF [] TEFRA
 BOXES [XX] 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)	4,314	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,314	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,314	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)	536	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)	2,918,571	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	2,918,571	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,143,788	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,143,788	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.928361	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)	728.74	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)	2,918,571	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	IPF (15-S008)			[]	TEFRA
BOXES	[XX]	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)	676.53 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	362,620 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)	362,620 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	141,628 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	504,248 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	31,195 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	9,007 51
52	TOTAL PROGRAM EXCLUDABLE COST	40,202 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	464,046 53

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

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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (15-T008) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	8,219	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,219	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,219	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)	472	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	5,567,298	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,567,298	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,744,700	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,744,700	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.173372	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)	577.28	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	5,567,298	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (15-T008)			[]	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)	677.37 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	319,719 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)	319,719 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	361,660 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	681,379 49
PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	27,527 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	20,354 51
52	TOTAL PROGRAM EXCLUDABLE COST	47,881 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	633,498 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 INSTRUCT (TITLE XVIII ONLY)	65
66	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		9,161,498		30
31 INTENSIVE CARE UNIT		1,611,309		31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.328810	5,361,241	1,762,830	50
51 RECOVERY ROOM	0.325807	364,636	118,801	51
52 DELIVERY ROOM & LABOR ROOM	0.731886	7,551	5,526	52
53 ANESTHESIOLOGY	0.087972	829,920	73,010	53
54 RADIOLOGY-DIAGNOSTIC	0.235415	3,255,228	766,329	54
54.01 ULTRASOUND	0.199502	296,356	59,124	54.01
54.02 AUDIOLOGY				54.02
56 RADIOISOTOPE	0.186776	979,101	182,873	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	3,476,465	236,285	57
59 CARDIAC CATHETERIZATION	0.206403	4,520,360	933,016	59
60 LABORATORY	0.158895	10,515,983	1,670,937	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320	854,928	437,997	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63.01 CARDIAC REHAB				63.01
63.02 NONINVASIVE LAB	0.146895	1,405,970	206,530	63.02
65 RESPIRATORY THERAPY	0.452541	1,864,115	843,588	65
66 PHYSICAL THERAPY	0.393475	1,137,576	447,608	66
67 OCCUPATIONAL THERAPY	0.338457	562,222	190,288	67
68 SPEECH PATHOLOGY	0.547813	148,490	81,345	68
70 ELECTROENCEPHALOGRAPHY	0.209740	621,709	130,397	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.593782	3,630,332	2,155,626	71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921	4,232,443	2,005,844	72
73 DRUGS CHARGED TO PATIENTS	0.274512	10,212,593	2,803,479	73
74 RENAL DIALYSIS	0.332204	1,143,444	379,857	74
75.01 ONCOLOGY	0.490316			75.01
76.97 CARDIAC REHABILITATION	2.549779			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.440871	1,360	1,960	90
91 EMERGENCY	0.214346	2,723,607	583,794	91
92 OBSERVATION BEDS	0.797116	30,494	24,307	92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		58,176,124	16,101,351	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		58,176,124		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 [XX] IPF (15-S008) [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
40 SUBPROVIDER - IPF		959,240		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.328810	4,606	1,514	50
51 RECOVERY ROOM	0.325807	1,490	485	51
52 DELIVERY ROOM & LABOR ROOM	0.731886			52
53 ANESTHESIOLOGY	0.087972	837	74	53
54 RADIOLOGY-DIAGNOSTIC	0.235415	58,272	13,718	54
54.01 ULTRASOUND	0.199502	3,453	689	54.01
54.02 AUDIOLOGY				54.02
56 RADIOISOTOPE	0.186776	3,358	627	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	25,487	1,732	57
59 CARDIAC CATHETERIZATION	0.206403	5,581	1,152	59
60 LABORATORY	0.158895	180,131	28,622	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320			62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63.01 CARDIAC REHAB				63.01
63.02 NONINVASIVE LAB	0.146895	17,694	2,599	63.02
65 RESPIRATORY THERAPY	0.452541	5,574	2,522	65
66 PHYSICAL THERAPY	0.393475	5,593	2,201	66
67 OCCUPATIONAL THERAPY	0.338457	184	62	67
68 SPEECH PATHOLOGY	0.547813			68
70 ELECTROENCEPHALOGRAPHY	0.209740	22,590	4,738	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.593782	799	474	71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921			72
73 DRUGS CHARGED TO PATIENTS	0.274512	224,650	61,669	73
74 RENAL DIALYSIS	0.332204			74
75.01 ONCOLOGY	0.490316			75.01
76.97 CARDIAC REHABILITATION	2.549779			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.440871			90
91 EMERGENCY	0.214346	79,563	17,054	91
92 OBSERVATION BEDS	0.797116			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		639,862	139,932	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		639,862		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 (15-T008) [] 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
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		3,840,398		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.328810	302,867	99,586	50
51 RECOVERY ROOM	0.325807	25,324	8,251	51
52 DELIVERY ROOM & LABOR ROOM	0.731886			52
53 ANESTHESIOLOGY	0.087972	45,879	4,036	53
54 RADIOLOGY-DIAGNOSTIC	0.235415	295,172	69,488	54
54.01 ULTRASOUND	0.199502	18,336	3,658	54.01
54.02 AUDIOLOGY				54.02
56 RADIOISOTOPE	0.186776	50,259	9,387	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	254,460	17,295	57
59 CARDIAC CATHETERIZATION	0.206403	29,042	5,994	59
60 LABORATORY	0.158895	1,304,598	207,294	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320	93,002	47,647	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63.01 CARDIAC REHAB				63.01
63.02 NONINVASIVE LAB	0.146895	69,464	10,204	63.02
65 RESPIRATORY THERAPY	0.452541	343,974	155,662	65
66 PHYSICAL THERAPY	0.393475	2,412,228	949,151	66
67 OCCUPATIONAL THERAPY	0.338457	2,330,729	788,852	67
68 SPEECH PATHOLOGY	0.547813	164,534	90,134	68
70 ELECTROENCEPHALOGRAPHY	0.209740	547,844	114,905	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.593782	589,847	350,241	71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921	27,668	13,112	72
73 DRUGS CHARGED TO PATIENTS	0.274512	2,406,062	660,493	73
74 RENAL DIALYSIS	0.332204	415,016	137,870	74
75.01 ONCOLOGY	0.490316			75.01
76.97 CARDIAC REHABILITATION	2.549779			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.440871			90
91 EMERGENCY	0.214346			91
92 OBSERVATION BEDS	0.797116			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		11,726,305	3,743,260	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		11,726,305		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] 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		6,666,167		30
31 INTENSIVE CARE UNIT		504,292		31
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.328810	1,452,519	477,603	50
51 RECOVERY ROOM	0.325807	267,279	87,081	51
52 DELIVERY ROOM & LABOR ROOM	0.731886			52
53 ANESTHESIOLOGY	0.087972	501,077	44,081	53
54 RADIOLOGY-DIAGNOSTIC	0.235415	1,200,324	282,574	54
54.01 ULTRASOUND	0.199502	231,351	46,155	54.01
54.02 AUDIOLOGY				54.02
56 RADIOISOTOPE	0.186776	420,789	78,593	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	1,527,645	103,829	57
59 CARDIAC CATHETERIZATION	0.206403	2,415,642	498,596	59
60 LABORATORY	0.158895	4,359,070	692,634	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320	510,089	261,329	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63.01 CARDIAC REHAB				63.01
63.02 NONINVASIVE LAB	0.146895	896,354	131,670	63.02
65 RESPIRATORY THERAPY	0.452541	785,071	355,277	65
66 PHYSICAL THERAPY	0.393475	256,701	101,005	66
67 OCCUPATIONAL THERAPY	0.338457	113,296	38,346	67
68 SPEECH PATHOLOGY	0.547813	33,682	18,451	68
70 ELECTROENCEPHALOGRAPHY	0.209740	240,941	50,535	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.593782	1,504,439	893,309	71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921	982,888	465,811	72
73 DRUGS CHARGED TO PATIENTS	0.274512	4,354,957	1,195,488	73
74 RENAL DIALYSIS	0.332204	328,776	109,221	74
75.01 ONCOLOGY	0.490316	360	177	75.01
76.97 CARDIAC REHABILITATION	2.549779	27,932	71,220	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.440871	4,176	6,017	90
91 EMERGENCY	0.214346	1,629,471	349,271	91
92 OBSERVATION BEDS	0.797116			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		24,044,829	6,358,273	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		24,044,829		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] IPF (15-S008) [] SNF [] S/B NF [] TEFRA
 BOXES [XX] 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
40 SUBPROVIDER - IPF		1,002,744		40
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.328810	669	220	50
51 RECOVERY ROOM	0.325807			51
52 DELIVERY ROOM & LABOR ROOM	0.731886			52
53 ANESTHESIOLOGY	0.087972			53
54 RADIOLOGY-DIAGNOSTIC	0.235415	21,071	4,960	54
54.01 ULTRASOUND	0.199502	7,155	1,427	54.01
54.02 AUDIOLOGY				54.02
56 RADIOISOTOPE	0.186776			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	25,416	1,727	57
59 CARDIAC CATHETERIZATION	0.206403			59
60 LABORATORY	0.158895	217,584	34,573	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320	1,469	753	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63.01 CARDIAC REHAB				63.01
63.02 NONINVASIVE LAB	0.146895	20,907	3,071	63.02
65 RESPIRATORY THERAPY	0.452541	4,699	2,126	65
66 PHYSICAL THERAPY	0.393475	1,206	475	66
67 OCCUPATIONAL THERAPY	0.338457	184	62	67
68 SPEECH PATHOLOGY	0.547813			68
70 ELECTROENCEPHALOGRAPHY	0.209740	11,733	2,461	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.593782	3,600	2,138	71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921			72
73 DRUGS CHARGED TO PATIENTS	0.274512	227,306	62,398	73
74 RENAL DIALYSIS	0.332204			74
75.01 ONCOLOGY	0.490316			75.01
76.97 CARDIAC REHABILITATION	2.549779			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.440871			90
91 EMERGENCY	0.214346	117,740	25,237	91
92 OBSERVATION BEDS	0.797116			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		660,739	141,628	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		660,739		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (15-T008) [] 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
40 SUBPROVIDER - IPF				40
41 SUBPROVIDER - IRF		379,607		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.328810	21,172	6,962	50
51 RECOVERY ROOM	0.325807	1,504	490	51
52 DELIVERY ROOM & LABOR ROOM	0.731886			52
53 ANESTHESIOLOGY	0.087972	1,831	161	53
54 RADIOLOGY-DIAGNOSTIC	0.235415	30,668	7,220	54
54.01 ULTRASOUND	0.199502	1,019	203	54.01
54.02 AUDIOLOGY				54.02
56 RADIOISOTOPE	0.186776	9,126	1,705	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067967	47,561	3,233	57
59 CARDIAC CATHETERIZATION	0.206403	3,059	631	59
60 LABORATORY	0.158895	98,810	15,700	60
62 WHOLE BLOOD & PCKD RED BLOOD CE	0.512320	4,920	2,521	62
62.30 BLOOD CLOTTING FACTORS ADMIN CO				62.30
63.01 CARDIAC REHAB				63.01
63.02 NONINVASIVE LAB	0.146895	7,196	1,057	63.02
65 RESPIRATORY THERAPY	0.452541	58,851	26,632	65
66 PHYSICAL THERAPY	0.393475	245,442	96,575	66
67 OCCUPATIONAL THERAPY	0.338457	247,608	83,805	67
68 SPEECH PATHOLOGY	0.547813	42,982	23,546	68
70 ELECTROENCEPHALOGRAPHY	0.209740	36,495	7,654	70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.593782	5,598	3,324	71
72 IMPL. DEV. CHARGED TO PATIENT	0.473921			72
73 DRUGS CHARGED TO PATIENTS	0.274512	254,229	69,789	73
74 RENAL DIALYSIS	0.332204	25,368	8,427	74
75.01 ONCOLOGY	0.490316			75.01
76.97 CARDIAC REHABILITATION	2.549779	794	2,025	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	1.440871			90
91 EMERGENCY	0.214346			91
92 OBSERVATION BEDS	0.797116			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,144,233	361,660	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,144,233		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (15-0008)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	22,313,411	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	176,593	2
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	129.59	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)	0.0997	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2893	31
32	SUM OF LINES 30 AND 31	0.3890	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.2131	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,754,988	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)	27,244,992	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)	27,244,992	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	1,990,116	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 (15-0008)
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		53
54	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		54
55	NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69)		55
56	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		56
57	ROUTINE SERVICE OTHER PASS THROUGH COSTS		57
58	ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200)		58
59	TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58)	29,235,108	59
60	PRIMARY PAYER PAYMENTS	12,018	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,223,090	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,011,844	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	261,935	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	970,729	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	679,510	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	623,496	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27,628,821	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	27,628,821	71
72	INTERIM PAYMENTS	27,612,724	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	16,097	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	323,144	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (15-T008)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	199	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	144	2
3	PPS PAYMENTS	170	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)	199	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	724	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)	724	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)	724	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	525	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)	199	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)	170	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)	369	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)	369	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	369	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)	369	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)	369	40
41	INTERIM PAYMENTS	409	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-40	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 (15-0008) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 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		26,885,195		5,366,379	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.		622,558		342,864	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 02/03/2011	76,520	02/03/2011	29,022	3.01
	.02 02/03/2011	28,451			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		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)		104,971		29,022	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		27,612,724		5,738,265	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 .01				
	PROVIDER .02				6.02
	TO .02				
	PROGRAM .02				
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 [XX] IPF (15-S008) [] 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		808,216		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 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	NONE	NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)				
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		808,216		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 TO .02 PROVIDER .03 .04 .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99			5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM TO .01 PROVIDER PROVIDER TO .02 PROGRAM			6.01 6.02
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 (15-T008) [] 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		9,571,905		409	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
					3.50
	02/03/2011	44,321		NONE	3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
					3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-44,321			
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		9,527,584		409	4

TO BE COMPLETED BY CONTRACTOR

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

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

PROVIDER CCN: 15-0008 ST. CATHERINE HOSPITAL
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10
01/25/2012 23:19

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK
APPLICABLE BOX

HOSPITAL (15-0008) 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	7,190 1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	14,414 2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	637 3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	29,228 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	299,170,122 5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	13,460,386 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 II

CHECK [] HOSPITAL
APPLICABLE BOX: [XX] IPF (15-S008)

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

1	NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS)	920,834	1
2	NET IPF PPS OUTLIER PAYMENT	4,378	2
3	NET IPF PPS ECT PAYMENT		3
4	UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4
5	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		5
6	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS)		7
8	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		8
9	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.819178	9
10	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$		10
11	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10)		11
12	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11)	925,212	12
13	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		13
14	ORGAN ACQUISITION		14
15	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		15
16	SUBTOTAL (SEE INSTRUCTIONS)	925,212	16
17	PRIMARY PAYER PAYMENTS		17
18	SUBTOTAL (LINE 16 LESS LINE 17)	925,212	18
19	DEDUCTIBLES	107,040	19
20	SUBTOTAL (LINE 18 MINUS LINE 19)	818,172	20
21	COINSURANCE	9,956	21
22	SUBTOTAL (LINE 20 MINUS LINE 21)	808,216	22
23	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	70,251	23
24	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	49,176	24
25	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	55,377	25
26	SUBTOTAL (SUM OF LINES 22 AND 24)	857,392	26
27	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		27
28	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		28
29	OUTLIER PAYMENTS RECONCILIATION		29
30	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		30
31	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	857,392	31
32	INTERIM PAYMENTS	808,216	32
33	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		33
34	BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33)	49,176	34
35	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		35
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (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 III

CHECK [] HOSPITAL
 APPLICABLE BOX: [XX] IRF (15-T008)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	9,102,855	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.044300	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	525,389	3
4	OUTLIER PAYMENTS	196,873	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)	22.517808	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)	9,825,117	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)	9,825,117	17
18	PRIMARY PAYER PAYMENTS	9,945	18
19	SUBTOTAL LINE 17b LESS LINE 18)	9,815,172	19
20	DEDUCTIBLES	48,848	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	9,766,324	21
22	COINSURANCE	163,932	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	9,602,392	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	59,474	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	41,632	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	45,057	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	9,644,024	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	9,644,024	32
33	INTERIM PAYMENTS	9,527,584	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	116,440	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART III, LINE 4 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (15-0008) [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	8,771,331 2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	8,771,331 4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	8,771,331 7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	8
9	ANCILLARY SERVICE CHARGES	59,808,855 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	59,808,855 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	59,808,855 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	51,037,524 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	8,771,331 21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [XX] IPF (15-S008) [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	1,002,744 8
9	ANCILLARY SERVICE CHARGES	660,739 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	1,663,483 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,663,483 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	1,663,483 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (15-T008) [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)	3
4	SUBTOTAL (SUM OF LINES 1, 2 AND 3)	4
5	INPATIENT PRIMARY PAYER PAYMENTS	5
6	OUTPATIENT PRIMARY PAYER PAYMENTS	6
7	SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	ROUTINE SERVICE CHARGES	379,607 8
9	ANCILLARY SERVICE CHARGES	1,144,233 9
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	10
11	INCENTIVE FROM TARGET AMOUNT COMPUTATION	11
12	TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	1,523,840 12
CUSTOMARY CHARGES		
13	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	13
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	14
15	RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000 15
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,523,840 16
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 7 (SEE INSTRUCTIONS))	1,523,840 17
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 7 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	18
19	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	19
20	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	20
21	COST OF COVERED SERVICES (LINE 7)	21
PROSPECTIVE PAYMENT AMOUNT		
22	OTHER THAN OUTLIER PAYMENTS	22
23	OUTLIER PAYMENTS	23
24	PROGRAM CAPITAL PAYMENTS	24
25	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)	25
26	ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS	26
27	SUBTOTAL (SUM OF LINES 22-26 PLUS LINE 3 MINUS LINES 5 AND 6)	27
28	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	28
29	TITLE V OR XIX PPS, ENTER AMOUNT FROM LINE 27, NON-PPS ENTER AMOUNT FROM LINE 21	29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30	EXCESS OF REASONABLE COST (FROM LINE 18)	30
31	SUBTOTAL (SUM OF LINES 19-20 PLUS 29 MINUS 30)	31
32	DEDUCTIBLES	32
33	COINSURANCE	33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	34
35	UTILIZATION REVIEW	35
36	SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)	36
37	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	37
38	SUBTOTAL (LINE 36 ± LINE 37)	38
39	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)	39
40	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)	40
41	INTERIM PAYMENTS	41
42	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	42
43	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	43

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	5,779,000				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	15,811,000				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	4,321,000				7
8 PREPAID EXPENSES	2,857,000				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	28,768,000				11
FIXED ASSETS					
12 LAND	271,342				12
13 LAND IMPROVEMENTS	1,977,848				13
14 ACCUMULATED DEPRECIATION					14
15 BUILDINGS	49,652,465				15
16 ACCUMULATED DEPRECIATION					16
17 LEASEHOLD IMPROVEMENTS	10,163,704				17
18 ACCUMULATED AMORTIZATION					18
19 FIXED EQUIPMENT					19
20 ACCUMULATED DEPRECIATION					20
21 AUTOMOBILES AND TRUCKS					21
22 ACCUMULATED DEPRECIATION					22
23 MAJOR MOVABLE EQUIPMENT	97,796,405				23
24 ACCUMULATED DEPRECIATION					24
25 MINOR EQUIPMENT DEPRECIABLE					25
26 ACCUMULATED DEPRECIATION	-133,761,764				26
27 HIT DESIGNATED ASSETS					27
28 ACCUMULATED DEPRECIATION					28
29 MINOR EQUIPMENT-NONDEPRECIABLE					29
30 TOTAL FIXED ASSETS (SUM OF LINES 12-29)	26,100,000				30
OTHER ASSETS					
31 INVESTMENTS					31
32 DEPOSITS ON LEASES					32
33 DUE FROM OWNERS/OFFICERS					33
34 OTHER ASSETS					34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)					35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	54,868,000				36
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
37 ACCOUNTS PAYABLE	2,093,000				37
38 SALARIES, WAGES & FEES PAYABLE	8,379,000				38
39 PAYROLL TAXES PAYABLE					39
40 NOTES & LOANS PAYABLE (SHORT TERM)	37,000				40
41 DEFERRED INCOME					41
42 ACCELERATED PAYMENTS					42
43 DUE TO OTHER FUNDS	3,769,000				43
44 OTHER CURRENT LIABILITIES	7,400,000				44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	21,678,000				45
LONG-TERM LIABILITIES					
46 MORTGAGE PAYABLE					46
47 NOTES PAYABLE	55,000				47
48 UNSECURED LOANS					48
49 OTHER LONG TERM LIABILITIES	601,000				49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	656,000				50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	22,334,000				51
CAPITAL ACCOUNTS					
52 GENERAL FUND BALANCE	32,534,000				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)	32,534,000				59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	54,868,000				60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		36,174,000							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		-7,422,305							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		28,751,695							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 NET ASSETS RELEASED FROM RES	3,663,000								5
6 NET ASSETS TRANSFERRED		85,000							6
7 TEMPORARILY RESTRICTED ASSET		34,305							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		3,782,305							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		32,534,000							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		32,534,000							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	18,708,298		18,708,298	1
3 SUBPROVIDER IPF	3,143,030		3,143,030	2
4 SUBPROVIDER IRF	4,744,700		4,744,700	3
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	26,596,028		26,596,028	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	3,207,471		3,207,471	11
13 CORONARY CARE UNIT				12
14 BURN INTENSIVE CARE UNIT				13
15 SURGICAL INTENSIVE CARE UNIT				14
16 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	3,207,471		3,207,471	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	29,803,499		29,803,499	17
18 ANCILLARY SERVICES	141,519,713		141,519,713	18
19 OUTPATIENT SERVICES		126,462,234	126,462,234	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY		2,854,197	2,854,197	22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER PATIENT REVENUES	928,868	12,644,501	13,573,369	27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	172,252,080	141,960,932	314,213,012	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		158,300,353	29
30 ADD (SPECIFY)			30
31 PROVISION FOR UNCOLLECTIBLE ACCOUNT	8,953,000		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		8,953,000	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)		167,253,353	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	314,213,012	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	188,876,456	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	125,336,556	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	167,253,353	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-41,916,797	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	80,519	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	485	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	578,165	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.)	1,319	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	19,386	21
22	RENTAL OF HOSPITAL SPACE	1,031,916	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (CAPITATION REVENUE)	31,155,770	24.01
24.02	OTHER (RELEASED TEMP RESTRICTED FUNDS)	68,062	24.02
24.03	OTHER (OTHER INCOME)	1,485,447	24.03
24.04	OTHER (GRANT INCOME)	94,190	24.04
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	34,515,259	25
26	TOTAL (LINE 5 PLUS LINE 25)	-7,401,538	26
27	OTHER EXPENSES (LOSS ON SALE OF EQUIPMENT)	20,767	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	20,767	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-7,422,305	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF (COLS.1-5) 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDGS & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION (SEE INSTRUCTIONS)						4
5 ADMINISTRATIVE AND GENERAL	370,673				130,303	500,976
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	782,985		46,546			829,531
7 PHYSICAL THERAPY				229,105		229,105
8 OCCUPATIONAL THERAPY				93,501		93,501
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES				1,020		1,020
11 HOME HEALTH AIDE	116,923		17,518			134,441
12 SUPPLIES (SEE INSTRUCTIONS)						12
13 DRUGS						13
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
24 TOTAL (SUM OF LINES 1-23)	1,270,581		64,064	323,626	130,303	1,788,574

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-87,892	413,084	-20,635	392,449	5
6		829,531		829,531	6
7		229,105		229,105	7
8		93,501		93,501	8
9					9
10		1,020		1,020	10
11		134,441		134,441	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	-87,892	1,700,682	-20,635	1,680,047	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7453

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS.4A+5) 6	
	0	1	2	3	4	4A	5	6	
GENERAL SERVICE COST CENTER									
1 CAPITAL RELATED-BLDGS & FIXT									1
2 CAPITAL RELATED-MOVABLE EQUIP									2
3 PLANT OPERATION & MAINTENANCE									3
4 TRANSPORTATION (SEE INSTR.)									4
5 ADMINISTRATIVE AND GENERAL	392,449					392,449	392,449		5
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	829,531					829,531	252,834	1,082,365	6
7 PHYSICAL THERAPY	229,105					229,105	69,829	298,934	7
8 OCCUPATIONAL THERAPY	93,501					93,501	28,498	121,999	8
9 SPEECH PATHOLOGY									9
10 MEDICAL SOCIAL SERVICES	1,020					1,020	311	1,331	10
11 HOME HEALTH AIDE	134,441					134,441	40,977	175,418	11
12 SUPPLIES (SEE INSTRUCTIONS)									12
13 DRUGS									13
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
24 TOTAL (SUM OF LINES 1-23)	1,680,047					1,680,047		1,680,047	24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-392,449	1,287,598	5
6 SKILLED NURSING CARE						829,531	6
7 PHYSICAL THERAPY						229,105	7
8 OCCUPATIONAL THERAPY						93,501	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						1,020	10
11 HOME HEALTH AIDE						134,441	11
12 SUPPLIES (SEE INSTRUCTIONS)							12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-392,449	1,287,598	24
25 COST TO BE ALLOC (PER W/S H)						392,449	25
26 UNIT COST MULTIPLIER						0.304792	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7453

WORKSHEET H-2
 PART I

HHA COST CENTER	NONPHYSIC.	NURSING	SUBTOTAL (SUM OF COL.4A-23)	I&R COST &	SUBTOTAL (SUM OF COL.4A-23)	ALLOCATED	TOTAL HHA COSTS	
	ANESTHET.	SCHOOL		POST STEP-		HHA A&G		
	19	20	24	25	26	27	28	
1 ADMINISTRATIVE AND GENERAL			567,006		567,006			1
2 SKILLED NURSING CARE			1,494,124		1,494,124	381,708	1,875,832	2
3 PHYSICAL THERAPY			344,282		344,282	87,954	432,236	3
4 OCCUPATIONAL THERAPY			140,506		140,506	35,895	176,401	4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES			1,533		1,533	392	1,925	6
7 HOME HEALTH AIDE			238,998		238,998	61,057	300,055	7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
20 TOTAL (SUM OF LINES 1-19)			2,786,449		2,786,449	567,006	2,786,449	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.						0.255472		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-2
 PART II

HHA COST CENTER	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DEPRECIATION EXPENSE 2	OTHER CAP REL COSTS NOT USED 3	EMPLOYEE BENEFITS GROSS SALARIES 4	MAINT OF PERSONNEL FTE'S 4.01	NONPATIENT TELEPHONES NUMBER OF TELEPHONES 5.01	PURCHASING RECEIVING & STORES COSTED REQ 5.02	ADMITTING GROSS REVENUE 5.03	
1 ADMINISTRATIVE AND GENERAL	3,120	11,909		370,673	2,165	15	17,488	2,854,197	1
2 SKILLED NURSING CARE				782,985					2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				116,923					7
8 SUPPLIES									8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)	3,120	11,909		1,270,581	2,165	15	17,488	2,854,197	20
21 TOTAL COST TO BE ALLOCATED	35,949	16,769		348,821	16,116	6,224	4,591	12,259	21
22 UNIT COST MULTIPLIER	11.522115				7.443880		0.262523		22
22 UNIT COST MULTIPLIER		1.408095		0.274537		414.933333		0.004295	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-2
 PART II

HHA COST CENTER	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 5.04	RECON- CILATION 4A.05	OTHER ADMIN GENERAL ACCUM COST 5.05	MAIN- TENANCE + REPAIRS SQUARE FEET 6	OPERATION OF PLANT SQUARE FEET 7	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10
1 ADMINISTRATIVE AND GENERAL	2,854,197		194,256	3,120	3,120		3,120	1
2 SKILLED NURSING CARE			1,297,323					2
3 PHYSICAL THERAPY			298,934					3
4 OCCUPATIONAL THERAPY			121,999					4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES			1,331					6
7 HOME HEALTH AIDE			207,518					7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)	2,854,197		2,121,361	3,120	3,120		3,120	20
21 TOTAL COST TO BE ALLOCATED	585		321,806	92,118	33,624		33,349	21
22 UNIT COST MULTIPLIER	0.000205		0.151698	10.776923	10.688782			22
22 UNIT COST MULTIPLIER				29.525000				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-2
 PART II

HHA COST CENTER	CAFETERIA FTE'S 11	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS + LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	NONPHYSIC. ANESTHET. ASSIGNED TIME 19
1 ADMINISTRATIVE AND GENERAL		2,165		29,128		2,854,197		1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
10 DME								10
11 HOME DIALYSIS AIDE SERVICES								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIES								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGRAM								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTAL (SUM OF LINES 1-19)		2,165		29,128		2,854,197		20
21 TOTAL COST TO BE ALLOCATED		43,543		118,628		22,020		21
22 UNIT COST MULTIPLIER		20.112240		4.072645				22
22 UNIT COST MULTIPLIER						0.007715		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-2
PART II

HHA COST CENTER	NURSING SCHOOL	ASSIGNED TIME	
	20		
1 ADMINISTRATIVE AND GENERAL			1
2 SKILLED NURSING CARE			2
3 PHYSICAL THERAPY			3
4 OCCUPATIONAL THERAPY			4
5 SPEECH PATHOLOGY			5
6 MEDICAL SOCIAL SERVICES			6
7 HOME HEALTH AIDE			7
8 SUPPLIES			8
9 DRUGS			9
10 DME			10
11 HOME DIALYSIS AIDE SERVICES			11
12 RESPIRATORY THERAPY			12
13 PRIVATE DUTY NURSING			13
14 CLINIC			14
15 HEALTH PROMOTION ACTIVITIES			15
16 DAY CARE PROGRAM			16
17 HOME DELIVERED MEALS PROGRAM			17
18 HOMEMAKER SERVICE			18
19 ALL OTHERS			19
19.50 TELEMEDICINE			19.50
20 TOTAL (SUM OF LINES 1-19)			20
21 TOTAL COST TO BE ALLOCATED			21
22 UNIT COST MULTIPLIER			22
22 UNIT COST MULTIPLIER			22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1,875,832		1,875,832	16,045	116.91	1
2	PHYSICAL THERAPY	3	432,236		432,236	3,752	115.20	2
3	OCCUPATIONAL THERAPY	4	176,401		176,401	1,613	109.36	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERVICES	6	1,925		1,925	20	96.25	5
6	HOME HEALTH AIDE	7	300,055		300,055	6,039	49.69	6
7	TOTAL (SUM OF LINES 1-6)		2,786,449		2,786,449	27,469		7

PATIENT SERVICES

8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERVICES							12
13	HOME HEALTH AIDE							13
14	TOTAL (SUM OF LINES 8-13)							14

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)			
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		135,303	135,303	227,867	0.593781	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART B			PART B			
PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	4,189	7,371		489,736	861,744		1,351,480
2 PHYSICAL THERAPY	1,286	1,252		148,147	144,230		292,377
3 OCCUPATIONAL THERAPY	468	698		51,180	76,333		127,513
4 SPEECH PATHOLOGY							
5 MEDICAL SOCIAL SERVICES	5	4		481	385		866
6 HOME HEALTH AIDE	750	4,445		37,268	220,872		258,140
7 TOTAL (SUM OF LINES 1-6)	6,698	13,770		726,812	1,303,564		2,030,376

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
		PART A	SUBJECT TO DEDUCTIBLES				
		1	2	3	4		
8 SKILLED NURSING CARE	23844	2	4,189	7,371			8
9 PHYSICAL THERAPY	23844		1,286	1,252			9
10 OCCUPATIONAL THERAPY	23844		468	698			10
11 SPEECH PATHOLOGY	23844						11
12 MEDICAL SOCIAL SERVICES	23844	5		4			12
13 HOME HEALTH AIDE	23844	750		4,445			13
14 TOTAL (SUM OF LINES 8-13)		6,698		13,770			14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES		
	PART B			PART B		
OTHER PATIENT SERVICES	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR
	6	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES	82,548		124,697	49,015		74,043
16 COST OF DRUGS						

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

FROM WKST C, PART I, COL.9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED
1 PHYSICAL THERAPY	0.384786			COL 2, LINE 2
2 OCCUPATIONAL THERAPY	0.338457			COL 2, LINE 3
3 SPEECH PATHOLOGY	0.547813			COL 2, LINE 4
4 MEDICAL SUPPLIES CHRGD TO PAT	0.593782	227,867	135,303	COL 2, LINE 15
5 DRUGS CHARGED TO PATIENTS	0.274512			COL 2, LINE 16

CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 15-7453

WORKSHEET H-4
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES				3
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				4
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				5
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				6
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)				7
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)				8
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				9
PRIMARY PAYER PAYMENTS				

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
11 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	763,502	1,242,415	11
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	25,079	59,021	12
13 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	7,060	3,987	13
14 TOTAL PPS REIMBURSEMENT - PEP EPISODES	2,564	2,581	14
15 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10,003	26,939	15
16 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
17 TOTAL OTHER PAYMENTS			17
18 DME PAYMENTS			18
19 OXYGEN PAYMENTS			19
20 PROSTHETIC AND ORTHOTIC PAYMENTS			20
21 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
22 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	808,208	1,334,943	22
23 EXCESS REASONABLE COST (FROM LINE 8)			23
24 SUBTOTAL (LINE 22 MINUS LINE 23)	808,208	1,334,943	24
25 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
26 NET COST (LINE 24 MINUS LINE 25)	808,208	1,334,943	26
27 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
28 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
29 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	808,208	1,334,943	29
30 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
31 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	808,208	1,334,943	31
32 INTERIM PAYMENTS (SEE INSTRUCTIONS)	808,208	1,334,943	32
33 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
34 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
35 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((15-000) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL FEDERAL AMOUNT			
2	CAPITAL DRG OTHER THAN OUTLIER		1,820,406	1
3	CAPITAL DRG OUTLIER PAYMENTS		20,437	2
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		80.08	3
5	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)			4
6	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)			5
7	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)			6
8	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)		0.0997	7
9	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		0.2893	8
10	SUM OF LINES 7 AND 8		0.3890	9
11	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		0.0820	10
12	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		149,273	11
13	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		1,990,116	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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((15-000) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT		
1 CAPITAL DRG OTHER THAN OUTLIER		1
2 CAPITAL DRG OUTLIER PAYMENTS		2
3 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		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)		7
8 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)		8
9 SUM OF LINES 7 AND 8		9
10 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		10
11 DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)		11
12 TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)		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