

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 05-28-2013 TIME: 10:26_____
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PRESENCE COVENANT MEDICAL CENTER (14-0113) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-698,482	-157,038		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF		-167,903			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		-866,385	-157,038		200

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1400 WEST PARK STREET
 2 CITY: URBANA

STATE: IL

P.O.BOX:
 ZIP CODE: 61801

COUNTY: CHAMPAIGN

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)			
						V 6	XVIII 7	XIX 8	
3	HOSPITAL	14-0113	16580	1	07/01/1966	O	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T113	16580	5	10/01/1983	O	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF								9
10	HOSPITAL-BASED NF								10
11	HOSPITAL-BASED OLTC								11
12	HOSPITAL-BASED HHA								12
13	SEPARATELY CERTIFIED ASC								13
14	HOSPITAL-BASED HOSPICE								14
15	HOSPITAL-BASED HEALTH CLINIC - RHC								15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC								16
17	HOSPITAL-BASED (CMHC)								17
18	RENAL DIALYSIS								18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012			TO: 12/31/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF		OUT-OF		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		IN-STATE MEDICAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	STATE MEDICAID PAID DAYS 3	STATE MEDICAID ELIGIBLE UNPAID DAYS 4					
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	3,415	1,335	39			117			24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	181	65							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 IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				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
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)									1 N 2 N 39
PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL							XVIII		XIX	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N					2 Y		3 N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N					N		N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N					N		N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N					N		N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5	
INPATIENT PSYCHIATRIC FACILITY PPS					
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N 71
INPATIENT REHABILITATION FACILITY PPS					
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.				Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.				N N 76
LONG TERM CARE HOSPITAL PPS					
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.				N 80
TEFRA PROVIDERS					
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.				N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.				N 86
TITLE V AND XIX INPATIENT SERVICES					
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.				V 1 2 Y Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.				N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.				97
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?				1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.				106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.				107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.				N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N	RESPI- RATORY	109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	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.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). 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.	1 Y	2 148003	140
-----	--	--------	-------------	-----

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: PRESENCE PRV HEALTH CONTRACTOR'S NAME: NGS CONTRACTOR'S NUMBER: 0131			141
142	STREET: 19065 HICKORY CREEK DRIVE, S P.O. BOX:			142
143	CITY: MOKENA STATE: IL ZIP CODE: 60448			143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 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)

	TITLE XVIII		TITLE	TITLE
	PART A	PART B	V	XIX
	1	2	3	4
155	HOSPITAL	N	N	N 155
156	SUBPROVIDER - IPF	N	N	156
157	SUBPROVIDER - IRF	N	N	N 157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC		N	161

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 10:26

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? N 165
ENTER 'Y' FOR YES OR 'N' FOR NO.

166 IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN
COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
0	1	2	3	4	5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS. 168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

	Y/N	DATE	
	1	2	
36			WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? 36
37			IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. 37
38	N		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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME: ANNE	LAST NAME: LITTLE	TITLE: DIRECTOR, REIMB	41
42	EMPLOYER: PRESENCE HEALTH			42
43	PHONE NUMBER: 217-337-2502	E-MAIL ADDRESS: ANNE.LITTLE@PRESENCEHEALTH.ORG		43

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	200	42,720,853	-1,840,109	40,880,744	1,496,136.55	27.32	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01		981,667		981,667	28,567.00	34.36	7.01
8							8
9	44						9
10		4,348,082	69,703	4,417,785	184,879.00	23.90	10
OTHER WAGES & RELATED COSTS							
11		5,369,623		5,369,623	158,039.00	33.98	11
12							12
13		188,390		188,390	1,475.00	127.72	13
14		9,308,328		9,308,328	156,741.00	59.39	14
15							15
16							16
17		9,413,911		9,413,911			17
18							18
19		1,140,572		1,140,572			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
26		647,164	-414,269	232,895	7,772.00	29.97	26
27		6,065,798	-1,443,876	4,621,922	162,898.95	28.37	27
28							28
29							29
30		979,316	-12,309	967,007	36,142.00	26.76	30
31		105,345	1,282	106,627	6,054.00	17.61	31
32		906,043	11,027	917,070	64,048.00	14.32	32
33							33
34		794,031	-547,356	246,675	18,489.10	13.34	34
35		459,347		459,347	12,654.00	36.30	35
36			547,356	547,356	41,026.30	13.34	36
37							37
38		1,585,406	-703,484	881,922	22,968.00	38.40	38
39		748,809		748,809	43,636.00	17.16	39
40		1,799,241	-16,469	1,782,772	40,124.00	44.43	40
41		970,690	-56,720	913,970	37,234.00	24.55	41
42		599,479	74,756	674,235	18,264.00	36.92	42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	42,198,533	-1,840,109	40,358,424	1,480,223.55	27.27	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	4,348,082	69,703	4,417,785	184,879.00	23.90	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37,850,451	-1,909,812	35,940,639	1,295,344.55	27.75	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	14,866,341		14,866,341	316,255.00	47.01	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	9,413,911		9,413,911		26.19	5
6	TOTAL (SUM OF LINES 3 THRU 5)	62,130,703	-1,909,812	60,220,891	1,611,599.55	37.37	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	15,660,669	-2,560,062	13,100,607	511,310.35	25.62	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS	1,232,997	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	812,482	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES	11,139	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)	4,045,431	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	237,696	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	51,550	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	116,179	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,060,641	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,809,734	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	25,642	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES		20
OTHER		
21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS)	94,136	21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	56,855	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	10,554,482	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.198157	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				8,468,496	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?					4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				70,777,473	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				14,025,052	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.				5,556,556	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) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				5,556,556	19
		UNINSURED PATIENTS	INSURED PATIENTS	TOTAL		
		1	2	3		
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FACILITY	16,066,688	1,581,003	17,647,691		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	3,183,727	313,287	3,497,014		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	15,773	17,553	33,326		22
23	COST OF CHARITY CARE	3,167,954	295,734	3,463,688		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 IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				11,315,439	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				480,471	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				10,834,968	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				2,147,025	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				5,610,713	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				11,167,269	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		6,048,038	6,048,038	1,329,403	1
2	00200				2,572,479	2
3	00300		182,436	182,436	-182,436	3
4	00400	647,164	11,557,785	12,204,949	126,795	4
5.01	00540	263,089	533,892	796,981		5.01
5.02	00550	66,790	6,260,009	6,326,799	41,410	5.02
5.03	00560	301,072	1,018,195	1,319,267	-617,474	5.03
5.04	00570	582,405	12,948	595,353	86,733	5.04
5.05	00580	1,282,536	1,879,841	3,162,377		5.05
5.06	00590	3,569,906	14,057,483	17,627,389	-332,796	5.06
6	00600					6
7	00700	979,316	4,460,172	5,439,488	-12,309	7
8	00800	105,345	481,527	586,872	1,282	8
9	00900	906,043	391,512	1,297,555	11,027	9
10	01000	794,031	1,252,683	2,046,714	-1,410,879	10
11	01100				1,410,879	11
12	01200					12
13	01300	1,585,406	31,179	1,616,585	-703,484	13
14	01400	748,809	918,332	1,667,141	-707,305	14
15	01500	1,799,241	3,347,158	5,146,399	-3,343,498	15
16	01600	970,690	805,783	1,776,473	-56,720	16
17	01700	599,479	174,938	774,417	74,756	17
19	01900					19
20	02000					20
21	02100		1,546,642	1,546,642	-564,974	21
22	02200				666,158	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	7,605,529	439,981	8,045,510	302,190	30
31	03100	2,014,804	342,715	2,357,519	524,025	31
41	04100	1,381,159	1,610,738	2,991,897	-1,024,290	41
43	04300	310,229	778,060	1,088,289	15,708	43
ANCILLARY SERVICE COST CENTERS						
50	05000	3,276,451	11,789,374	15,065,825	-9,985,739	50
50.01	03330	708,737	618,695	1,327,432	-183,048	50.01
51	05100	501,648	6,645	508,293	13,833	51
52	05200	1,232,207	204,537	1,436,744	-79,532	52
53	05300		1,789,695	1,789,695	-155,942	53
54	05400	1,145,552	432,247	1,577,799	-533,246	54
54.01	03630	233,612	33,671	267,283	90,397	54.01
54.02	03440	50,932	48,404	99,336	76,181	54.02
55	05500	32,004	15,231	47,235	-47,235	55
55.01	03480	70,502	11,501	82,003	47,235	55.01
56	05600	127,717	169,056	296,773	97,343	56
57	05700	342,747	77,730	420,477	141,639	57
58	05800	117,123	46,460	163,583	54,732	58
59	05900	817,589	2,287,168	3,104,757	-1,927,725	59
60	06000		4,614,881	4,614,881	-143,713	60
62.30	06250					62.30
63	06300		740,740	740,740		63
65	06500	1,160,838	267,914	1,428,752	-287,964	65
66	06600		521,257	521,257	432,084	66
67	06700		279,886	279,886	461,367	67
68	06800		83,873	83,873	164,786	68
69.01	03140	464,377	129,658	594,035	49,277	69.01
71	07100				9,260,532	71
72	07200				4,801,989	72
73	07300				3,756,578	73
74	07400		243,206	243,206		74
76.97	07697	358,751	18,480	377,231	14,184	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	2,600,100	954,181	3,554,281	-99,221	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
95	09500	1,866,039	775,933	2,641,972	19,287	95
SPECIAL PURPOSE COST CENTERS						
113	11300		3,519,394	3,519,394	-3,519,394	113
118		41,619,969	87,811,864	129,431,833	725,365	118
NONREIMBURSABLE COST CENTERS						
190	19000	50,925	182,255	233,180		190
192	19200	370,775	614,666	985,441	11,473	192
192.01	19201	185,120	703,087	888,207	16,469	192.01
192.02	19202		1,551,170	1,551,170	-812,404	192.02
192.03	19203	295,212	276,803	572,015	59,158	192.03

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 10:26

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
192.04	19204	198,852	183,017	381,869	-61	192.04
192.05	19205					192.05
200	TOTAL (SUM OF LINES 118-199)		42,720,853	91,322,862		134,043,715
						200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	7,377,441		6,328,184	1
2	00200	2,572,479	-1,049,257	2,348,510	2
3	00300		-223,969		3
4	00400	12,331,744	-6,448	12,325,296	4
5.01	00540	796,981	-1,390	795,591	5.01
5.02	00550	6,368,209	-1,224,156	5,144,053	5.02
5.03	00560	701,793		701,793	5.03
5.04	00570	682,086		682,086	5.04
5.05	00580	3,162,377	-118,202	3,044,175	5.05
5.06	00590	17,294,593	-5,844,288	11,450,305	5.06
6	00600				6
7	00700	5,427,179	-109,840	5,317,339	7
8	00800	588,154		588,154	8
9	00900	1,308,582	-374	1,308,208	9
10	01000	635,835		635,835	10
11	01100	1,410,879	-429,937	980,942	11
12	01200				12
13	01300	913,101	-885	912,216	13
14	01400	959,836		959,836	14
15	01500	1,802,901	-69,096	1,733,805	15
16	01600	1,719,753	-4,771	1,714,982	16
17	01700	849,173	-23,068	826,105	17
19	01900				19
20	02000				20
21	02100	981,668		981,668	21
22	02200	666,158		666,158	22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	8,347,700	-55,333	8,292,367	30
31	03100	2,881,544	-312,024	2,569,520	31
41	04100	1,967,607	-36,500	1,931,107	41
43	04300	1,103,997	-762,835	341,162	43
ANCILLARY SERVICE COST CENTERS					
50	05000	5,080,086		5,080,086	50
50.01	03330	1,144,384		1,144,384	50.01
51	05100	522,126		522,126	51
52	05200	1,357,212		1,357,212	52
53	05300	1,633,753	-1,520,788	112,965	53
54	05400	1,044,553	-1,883	1,042,670	54
54.01	03630	357,680		357,680	54.01
54.02	03440	175,517		175,517	54.02
55	05500				55
55.01	03480	129,238		129,238	55.01
56	05600	394,116		394,116	56
57	05700	562,116		562,116	57
58	05800	218,315		218,315	58
59	05900	1,177,032	-3,612	1,173,420	59
60	06000	4,471,168	-45,773	4,425,395	60
62.30	06250				62.30
63	06300	740,740		740,740	63
65	06500	1,140,788	-5,658	1,135,130	65
66	06600	953,341		953,341	66
67	06700	741,253		741,253	67
68	06800	248,659		248,659	68
69.01	03140	643,312	-70,263	573,049	69.01
71	07100	9,260,532		9,260,532	71
72	07200	4,801,989		4,801,989	72
73	07300	3,756,578		3,756,578	73
74	07400	243,206		243,206	74
76.97	07697	391,415	-5,445	385,970	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	3,455,060	-475,108	2,979,952	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
95	09500	2,661,259	65	2,661,324	95
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		130,157,198	-12,400,838	117,756,360	118
NONREIMBURSABLE COST CENTERS					
190	19000	233,180		233,180	190
192	19200	996,914		996,914	192
192.01	19201	904,676		904,676	192.01
192.02	19202	738,766		738,766	192.02
192.03	19203	631,173		631,173	192.03

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
192.04 19204 OUTREACH PROGRAMS	381,808		381,808	192.04
192.05 19205 UNASSIGNED				192.05
200 TOTAL (SUM OF LINES 118-199)	134,043,715	-12,400,838	121,642,877	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 PHARMACY	A	DRUGS CHARGED TO PATIENTS	73		3,321,913 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,321,913 500
1 REHAB SERVICES	B	PHYSICAL THERAPY	66		432,084 1
2 REHAB SERVICES	B	OCCUPATIONAL THERAPY	67		461,367 2
3 REHAB SERVICES	B	SPEECH PATHOLOGY	68		164,786 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					1,058,237 500
1 INTEREST EXPENSE	C	CAP REL COSTS-BLDG & FIXT	1		2,948,026 1
2 INTEREST EXPENSE	C	CAP REL COSTS-MVBLE EQUIP	2		571,368 2
3 CAPITAL LEASE INTEREST	C	CAP REL COSTS-MVBLE EQUIP	2		11,789 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					3,531,183 500
1 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		48,654 1
2 DEPRECIATION EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2		1,894,824 2
3 DEPRECIATION EXPENSE	D	CARDIAC CATHETERIZATION	59		9,908 3
4 DEPRECIATION EXPENSE	D	OPERATING ROOM	50		37 4
5 DEPRECIATION EXPENSE	D				5
6 DEPRECIATION EXPENSE	D				6
7 DEPRECIATION EXPENSE	D				7
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,953,423 500
1 PH FEES	E	EMPLOYEE BENEFITS	4		531,456 1
2 PH FEES	E	PURCH,RCVING,STORING	5.03		143,304 2
3 PH FEES	E	CASHIERING,A/R	5.05		1,282,536 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					1,957,296 500
1 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		5,871,057 1
2 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		350,758 2
3 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		141,924 3
4 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		471,541 4
5 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		185,138 5
6 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		155,942 6
7 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		13,863 7
8 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		198,041 8
9 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		45,990 9
10 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		1,262,931 10
11 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		5,116 11
12 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		8,721 12
13 MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHRGED TO PA	71		235,410 13
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					8,946,432 500
1 EICU	G	INTENSIVE CARE UNIT	31		458,988 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					458,988 500
1 EMM FEES	H	DRUGS CHARGED TO PATIENTS	73		69,096 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					69,096 500
1 INTERNS & RESIDENTS	I	I&R SRVCES-OTHER PRGM COSTS A	22		564,974 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					564,974 500
1 RADIOLOGY SHARED SERVICES	J	COMPUTED TOMOGRAPHY (CT) SCAN	57	77,703	46,675 1
2 RADIOLOGY SHARED SERVICES	J	ULTRASOUND	54.01	49,393	29,670 2
3 RADIOLOGY SHARED SERVICES	J	MAMMOGRAPHY	54.02	18,357	11,027 3
4 RADIOLOGY SHARED SERVICES	J	MAGNETIC RESONANCE IMAGING (M	58	30,230	18,159 4
5 RADIOLOGY SHARED SERVICES	J	RADIOISOTOPE	56	54,843	32,943 5
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				230,526	138,474 500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 CPACS	K	CARDIOLOGY	69.01		19,628 1
500 TOTAL RECLASSIFICATIONS					19,628 500
CODE LETTER - K					
1 DIRECTORS	L	ADULTS & PEDIATRICS	30	113,646	1
2 DIRECTORS	L	EMERGENCY	91	105,204	2
3 DIRECTORS	L	OPERATING ROOM	50	63,549	3
4 DIRECTORS	L	OPERATING ROOM	50	22,580	4
5 DIRECTORS	L	ENDOSCOPY	50.01	19,544	5
6 DIRECTORS	L	RECOVERY ROOM	51	13,833	6
7 DIRECTORS	L	DELIVERY ROOM & LABOR ROOM	52	62,392	7
8 DIRECTORS	L	ADULTS & PEDIATRICS	30	35,646	8
9 DIRECTORS	L	NURSERY	43	15,708	9
10 DIRECTORS	L	ADULTS & PEDIATRICS	30	39,771	10
11 DIRECTORS	L	SUBPROVIDER - IRF	41	33,947	11
12 DIRECTORS	L	ADULTS & PEDIATRICS	30	8,788	12
13 DIRECTORS	L	ADULTS & PEDIATRICS	30	44,901	13
14 DIRECTORS	L	ADULTS & PEDIATRICS	30	59,438	14
15 DIRECTORS	L	INTENSIVE CARE UNIT	31	64,537	15
16 DIRECTORS	L	CARDIAC REHABILITATION	76.97	22,905	16
17 DIRECTORS	L	CARDIOLOGY	69.01	29,649	17
18 DIRECTORS	L	COVENANT OUTPATIENT PHARMACY	192.01	16,469	18
19 DIRECTORS	L	ADMITTING	5.04	56,720	19
20 DIRECTORS	L	SOCIAL SERVICE	17	74,756	20
21 DIRECTORS	L	HOUSEKEEPING	9	11,027	21
22 DIRECTORS	L	LAUNDRY & LINEN SERVICE	8	1,282	22
23 DIRECTORS	L	AMBULANCE SERVICES	95	19,287	23
24 DIRECTORS	L	RADIOLOGY-DIAGNOSTIC	54	13,399	24
25 DIRECTORS	L	RADIOLOGY-DIAGNOSTIC	54	2,771	25
26 DIRECTORS	L	COMPUTED TOMOGRAPHY (CT) SCAN	57	7,877	26
27 DIRECTORS	L	ULTRASOUND	54.01	5,369	27
28 DIRECTORS	L	MAMMOGRAPHY	54.02	1,171	28
29 DIRECTORS	L	MAGNETIC RESONANCE IMAGING (M	58	2,692	29
30 DIRECTORS	L	RADIOISOTOPE	56	2,935	30
500 TOTAL RECLASSIFICATIONS				971,793	500
CODE LETTER - L					
1 RECLASSIFICATION OF MOB EXPENSE	M	I&R SRVCES-OTHER PRGM COSTS A	22		101,184 1
2 RECLASSIFICATION OF MOB EXPENSE	M	OTHER ADMIN & GEN	5.06		144,025 2
3 RECLASSIFICATION OF MOB EXPENSE	M	MAMMOGRAPHY	54.02		43,409 3
500 TOTAL RECLASSIFICATIONS					288,618 500
CODE LETTER - M					
1 DIETARY RECLASSIFICATION	N	CAFETERIA	11	547,356	863,523 1
500 TOTAL RECLASSIFICATIONS				547,356	863,523 500
CODE LETTER - N					
1 PYXIS RECLASSIFICATION	O	MEDICAL SUPPLIES CHRGED TO PA	71		314,100 1
2 PYXIS RECLASSIFICATION	O	DRUGS CHARGED TO PATIENTS	73		365,569 2
500 TOTAL RECLASSIFICATIONS					679,669 500
CODE LETTER - O					
1 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		3,836,227 1
2 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		235,764 2
3 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		4,551 3
4 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		106,587 4
5 IMPLANT SUPPLIES	P	IMPL. DEV. CHARGED TO PATIENT	72		618,860 5
500 TOTAL RECLASSIFICATIONS					4,801,989 500
CODE LETTER - P					
1 CLOSED DEPARTMENT	Q	ONCOLOGY	55.01	32,004	15,231 1
500 TOTAL RECLASSIFICATIONS				32,004	15,231 500
CODE LETTER - Q					

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER
		COST CENTER	LINE #		
	1	2	3	4	5
1 COUNTY PLAZA LEASE	R	EMPLOYEE BENEFITS	4		126,795 1
2 COUNTY PLAZA LEASE	R	DATA PROCESSING	5.02		41,410 2
3 COUNTY PLAZA LEASE	R	PURCH,RCVING,STORING	5.03		62,195 3
4 COUNTY PLAZA LEASE	R	ADMITTING	5.04		30,013 4
5 COUNTY PLAZA LEASE	R	OTHER ADMIN & GEN	5.06		126,519 5
6 COUNTY PLAZA LEASE	R	LABORATORY	60		4,733 6
7 COUNTY PLAZA LEASE	R	PHYSICIANS' PRIVATE OFFICES	192		12,581 7
8 COUNTY PLAZA LEASE	R	FOUNDATION	192.03		59,158 8
500 TOTAL RECLASSIFICATIONS CODE LETTER - R					463,404 500
1 PHYSICIAN RECLASSIFICATION	S	INTENSIVE CARE UNIT	31		500 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					500 500
1 PACS	T	COMPUTED TOMOGRAPHY (CT) SCAN	57	9,002	382 1
2 PACS	T	ULTRASOUND	54.01	5,722	243 2
3 PACS	T	MAMMOGRAPHY	54.02	2,127	90 3
4 PACS	T	MAGNETIC RESONANCE IMAGING (M	58	3,502	149 4
5 PACS	T	RADIOISOTOPE	56	6,353	269 5
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				26,706	1,133 500
1 VACATION ACCRUAL	U	EMPLOYEE BENEFITS	4	117,187	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - U GRAND TOTAL (INCREASES)				117,187	500
				1,925,572	29,133,711

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 PHARMACY	A	PHARMACY	15		3,321,913	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					3,321,913	500
1 REHAB SERVICES	B	SUBPROVIDER - IRF	41		432,084	1
2 REHAB SERVICES	B	SUBPROVIDER - IRF	41		461,367	2
3 REHAB SERVICES	B	SUBPROVIDER - IRF	41		164,786	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					1,058,237	500
1 INTEREST EXPENSE	C	INTEREST EXPENSE	113		2,948,026	11 1
2 INTEREST EXPENSE	C	INTEREST EXPENSE	113		571,368	11 2
3 CAPITAL LEASE INTEREST	C	REAL ESTATE	192.02		11,789	11 3
500 TOTAL RECLASSIFICATIONS CODE LETTER - C					3,531,183	500
1 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		1,755,178	9 1
2 DEPRECIATION EXPENSE	D	PHYSICIANS' PRIVATE OFFICES	192		1,108	9 2
3 DEPRECIATION EXPENSE	D	LABORATORY	60		148,446	9 3
4 DEPRECIATION EXPENSE	D	REAL ESTATE	192.02		48,593	9 4
5 DEPRECIATION EXPENSE	D	OUTREACH PROGRAMS	192.04		61	9 5
6 DEPRECIATION EXPENSE	D	CAP REL COSTS-BLDG & FIXT	1		37	9 6
7 DEPRECIATION EXPENSE	D					9 7
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,953,423	500
1 PH FEES	E	EMPLOYEE BENEFITS	4	531,456		1
2 PH FEES	E	PURCH,RCVING,STORING	5.03	143,304		2
3 PH FEES	E	CASHIERING,A/R	5.05	1,282,536		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - E				1,957,296		500
1 MEDICAL SUPPLIES	F	OPERATING ROOM	50		5,871,057	1
2 MEDICAL SUPPLIES	F	OPERATING ROOM	50		350,758	2
3 MEDICAL SUPPLIES	F	DELIVERY ROOM & LABOR ROOM	52		141,924	3
4 MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	14		471,541	4
5 MEDICAL SUPPLIES	F	EMERGENCY	91		185,138	5
6 MEDICAL SUPPLIES	F	ANESTHESIOLOGY	53		155,942	6
7 MEDICAL SUPPLIES	F	OPERATING ROOM	50		13,863	7
8 MEDICAL SUPPLIES	F	ENDOSCOPY	50.01		198,041	8
9 MEDICAL SUPPLIES	F	RADIOLOGY-DIAGNOSTIC	54		45,990	9
10 MEDICAL SUPPLIES	F	CARDIAC CATHETERIZATION	59		1,262,931	10
11 MEDICAL SUPPLIES	F	PHARMACY	15		5,116	11
12 MEDICAL SUPPLIES	F	CARDIAC REHABILITATION	76.97		8,721	12
13 MEDICAL SUPPLIES	F	RESPIRATORY THERAPY	65		235,410	13
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					8,946,432	500
1 EICU	G	OTHER ADMIN & GEN	5.06		458,988	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - G					458,988	500
1 EMM FEES	H	OTHER ADMIN & GEN	5.06		69,096	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					69,096	500
1 INTERNS & RESIDENTS	I	I&R SRVCES-SALARY & FRINGES A	21		564,974	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					564,974	500
1 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	77,703	46,675	1
2 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	49,393	29,670	2
3 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	18,357	11,027	3
4 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	30,230	18,159	4
5 RADIOLOGY SHARED SERVICES	J	RADIOLOGY-DIAGNOSTIC	54	54,843	32,943	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				230,526	138,474	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CPACS	K	CARDIAC CATHETERIZATION	59		19,628	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - K					19,628	500
1 DIRECTORS	L	NURSING ADMINISTRATION	13	113,646		1
2 DIRECTORS	L	NURSING ADMINISTRATION	13	105,204		2
3 DIRECTORS	L	NURSING ADMINISTRATION	13	63,549		3
4 DIRECTORS	L	NURSING ADMINISTRATION	13	22,580		4
5 DIRECTORS	L	NURSING ADMINISTRATION	13	19,544		5
6 DIRECTORS	L	NURSING ADMINISTRATION	13	13,833		6
7 DIRECTORS	L	NURSING ADMINISTRATION	13	62,392		7
8 DIRECTORS	L	NURSING ADMINISTRATION	13	35,646		8
9 DIRECTORS	L	NURSING ADMINISTRATION	13	15,708		9
10 DIRECTORS	L	NURSING ADMINISTRATION	13	39,771		10
11 DIRECTORS	L	NURSING ADMINISTRATION	13	33,947		11
12 DIRECTORS	L	NURSING ADMINISTRATION	13	8,788		12
13 DIRECTORS	L	NURSING ADMINISTRATION	13	44,901		13
14 DIRECTORS	L	NURSING ADMINISTRATION	13	59,438		14
15 DIRECTORS	L	NURSING ADMINISTRATION	13	64,537		15
16 DIRECTORS	L	RESPIRATORY THERAPY	65	22,905		16
17 DIRECTORS	L	RESPIRATORY THERAPY	65	29,649		17
18 DIRECTORS	L	PHARMACY	15	16,469		18
19 DIRECTORS	L	MEDICAL RECORDS & LIBRARY	16	56,720		19
20 DIRECTORS	L	OTHER ADMIN & GEN	5.06	74,756		20
21 DIRECTORS	L	OPERATION OF PLANT	7	11,027		21
22 DIRECTORS	L	OPERATION OF PLANT	7	1,282		22
23 DIRECTORS	L	EMERGENCY	91	19,287		23
24 DIRECTORS	L	CARDIAC CATHETERIZATION	59	13,399		24
25 DIRECTORS	L	CARDIAC CATHETERIZATION	59	2,771		25
26 DIRECTORS	L	CARDIAC CATHETERIZATION	59	7,877		26
27 DIRECTORS	L	CARDIAC CATHETERIZATION	59	5,369		27
28 DIRECTORS	L	CARDIAC CATHETERIZATION	59	1,171		28
29 DIRECTORS	L	CARDIAC CATHETERIZATION	59	2,692		29
30 DIRECTORS	L	CARDIAC CATHETERIZATION	59	2,935		30
500 TOTAL RECLASSIFICATIONS CODE LETTER - L				971,793		500
1 RECLASSIFICATION OF MOB EXPENSE	M	REAL ESTATE	192.02		101,184	1
2 RECLASSIFICATION OF MOB EXPENSE	M	REAL ESTATE	192.02		144,025	2
3 RECLASSIFICATION OF MOB EXPENSE	M	REAL ESTATE	192.02		43,409	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - M					288,618	500
1 DIETARY RECLASSIFICATION	N	DIETARY	10	547,356	863,523	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - N				547,356	863,523	500
1 PYXIS RECLASSIFICATION	O	PURCH,RCVING,STORING	5.03		314,100	1
2 PYXIS RECLASSIFICATION	O	PURCH,RCVING,STORING	5.03		365,569	2
500 TOTAL RECLASSIFICATIONS CODE LETTER - O					679,669	500
1 IMPLANT SUPPLIES	P	OPERATING ROOM	50		3,836,227	1
2 IMPLANT SUPPLIES	P	CENTRAL SERVICES & SUPPLY	14		235,764	2
3 IMPLANT SUPPLIES	P	ENDOSCOPY	50.01		4,551	3
4 IMPLANT SUPPLIES	P	RADIOLOGY-DIAGNOSTIC	54		106,587	4
5 IMPLANT SUPPLIES	P	CARDIAC CATHETERIZATION	59		618,860	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - P					4,801,989	500
1 CLOSED DEPARTMENT	Q	RADIOLOGY-THERAPEUTIC	55	32,004	15,231	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - Q				32,004	15,231	500

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		126,795	1
2 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		41,410	2
3 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		62,195	3
4 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		30,013	4
5 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		126,519	5
6 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		4,733	6
7 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		12,581	7
8 COUNTY PLAZA LEASE	R	REAL ESTATE	192.02		59,158	8
500 TOTAL RECLASSIFICATIONS CODE LETTER - R					463,404	500
1 PHYSICIAN RECLASSIFICATION	S	OTHER ADMIN & GEN	5.06		500	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - S					500	500
1 PACS	T	RADIOLOGY-DIAGNOSTIC	54	9,002	382	1
2 PACS	T	RADIOLOGY-DIAGNOSTIC	54	5,722	243	2
3 PACS	T	RADIOLOGY-DIAGNOSTIC	54	2,127	90	3
4 PACS	T	RADIOLOGY-DIAGNOSTIC	54	3,502	149	4
5 PACS	T	RADIOLOGY-DIAGNOSTIC	54	6,353	269	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - T				26,706	1,133	500
1 VACATION ACCRUAL	U	EMPLOYEE BENEFITS	4		117,187	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - U GRAND TOTAL (DECREASES)				3,765,681	27,293,602	500

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	6,156,757					6,156,757		1
2 LAND IMPROVEMENTS	4,865,252					4,865,252	2,487,237	2
3 BUILDINGS AND FIXTURES	59,586,612	3,135,170		3,135,170	13,451	62,708,331	7,255,125	3
4 BUILDING IMPROVEMENTS	1,805,474	2,693,371		2,693,371	4,430,337	68,508		4
5 FIXED EQUIPMENT	3,081,850					3,081,850	1,406,367	5
6 MOVABLE EQUIPMENT	70,216,717	2,774,580		2,774,580	3,527,816	69,463,481	42,314,509	6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	145,712,662	8,603,121		8,603,121	7,971,604	146,344,179	53,463,238	8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	145,712,662	8,603,121		8,603,121	7,971,604	146,344,179	53,463,238	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	6,048,038						6,048,038	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	6,048,038						6,048,038	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4	INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL	
								(SUM OF COLS. 5-7) 8	
1 CAP REL COSTS-BLDG & FIXT	67,573,583		67,573,583	0.482023			87,938	87,938	1
2 CAP REL COSTS-MVBLE EQUIP	72,613,839		72,613,839	0.517977			94,498	94,498	2
3 TOTAL (SUM OF LINES 1-2)	140,187,422		140,187,422	1.000000			182,436	182,436	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	4,341,477		1,898,769			87,938	6,328,184	1
2 CAP REL COSTS-MVBLE EQUIP	1,894,824		359,188			94,498	2,348,510	2
3 TOTAL	6,236,301		2,257,957			182,436	8,676,694	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)	B	-2,815	OTHER ADMIN & GEN	5.06	4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-1,390	NONPATIENT TELEPHONE	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,146,266			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,307,917			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-429,937	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4,771	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 MUSCLR SKEL CLINIC REV	B	-3,275	OTHER ADMIN & GEN	5.06	33
34 MEDICAL STAFF MISC INCOME	B	-213,970	OTHER ADMIN & GEN	5.06	34
35 CARDIO PULM REHAB FITNESS	B	-5,445	CARDIAC REHABILITATION	76.97	35
36 BIOMEDICAL ENGINEERING MISC INCOME	B	-109,840	OPERATION OF PLANT	7	36
37 OB/GYN MISC INCOME	B	-50	ADULTS & PEDIATRICS	30	37
38					38
39 EMS RESOURCE HOSP MISC	B	-58,006	EMERGENCY	91	39
40					40
41					41
42 LABORATORY MISC INCOME	B	-8,753	LABORATORY	60	42
43 CLINICAL EDUCATION	B	-885	NURSING ADMINISTRATION	13	43
44 OTHER OPER REV	B	-94,497	OTHER ADMIN & GEN	5.06	44
45 DONATIONS	A	-72,066	OTHER ADMIN & GEN	5.06	45
46 ENVIRONMENT SERV MISC INCOME	B	-374	HOUSEKEEPING	9	46
47 INFORM TECH MISC REV	B	-150	DATA PROCESSING	5.02	47
48 EMP ACTIVITY EOMM MISC INCOME	B	-6,448	EMPLOYEE BENEFITS	4	48
49 MEDICAID MU REVENUE	B	-667,417	DATA PROCESSING	5.02	49
49.01 OTHER OPER UNRESTRICTED SOURCE	B	1,799	OTHER ADMIN & GEN	5.06	49.01
49.02 PAT ACCT INV INCOME	B	-288,668	CASHIERING,A/R	5.05	49.02
49.03 INCOME TAX ON UNRELATED INCOME	A	-2,400	OTHER ADMIN & GEN	5.06	49.03
49.04 COMMIT TO POOR-CASE MANAGEMENT	A	-23,068	SOCIAL SERVICE	17	49.04
49.05 COMMIT TO POOR-SPONSERSHIPS	A	-50,653	OTHER ADMIN & GEN	5.06	49.05
49.06 AMBULANCE NON ALLOW EXPENSE	A	65	AMBULANCE SERVICES	95	49.06
49.07 ADMIN NON ALLOWABLE EXPENSE	A	-3,491	OTHER ADMIN & GEN	5.06	49.07
49.08 ADVERTISING	A	-323,050	OTHER ADMIN & GEN	5.06	49.08
49.09 LOBBYING COSTS	A	-39,522	OTHER ADMIN & GEN	5.06	49.09
49.10 PHYSICIAN HOSPITALIST SUBSIDY	A	-1,127,395	OTHER ADMIN & GEN	5.06	49.10
49.11 PROVIDER ASSESSMENT	A	-4,410,183	OTHER ADMIN & GEN	5.06	49.11
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,400,838			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	5.06	OTHER ADMIN & GEN	ADMINISTRATIVE FEE	2,451,276	1,954,046	497,230	1
2	1	CAP REL COSTS-BLDG & FIXT	INTEREST	1,898,769	2,948,026	-1,049,257	11 2
3	2	CAP REL COSTS-MVBLE EQUIP	INTEREST	405,301	629,270	-223,969	11 3
4	5.06	OTHER ADMIN & GEN	MALPRACTISE INS	3,128,526	3,128,526		4
4.01	4	EMPLOYEE BENEFITS	CENTRALIZED HR	1,251,468	1,251,468		4.01
4.02	4	EMPLOYEE BENEFITS	WORKERS COMPENSATION	1,079,690	1,079,690		4.02
4.03	5.06	OTHER ADMIN & GEN	FDLT/FRGRY INS	38,290	38,290		4.03
4.04	5.06	OTHER ADMIN & GEN	CRIME COVERAGE	5,006	5,006		4.04
4.05	5.06	OTHER ADMIN & GEN	PROPERTY INSURANCE	103,212	103,212		4.05
4.06	5.06	OTHER ADMIN & GEN	LIQUOR LIAB	240	240		4.06
4.07	5.02	DATA PROCESSING	INFOR TECH FEES	5,615,983	6,172,572	-556,589	4.07
4.08	54	RADIOLOGY-DIAGNOSTIC	PACS	225,660	225,660		4.08
4.09	59	CARDIAC CATHETERIZATION	CPACS	122,292	122,292		4.09
4.10	5.05	CASHIERING,A/R	CBO FEES	1,598,214	1,427,748	170,466	4.10
4.11	5.05	CASHIERING,A/R	REVENUE CYCLE	342,432	342,432		4.11
4.12	5.05	CASHIERING,A/R	FERCC	306,180	306,180		4.12
4.13	15	PHARMACY	EMM		69,096	-69,096	4.13
4.14	5.03	PURCH,RCVING,STORING	MATERIALS MGMT	303,384	303,384		4.14
4.15	31	INTENSIVE CARE UNIT	EICU	382,286	458,988	-76,702	4.15
4.16	5.06	OTHER ADMIN & GEN	AUTO INSURANCE	18,924	18,924		4.16
4.17	5.06	OTHER ADMIN & GEN	AMBULANCE/HELIPORT	60,300	60,300		4.17
4.18	5.06	OTHER ADMIN & GEN	OTHER INSURANCE	39,264	39,264		4.18
4.19	60	LABORATORY	ALVERNO LABS	4,334,784	4,334,784		4.19
5		TOTALS (SUM OF LINES 1-4)		23,711,481	25,019,398	-1,307,917	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 -----			
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
6	B		PROVENA HEALTH		HEALTH MANAGEMENT
7	G		APHL LABS		LAB SERVICE
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: FINANCIAL

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9	
1	30	ADULTS & PEDIATRICS	69,738	47,900	21,838	142,500	211	14,455	723	1
2	43	NURSERY	762,835	762,835		171,400				2
3	31	INTENSIVE CARE UNIT	255,321	235,321	20,000	231,100	180	19,999	1,000	3
4	69.01	CARDIOLOGY	70,263	70,263		171,400				4
5	65	RESPIRATORY THERAPY	12,580		12,580	171,400	84	6,922	346	5
6	91	EMERGENCY	417,102	417,102		171,400				6
7	54	RADIOLOGY-DIAGNOSTIC	17,438		17,438	231,100	140	15,555	778	7
8	59	CARDIAC CATHETERIZATION	17,500		17,500	231,100	125	13,888	694	8
10	60	LABORATORY	64,035		64,035	219,500	256	27,015	1,351	10
11	53	ANESTHESIOLOGY	1,555,788	1,520,788	35,000	200,300	480	46,223	2,311	11
12	41	SUBPROVIDER - IRF	36,500	36,500		171,400				12
200		TOTAL	3,279,100	3,090,709	188,391		1,476	144,057	7,203	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER									
LINE NO.			COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11		12	13	14	15	16	17	18	
1	30	ADULTS & PEDIATRICS		DR S & DR B			14,455	7,383	55,283	1
2	43	NURSERY		DR N					762,835	2
3	31	INTENSIVE CARE UNIT		DR CC			19,999	1	235,322	3
4	69.01	CARDIOLOGY		DR CC					70,263	4
5	65	RESPIRATORY THERAPY		DR P			6,922	5,658	5,658	5
6	91	EMERGENCY		DR ER					417,102	6
7	54	RADIOLOGY-DIAGNOSTIC		DR L			15,555	1,883	1,883	7
8	59	CARDIAC CATHETERIZATION		DR CC			13,888	3,612	3,612	8
10	60	LABORATORY		DR CC			27,015	37,020	37,020	10
11	53	ANESTHESIOLOGY		DR P			46,223		1,520,788	11
12	41	SUBPROVIDER - IRF		DR C					36,500	12
200		TOTAL					144,057	55,557	3,146,266	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONE 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,328,184	6,328,184				1
2 CAP REL COSTS-MVBLE EQUIP	2,348,510		2,348,510			2
4 EMPLOYEE BENEFITS	12,325,296	3,252	719	12,329,267		4
5.01 NONPATIENT TELEPHONE	795,591	12,222		79,800	887,613	5.01
5.02 DATA PROCESSING	5,144,053	46,003		2,158	20,259	5.02
5.03 PURCH,RCVING,STORING	701,793			45,432	47,854	5.03
5.04 ADMITTING	682,086	35,995		24,317	193,859	5.04
5.05 CASHIERING,A/R	3,044,175	4,812			2,603	5.05
5.06 OTHER ADMIN & GEN	11,450,305	312,585	71,527	1,060,145	143,167	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,317,339	1,336,175	390,864	293,312	19,088	7
8 LAUNDRY & LINEN SERVICE	588,154	16,312	237	32,342	1,735	8
9 HOUSEKEEPING	1,308,208	74,186	1,540	278,165	6,941	9
10 DIETARY	635,835	192,765	2,539	74,821	12,147	10
11 CAFETERIA	980,942	43,237	5,633	166,023	26,030	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	912,216	8,014	70,105	267,504	4,338	13
14 CENTRAL SERVICES & SUPPLY	959,836	221,551	31,650	227,128	7,809	14
15 PHARMACY	1,733,805	57,236	4,356	540,749	21,691	15
16 MEDICAL RECORDS & LIBRARY	1,714,982	139,251	1,344	277,224	29,500	16
17 SOCIAL SERVICE	826,105	10,528		204,508	10,412	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	981,668					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	666,158		152		1,735	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	8,292,367	1,057,106	22,396	2,398,563	104,986	30
31 INTENSIVE CARE UNIT	2,569,520	170,300	7,337	630,704	15,618	31
41 SUBPROVIDER - IRF	1,931,107	221,819	4,939	429,229	34,706	41
43 NURSERY	341,162	64,294	4,596	98,863	10,412	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,080,086	461,845	370,402	1,019,934	50,324	50
50.01 ENDOSCOPY	1,144,384	73,934	10,535	220,901	15,618	50.01
51 RECOVERY ROOM	522,126	40,069		156,355	16,485	51
52 DELIVERY ROOM & LABOR ROOM	1,357,212	161,465	40,716	392,676	17,353	52
53 ANESTHESIOLOGY	112,965	6,773	6,028		3,471	53
54 RADIOLOGY-DIAGNOSTIC	1,042,670	143,744	84,200	274,349	18,221	54
54.01 ULTRASOUND	357,680	38,141	17,067	89,205	6,941	54.01
54.02 MAMMOGRAPHY	175,517	43,187	20,463	22,017	868	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	129,238	56,817	11,205	31,092	4,338	55.01
56 RADIOISOTOPE	394,116	20,873	6,198	58,191	6,074	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	562,116	39,616	132,739	132,650	13,015	57
58 MAGNETIC RESONANCE IMAGING (MRI)	218,315	26,506	150,131	46,574	7,809	58
59 CARDIAC CATHETERIZATION	1,173,420	140,257	451,832	237,006	12,147	59
60 LABORATORY	4,425,395	195,414	85,403		43,383	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	740,740					63
65 RESPIRATORY THERAPY	1,135,130	102,820	27,398	336,164	24,294	65
66 PHYSICAL THERAPY	953,341	60,187	1,334		1,735	66
67 OCCUPATIONAL THERAPY	741,253	39,029	77		1,735	67
68 SPEECH PATHOLOGY	248,659	3,185			868	68
69.01 RADIOLOGY	573,049	43,053	79,427	149,847	14,750	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	9,260,532					71
72 IMPL. DEV. CHARGED TO PATIENT	4,801,989					72
73 DRUGS CHARGED TO PATIENTS	3,756,578					73
74 RENAL DIALYSIS	243,206	7,125	586		2,603	74
76.97 CARDIAC REHABILITATION	385,970	51,921	10,379	115,764	4,338	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2,979,952	185,824	50,297	814,720	50,324	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	2,661,324		68,110	571,855		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	117,756,360	5,969,428	2,316,368	11,990,352	858,113	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	233,180	28,149	4,525	15,447		190
192 PHYSICIANS' PRIVATE OFFICES	996,914	39,079	2,767	112,463	13,015	192
192.01 COVENANT OUTPATIENT PHARMACY	904,676	12,423		61,146	4,338	192.01
192.02 REAL ESTATE	738,766					192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NONPATIENT TELEPHONE 5.01	
192.03 FOUNDATION	631,173		19,680	89,543	5,206	192.03
192.04 OUTREACH PROGRAMS	381,808		5,170	60,316	6,941	192.04
192.05 UNASSIGNED		279,105				192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,211,642,877	6,328,184	2,348,510	12,329,267	887,613	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	SUBTOTAL (COLS.0-4)	
	5.02	5.03	5.04	5.05	4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING	5,245,444					5.02
5.03 PURCH,RCVING,STORING	44,453	848,209				5.03
5.04 ADMITTING	151,140	526	1,134,776			5.04
5.05 CASHIERING,A/R	88,906	13		3,140,509		5.05
5.06 OTHER ADMIN & GEN	720,137	1,439			13,759,305	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	80,015	8,482			7,445,275	7
8 LAUNDRY & LINEN SERVICE		52			638,832	8
9 HOUSEKEEPING	44,453	7,046			1,720,539	9
10 DIETARY	26,672	2,037			946,816	10
11 CAFETERIA	71,125	4,520			1,297,510	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		812			1,262,989	13
14 CENTRAL SERVICES & SUPPLY	53,343	3,031			1,504,348	14
15 PHARMACY	151,140	656			2,509,633	15
16 MEDICAL RECORDS & LIBRARY	302,280	3,863			2,468,444	16
17 SOCIAL SERVICE	26,672	23			1,078,248	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					981,668	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					668,045	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	986,856	11,161	148,051	248,500	13,269,986	30
31 INTENSIVE CARE UNIT	213,374	3,541	45,780	66,270	3,722,444	31
41 SUBPROVIDER - IRF	195,593	1,459	31,020	44,903	2,894,775	41
43 NURSERY	44,453	355	10,642	15,404	590,181	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	542,326	30,943	107,322	390,743	8,053,925	50
50.01 ENDOSCOPY	160,030	880	6,817	103,054	1,736,153	50.01
51 RECOVERY ROOM		280	15,120	56,188	806,623	51
52 DELIVERY ROOM & LABOR ROOM	44,453	1,912	21,497	32,583	2,069,867	52
53 ANESTHESIOLOGY			38,275	158,361	325,873	53
54 RADIOLOGY-DIAGNOSTIC	88,906		20,173	74,026	1,746,289	54
54.01 ULTRASOUND	26,672	1,594	6,914	25,660	569,874	54.01
54.02 MAMMOGRAPHY		1,921	44	4,888	268,905	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	44,453	191	50	2,551	279,935	55.01
56 RADIOISOTOPE	17,781	8,105	4,027	17,332	532,697	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	44,453	3,621	24,286	111,419	1,063,915	57
58 MAGNETIC RESONANCE IMAGING (MRI)	17,781	1,903	13,321	44,747	527,087	58
59 CARDIAC CATHETERIZATION	97,796	3,589	32,990	120,977	2,270,014	59
60 LABORATORY	275,608	927	118,042	346,650	5,490,822	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		37,041	7,551	15,324	800,656	63
65 RESPIRATORY THERAPY	80,015	515	87,271	139,324	1,932,931	65
66 PHYSICAL THERAPY	17,781	532	16,225	35,503	1,086,638	66
67 OCCUPATIONAL THERAPY	17,781	56	13,508	24,315	837,754	67
68 SPEECH PATHOLOGY	8,891	2	3,531	6,026	271,162	68
69.01 RADIOLOGY	80,015	2,119	16,139	46,722	1,005,121	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		447,375	64,071	180,657	9,952,635	71
72 IMPL. DEV. CHARGED TO PATIENT		240,123	54,142	135,030	5,231,284	72
73 DRUGS CHARGED TO PATIENTS			184,899	384,032	4,325,509	73
74 RENAL DIALYSIS	17,781	4	3,032	4,441	278,778	74
76.97 CARDIAC REHABILITATION	44,453	415	2,125	9,432	624,797	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	186,702	4,873	37,911	242,397	4,553,000	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	160,030	3,820		53,050	3,518,189	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	5,174,320	841,757	1,134,776	3,140,509	116,919,471	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,860			286,161	190
192 PHYSICIANS' PRIVATE OFFICES		178			1,164,416	192
192.01 COVENANT OUTPATIENT PHARMACY		120			982,703	192.01
192.02 REAL ESTATE					738,766	192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	SUBTOTAL (COLS.0-4) 4A	
	5.02	5.03	5.04	5.05		
192.03 FOUNDATION	53,343	652			799,597	192.03
192.04 OUTREACH PROGRAMS	17,781	642			472,658	192.04
192.05 UNASSIGNED					279,105	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,245,444	848,209	1,134,776	3,140,509	121,642,877	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
	5.06	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN	13,759,305					5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	949,555	8,394,830				7
8 LAUNDRY & LINEN SERVICE	81,475	29,918	750,225			8
9 HOUSEKEEPING	219,434	136,062		2,076,035		9
10 DIETARY	120,755	353,546		89,195	1,510,312	10
11 CAFETERIA	165,482	79,300		20,006		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	161,079	14,698		3,708		13
14 CENTRAL SERVICES & SUPPLY	191,862	406,341	2,884	102,515		14
15 PHARMACY	320,074	104,975		26,484		15
16 MEDICAL RECORDS & LIBRARY	314,820	255,397		64,433		16
17 SOCIAL SERVICE	137,518	19,310		4,872		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	125,200					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	85,201					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,692,479	1,938,818	252,354	489,141	1,049,858	30
31 INTENSIVE CARE UNIT	474,753	312,343	35,628	78,800	152,514	31
41 SUBPROVIDER - IRF	369,194	406,833	79,208	102,639	227,766	41
43 NURSERY	75,271	117,920	8,187	29,750	80,174	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,027,181	847,059	105,514	213,702		50
50.01 ENDOSCOPY	221,425	135,601	23,577	34,210		50.01
51 RECOVERY ROOM	102,875	73,489	14,138	18,540		51
52 DELIVERY ROOM & LABOR ROOM	263,987	296,139	35,306	74,712		52
53 ANESTHESIOLOGY	41,561	12,422		3,134		53
54 RADIOLOGY-DIAGNOSTIC	222,718	263,638	16,984	66,512		54
54.01 ULTRASOUND	72,681	69,953	1,039	17,648		54.01
54.02 MAMMOGRAPHY	34,296	79,208	1,039	19,983		54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	35,702	104,207	247	26,290		55.01
56 RADIOISOTOPE	67,939	38,282	3,128	9,658		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	135,690	72,659		18,331		57
58 MAGNETIC RESONANCE IMAGING (MRI)	67,224	48,613	6,556	12,265		58
59 CARDIAC CATHETERIZATION	289,513	257,242	16,339	64,899		59
60 LABORATORY	700,288	358,404	851	90,421		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	102,114					63
65 RESPIRATORY THERAPY	246,522	188,580		47,576		65
66 PHYSICAL THERAPY	138,588	110,387	3,892	27,849		66
67 OCCUPATIONAL THERAPY	106,845	71,582	3,892	18,059		67
68 SPEECH PATHOLOGY	34,583	5,842	1,946	1,474		68
69.01 RADIOLOGY	128,191	78,962	4,528	19,921		69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,269,339					71
72 IMPL. DEV. CHARGED TO PATIENT	667,187					72
73 DRUGS CHARGED TO PATIENTS	551,667					73
74 RENAL DIALYSIS	35,555	13,068	1,384	3,297		74
76.97 CARDIAC REHABILITATION	79,685	95,228		24,025		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	580,681	340,816	113,997	85,984		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	448,703		2,263			95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	13,156,892	7,736,842	741,437	1,910,033	1,510,312	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,496	51,627		13,025		190
192 PHYSICIANS' PRIVATE OFFICES	148,507	71,675	1,640	18,083		192
192.01 COVENANT OUTPATIENT PHARMACY	125,332	22,785		5,748		192.01
192.02 REAL ESTATE	94,221					192.02

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PART I

COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY
	5.06	7	8	9	10
192.03 FOUNDATION	101,979				192.03
192.04 OUTREACH PROGRAMS	60,282		7,148		192.04
192.05 UNASSIGNED	35,596	511,901		129,146	192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	13,759,305	8,394,830	750,225	2,076,035	1,510,312 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	1,562,298					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	29,572	1,472,046				13
14 CENTRAL SERVICES & SUPPLY	59,031		2,266,981			14
15 PHARMACY	54,276			3,015,442		15
16 MEDICAL RECORDS & LIBRARY	48,508				3,151,602	16
17 SOCIAL SERVICE	24,704					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	389,893	481,086	20,335	10,857	2,081,317	30
31 INTENSIVE CARE UNIT	82,075	101,273	8,173	6,685	302,239	31
41 SUBPROVIDER - IRF	67,275	83,011	2,735	866	451,625	41
43 NURSERY	12,408	15,311	848	703	158,841	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	164,094	202,476	10,178	59,658		50
50.01 ENDOSCOPY	30,697	37,877		16,422		50.01
51 RECOVERY ROOM	18,908	23,331	319	496		51
52 DELIVERY ROOM & LABOR ROOM	51,322	63,326	2	10,125		52
53 ANESTHESIOLOGY				10,360		53
54 RADIOLOGY-DIAGNOSTIC	46,257	57,077		1,749		54
54.01 ULTRASOUND	11,170	13,783	4,721	181		54.01
54.02 MAMMOGRAPHY	3,039	3,750	5,378			54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	5,290	6,527	522	2,129		55.01
56 RADIOISOTOPE	5,796	43,224	25,218	847		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22,116	27,288	11,237	5,275		57
58 MAGNETIC RESONANCE IMAGING (MRI)	6,134	7,569	5,705	588		58
59 CARDIAC CATHETERIZATION	30,472	37,600		9,007		59
60 LABORATORY			2,796			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	52,728	65,062	24	118		65
66 PHYSICAL THERAPY			1,180			66
67 OCCUPATIONAL THERAPY			113			67
68 SPEECH PATHOLOGY						68
69.01 RADIOLOGY	21,609	26,663	6,085	1,974		69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			1,401,008	62,598		71
72 IMPL. DEV. CHARGED TO PATIENT			751,991			72
73 DRUGS CHARGED TO PATIENTS			801	2,771,366		73
74 RENAL DIALYSIS			2			74
76.97 CARDIAC REHABILITATION	16,882	20,831				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	125,603	154,981	1,378	29,930	157,580	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	143,498		4,835	8,932		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,523,357	1,472,046	2,265,584	3,010,866	3,151,602	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,699					190
192 PHYSICIANS' PRIVATE OFFICES	8,244		357	4,576		192
192.01 COVENANT OUTPATIENT PHARMACY	6,809					192.01
192.02 REAL ESTATE						192.02

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COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192.03 FOUNDATION	9,341					192.03
192.04 OUTREACH PROGRAMS	9,848		1,040			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,562,298	1,472,046	2,266,981	3,015,442	3,151,602	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
	17	21	22	24	25	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
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	1,264,652					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		1,106,868				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			753,246			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	826,324	893,465	608,020	24,003,933	-1,501,485	30
31 INTENSIVE CARE UNIT	120,015	79,030	53,782	5,529,754	-132,812	31
41 SUBPROVIDER - IRF	179,328			4,865,255		41
43 NURSERY	63,106			1,152,700		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM				10,683,787		50
50.01 ENDOSCOPY		53,904	36,683	2,326,549	-90,587	50.01
51 RECOVERY ROOM				1,058,719		51
52 DELIVERY ROOM & LABOR ROOM				2,864,786		52
53 ANESTHESIOLOGY				393,350		53
54 RADIOLOGY-DIAGNOSTIC				2,421,224		54
54.01 ULTRASOUND				761,050		54.01
54.02 MAMMOGRAPHY				415,598		54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY				460,849		55.01
56 RADIOISOTOPE				726,789		56
57 COMPUTED TOMOGRAPHY (CT) SCAN				1,363,067		57
58 MAGNETIC RESONANCE IMAGING (MRI)				681,741		58
59 CARDIAC CATHETERIZATION				2,975,086		59
60 LABORATORY				6,643,582		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.				902,770		63
65 RESPIRATORY THERAPY				2,533,541		65
66 PHYSICAL THERAPY				1,368,534		66
67 OCCUPATIONAL THERAPY				1,038,245		67
68 SPEECH PATHOLOGY				315,007		68
69.01 RADIOLOGY		80,469	54,761	1,428,284	-135,230	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				12,685,580		71
72 IMPL. DEV. CHARGED TO PATIENT				6,650,462		72
73 DRUGS CHARGED TO PATIENTS				7,649,343		73
74 RENAL DIALYSIS				332,084		74
76.97 CARDIAC REHABILITATION				861,448		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	75,879			6,219,829		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES				4,126,420		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,264,652	1,106,868	753,246	115,439,366	-1,860,114	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				392,008		190
192 PHYSICIANS' PRIVATE OFFICES				1,417,498		192
192.01 COVENANT OUTPATIENT PHARMACY				1,143,377		192.01
192.02 REAL ESTATE				832,987		192.02

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COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	17	21	22	24	25
192.03 FOUNDATION				910,917	192.03
192.04 OUTREACH PROGRAMS				550,976	192.04
192.05 UNASSIGNED				955,748	192.05
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,264,652	1,106,868	753,246	121,642,877	-1,860,114 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	NONPATIENT TELEPHONE		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCH,RCVING,STORING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING,A/R		5.05
5.06	OTHER ADMIN & GEN		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	22,502,448	30
31	INTENSIVE CARE UNIT	5,396,942	31
41	SUBPROVIDER - IRF	4,865,255	41
43	NURSERY	1,152,700	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	10,683,787	50
50.01	ENDOSCOPY	2,235,962	50.01
51	RECOVERY ROOM	1,058,719	51
52	DELIVERY ROOM & LABOR ROOM	2,864,786	52
53	ANESTHESIOLOGY	393,350	53
54	RADIOLOGY-DIAGNOSTIC	2,421,224	54
54.01	ULTRASOUND	761,050	54.01
54.02	MAMMOGRAPHY	415,598	54.02
55	RADIOLOGY-THERAPEUTIC		55
55.01	ONCOLOGY	460,849	55.01
56	RADIOISOTOPE	726,789	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,363,067	57
58	MAGNETIC RESONANCE IMAGING (MRI)	681,741	58
59	CARDIAC CATHETERIZATION	2,975,086	59
60	LABORATORY	6,643,582	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	902,770	63
65	RESPIRATORY THERAPY	2,533,541	65
66	PHYSICAL THERAPY	1,368,534	66
67	OCCUPATIONAL THERAPY	1,038,245	67
68	SPEECH PATHOLOGY	315,007	68
69.01	CARDIOLOGY	1,293,054	69.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	12,685,580	71
72	IMPL. DEV. CHARGED TO PATIENT	6,650,462	72
73	DRUGS CHARGED TO PATIENTS	7,649,343	73
74	RENAL DIALYSIS	332,084	74
76.97	CARDIAC REHABILITATION	861,448	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	6,219,829	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
95	AMBULANCE SERVICES	4,126,420	95
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	113,579,252	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	392,008	190
192	PHYSICIANS' PRIVATE OFFICES	1,417,498	192
192.01	COVENANT OUTPATIENT PHARMACY	1,143,377	192.01
192.02	REAL ESTATE	832,987	192.02

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COST CENTER DESCRIPTION	TOTAL	
	26	
192.03 FOUNDATION	910,917	192.03
192.04 OUTREACH PROGRAMS	550,976	192.04
192.05 UNASSIGNED	955,748	192.05
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	119,782,763	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	126,795	3,252	719	130,766	130,766	4
5.01 NONPATIENT TELEPHONE		12,222		12,222	846	5.01
5.02 DATA PROCESSING	1,663,842	46,003	2,158	1,712,003	215	5.02
5.03 PURCH,RCVING,STORING	782,989		45,432	828,421	508	5.03
5.04 ADMITTING	30,013	35,995	24,317	90,325	2,056	5.04
5.05 CASHIERING,A/R	63,568	4,812		68,380		5.05
5.06 OTHER ADMIN & GEN	889,877	312,585	71,527	1,273,989	11,244	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	716	1,336,175	390,864	1,727,755	3,111	7
8 LAUNDRY & LINEN SERVICE		16,312	237	16,549	343	8
9 HOUSEKEEPING		74,186	1,540	75,726	2,950	9
10 DIETARY		192,765	2,539	195,304	794	10
11 CAFETERIA		43,237	5,633	48,870	1,761	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		8,014	70,105	78,119	2,837	13
14 CENTRAL SERVICES & SUPPLY	8,127	221,551	31,650	261,328	2,409	14
15 PHARMACY		57,236	4,356	61,592	5,735	15
16 MEDICAL RECORDS & LIBRARY		139,251	1,344	140,595	2,940	16
17 SOCIAL SERVICE		10,528		10,528	2,169	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	101,184		152	101,336		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	12,006	1,057,106	22,396	1,091,508	25,439	30
31 INTENSIVE CARE UNIT	37,728	170,300	7,337	215,365	6,689	31
41 SUBPROVIDER - IRF	14,932	221,819	4,939	241,690	4,552	41
43 NURSERY		64,294	4,596	68,890	1,049	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,338	461,845	370,402	842,585	10,817	50
50.01 ENDOSCOPY	369,182	73,934	10,535	453,651	2,343	50.01
51 RECOVERY ROOM		40,069		40,069	1,658	51
52 DELIVERY ROOM & LABOR ROOM		161,465	40,716	202,181	4,165	52
53 ANESTHESIOLOGY		6,773	6,028	12,801		53
54 RADIOLOGY-DIAGNOSTIC	161,190	143,744	84,200	389,134	2,910	54
54.01 ULTRASOUND		38,141	17,067	55,208	946	54.01
54.02 MAMMOGRAPHY	43,409	43,187	20,463	107,059	234	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY		56,817	11,205	68,022	330	55.01
56 RADIOISOTOPE		20,873	6,198	27,071	617	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		39,616	132,739	172,355	1,407	57
58 MAGNETIC RESONANCE IMAGING (MRI)		26,506	150,131	176,637	494	58
59 CARDIAC CATHETERIZATION	795	140,257	451,832	592,884	2,514	59
60 LABORATORY	4,733	195,414	85,403	285,550		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	400	102,820	27,398	130,618	3,565	65
66 PHYSICAL THERAPY		60,187	1,334	61,521		66
67 OCCUPATIONAL THERAPY		39,029	77	39,106		67
68 SPEECH PATHOLOGY		3,185		3,185		68
69.01 RADIOLOGY		43,053	79,427	122,480	1,589	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		7,125	586	7,711		74
76.97 CARDIAC REHABILITATION		51,921	10,379	62,300	1,228	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		185,824	50,297	236,121	8,641	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	147,475		68,110	215,585	6,065	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	4,469,299	5,969,428	2,316,368	12,755,095	127,170	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		28,149	4,525	32,674	164	190
192 PHYSICIANS' PRIVATE OFFICES	36,379	39,079	2,767	78,225	1,193	192
192.01 COVENANT OUTPATIENT PHARMACY		12,423		12,423	649	192.01
192.02 REAL ESTATE	516,414			516,414		192.02

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COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL	BLDGS &	MOVABLE		BENEFITS	
	COSTS	FIXTURES	EQUIPMENT			
	0	1	2	2A	4	
192.03 FOUNDATION	59,158		19,680	78,838	950	192.03
192.04 OUTREACH PROGRAMS	63,788		5,170	68,958	640	192.04
192.05 UNASSIGNED		279,105		279,105		192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,145,038	6,328,184	2,348,510	13,821,732	130,766	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT	DATA	PURCH	ADMITTING	CASHIERING	
	TELEPHONE	PROCESSING	RCVING		A/R	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE	13,068					5.01
5.02 DATA PROCESSING	485	1,712,703				5.02
5.03 PURCH,RCVING,STORING	128	14,514	843,571			5.03
5.04 ADMITTING	690	49,349	523	142,943		5.04
5.05 CASHIERING,A/R	38	29,029	13		97,460	5.05
5.06 OTHER ADMIN & GEN	2,106	235,134	1,431			5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	281	26,126	8,436			7
8 LAUNDRY & LINEN SERVICE	26		51			8
9 HOUSEKEEPING	102	14,514	7,007			9
10 DIETARY	179	8,709	2,026			10
11 CAFETERIA	383	23,223	4,496			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	64		808			13
14 CENTRAL SERVICES & SUPPLY	115	17,417	3,014			14
15 PHARMACY	319	49,349	653			15
16 MEDICAL RECORDS & LIBRARY	434	98,698	3,842			16
17 SOCIAL SERVICE	153	8,709	23			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	26					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,546	322,221	11,100	18,658	7,710	30
31 INTENSIVE CARE UNIT	230	69,669	3,522	5,769	2,056	31
41 SUBPROVIDER - IRF	511	63,864	1,451	3,909	1,393	41
43 NURSERY	153	14,514	353	1,341	478	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	741	177,076	30,775	13,525	12,140	50
50.01 ENDOSCOPY	230	52,252	875	859	3,198	50.01
51 RECOVERY ROOM	243		279	1,905	1,743	51
52 DELIVERY ROOM & LABOR ROOM	255	14,514	1,901	2,709	1,011	52
53 ANESTHESIOLOGY	51			4,824	4,914	53
54 RADIOLOGY-DIAGNOSTIC	268	29,029		2,542	2,297	54
54.01 ULTRASOUND	102	8,709	1,585	871	796	54.01
54.02 MAMMOGRAPHY	13		1,911	6	152	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	64	14,514	190	6	79	55.01
56 RADIOISOTOPE	89	5,806	8,061	507	538	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	192	14,514	3,601	3,061	3,457	57
58 MAGNETIC RESONANCE IMAGING (MRI)	115	5,806	1,892	1,679	1,388	58
59 CARDIAC CATHETERIZATION	179	31,932	3,570	4,157	3,754	59
60 LABORATORY	639	89,989	922	14,876	10,756	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.			36,838	952	475	63
65 RESPIRATORY THERAPY	358	26,126	512	10,998	4,323	65
66 PHYSICAL THERAPY	26	5,806	529	2,045	1,102	66
67 OCCUPATIONAL THERAPY	26	5,806	56	1,702	754	67
68 SPEECH PATHOLOGY	13	2,903	2	445	187	68
69.01 RADIOLOGY	217	26,126	2,108	2,034	1,450	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			444,922	8,074	5,605	71
72 IMPL. DEV. CHARGED TO PATIENT			238,812	6,823	4,190	72
73 DRUGS CHARGED TO PATIENTS				23,238	11,916	73
74 RENAL DIALYSIS	38	5,806	4	382	138	74
76.97 CARDIAC REHABILITATION	64	14,514	413	268	293	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	741	60,961	4,847	4,778	7,521	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		52,252	3,799		1,646	95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	12,633	1,689,480	837,153	142,943	97,460	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			4,834			190
192 PHYSICIANS' PRIVATE OFFICES	192		177			192
192.01 COVENANT OUTPATIENT PHARMACY	64		119			192.01
192.02 REAL ESTATE						192.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCH RCVING STORING	ADMITTING	CASHIERING A/R	
	5.01	5.02	5.03	5.04	5.05	
192.03 FOUNDATION	77	17,417	649			192.03
192.04 OUTREACH PROGRAMS	102	5,806	639			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	13,068	1,712,703	843,571	142,943	97,460	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	
	5.06	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN	1,523,904					5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	105,165	1,870,874				7
8 LAUNDRY & LINEN SERVICE	9,024	6,668	32,661			8
9 HOUSEKEEPING	24,303	30,323		154,925		9
10 DIETARY	13,374	78,791		6,656	305,833	10
11 CAFETERIA	18,327	17,673		1,493		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	17,840	3,276		277		13
14 CENTRAL SERVICES & SUPPLY	21,249	90,557	126	7,650		14
15 PHARMACY	35,449	23,395		1,976		15
16 MEDICAL RECORDS & LIBRARY	34,867	56,918		4,808		16
17 SOCIAL SERVICE	15,230	4,303		364		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	13,866					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	9,436					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	187,487	432,083	10,990	36,501	212,592	30
31 INTENSIVE CARE UNIT	52,580	69,609	1,551	5,881	30,884	31
41 SUBPROVIDER - IRF	40,889	90,667	3,448	7,659	46,122	41
43 NURSERY	8,336	26,280	356	2,220	16,235	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	113,762	188,776	4,594	15,948		50
50.01 ENDOSCOPY	24,523	30,220	1,026	2,553		50.01
51 RECOVERY ROOM	11,394	16,378	615	1,384		51
52 DELIVERY ROOM & LABOR ROOM	29,237	65,998	1,537	5,575		52
53 ANESTHESIOLOGY	4,603	2,768		234		53
54 RADIOLOGY-DIAGNOSTIC	24,666	58,754	739	4,964		54
54.01 ULTRASOUND	8,049	15,590	45	1,317		54.01
54.02 MAMMOGRAPHY	3,798	17,652	45	1,491		54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	3,954	23,224	11	1,962		55.01
56 RADIOISOTOPE	7,524	8,532	136	721		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15,028	16,193	285	1,368		57
58 MAGNETIC RESONANCE IMAGING (MRI)	7,445	10,834	285	915		58
59 CARDIAC CATHETERIZATION	32,064	57,329	711	4,843		59
60 LABORATORY	77,558	79,874	37	6,748		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	11,309					63
65 RESPIRATORY THERAPY	27,303	42,027		3,550		65
66 PHYSICAL THERAPY	15,349	24,601	169	2,078		66
67 OCCUPATIONAL THERAPY	11,833	15,953	169	1,348		67
68 SPEECH PATHOLOGY	3,830	1,302	85	110		68
69.01 RADIOLOGY	14,197	17,598	197	1,487		69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	140,581					71
72 IMPL. DEV. CHARGED TO PATIENT	73,892					72
73 DRUGS CHARGED TO PATIENTS	61,098					73
74 RENAL DIALYSIS	3,938	2,912	60	246		74
76.97 CARDIAC REHABILITATION	8,825	21,223		1,793		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	64,311	75,954	4,963	6,417		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	49,694		99			95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,457,187	1,724,235	32,279	142,537	305,833	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,042	11,506		972		190
192 PHYSICIANS' PRIVATE OFFICES	16,447	15,973	71	1,349		192
192.01 COVENANT OUTPATIENT PHARMACY	13,881	5,078		429		192.01
192.02 REAL ESTATE	10,435					192.02

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COST CENTER DESCRIPTION	OTHER ADMIN GEN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	5.06	7	8	9	10	
192.03 FOUNDATION	11,294					192.03
192.04 OUTREACH PROGRAMS	6,676		311			192.04
192.05 UNASSIGNED	3,942	114,082		9,638		192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,523,904	1,870,874	32,661	154,925	305,833	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	116,226					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,200	105,421				13
14 CENTRAL SERVICES & SUPPLY	4,392		408,257			14
15 PHARMACY	4,038			182,506		15
16 MEDICAL RECORDS & LIBRARY	3,609				346,711	16
17 SOCIAL SERVICE	1,838					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	29,003	34,453	3,662	657	228,967	30
31 INTENSIVE CARE UNIT	6,106	7,253	1,472	405	33,250	31
41 SUBPROVIDER - IRF	5,005	5,945	493	52	49,684	41
43 NURSERY	923	1,096	153	43	17,474	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,208	14,500	1,833	3,611		50
50.01 ENDOSCOPY	2,284	2,713		994		50.01
51 RECOVERY ROOM	1,407	1,671	57	30		51
52 DELIVERY ROOM & LABOR ROOM	3,818	4,535		613		52
53 ANESTHESIOLOGY				627		53
54 RADIOLOGY-DIAGNOSTIC	3,441	4,088		106		54
54.01 ULTRASOUND	831	987	850	11		54.01
54.02 MAMMOGRAPHY	226	269	968			54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	394	467	94	129		55.01
56 RADIOISOTOPE	431	3,095	4,541	51		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,645	1,954	2,024	319		57
58 MAGNETIC RESONANCE IMAGING (MRI)	456	542	1,027	36		58
59 CARDIAC CATHETERIZATION	2,267	2,693		545		59
60 LABORATORY			504			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	3,923	4,659	4	7		65
66 PHYSICAL THERAPY			213			66
67 OCCUPATIONAL THERAPY			20			67
68 SPEECH PATHOLOGY						68
69.01 RADIOLOGY	1,608	1,910	1,096	119		69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			252,306	3,789		71
72 IMPL. DEV. CHARGED TO PATIENT			135,426			72
73 DRUGS CHARGED TO PATIENTS			144	167,733		73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION	1,256	1,492				76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	9,344	11,099	248	1,811	17,336	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	10,675		871	541		95
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	113,328	105,421	408,006	182,229	346,711	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	350					190
192 PHYSICIANS' PRIVATE OFFICES	613		64	277		192
192.01 COVENANT OUTPATIENT PHARMACY	507					192.01
192.02 REAL ESTATE						192.02

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
192.03 FOUNDATION	695					192.03
192.04 OUTREACH PROGRAMS	733		187			192.04
192.05 UNASSIGNED						192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	116,226	105,421	408,257	182,506	346,711	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	17	21	22	24	25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NONPATIENT TELEPHONE					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCH,RCVING,STORING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING,A/R					5.05
5.06 OTHER ADMIN & GEN					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
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	43,317				17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		13,866			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			110,798		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	28,303			2,682,880	30
31 INTENSIVE CARE UNIT	4,111			516,402	31
41 SUBPROVIDER - IRF	6,142			573,476	41
43 NURSERY	2,162			162,056	43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				1,442,891	50
50.01 ENDOSCOPY				577,721	50.01
51 RECOVERY ROOM				78,833	51
52 DELIVERY ROOM & LABOR ROOM				338,049	52
53 ANESTHESIOLOGY				30,822	53
54 RADIOLOGY-DIAGNOSTIC				522,938	54
54.01 ULTRASOUND				95,897	54.01
54.02 MAMMOGRAPHY				133,824	54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY				113,440	55.01
56 RADIOISOTOPE				67,720	56
57 COMPUTED TOMOGRAPHY (CT) SCAN				237,403	57
58 MAGNETIC RESONANCE IMAGING (MRI)				209,551	58
59 CARDIAC CATHETERIZATION				739,442	59
60 LABORATORY				567,453	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
63 BLOOD STORING, PROCESSING & TRANS.				49,574	63
65 RESPIRATORY THERAPY				257,973	65
66 PHYSICAL THERAPY				113,439	66
67 OCCUPATIONAL THERAPY				76,773	67
68 SPEECH PATHOLOGY				12,062	68
69.01 RADIOLOGY				194,216	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				855,277	71
72 IMPL. DEV. CHARGED TO PATIENT				459,143	72
73 DRUGS CHARGED TO PATIENTS				264,129	73
74 RENAL DIALYSIS				21,235	74
76.97 CARDIAC REHABILITATION				113,669	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	2,599			517,692	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES				341,227	95
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	43,317			12,367,207	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				54,542	190
192 PHYSICIANS' PRIVATE OFFICES				114,581	192
192.01 COVENANT OUTPATIENT PHARMACY				33,150	192.01
192.02 REAL ESTATE				526,849	192.02

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COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	17	21	22	24	25
192.03 FOUNDATION				109,920	192.03
192.04 OUTREACH PROGRAMS				84,052	192.04
192.05 UNASSIGNED				406,767	192.05
200 CROSS FOOT ADJUSTMENTS		13,866	110,798	124,664	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	43,317	13,866	110,798	13,821,732	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	NONPATIENT TELEPHONE		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCH,RCVING,STORING		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING,A/R		5.05
5.06	OTHER ADMIN & GEN		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	2,682,880	30
31	INTENSIVE CARE UNIT	516,402	31
41	SUBPROVIDER - IRF	573,476	41
43	NURSERY	162,056	43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,442,891	50
50.01	ENDOSCOPY	577,721	50.01
51	RECOVERY ROOM	78,833	51
52	DELIVERY ROOM & LABOR ROOM	338,049	52
53	ANESTHESIOLOGY	30,822	53
54	RADIOLOGY-DIAGNOSTIC	522,938	54
54.01	ULTRASOUND	95,897	54.01
54.02	MAMMOGRAPHY	133,824	54.02
55	RADIOLOGY-THERAPEUTIC		55
55.01	ONCOLOGY	113,440	55.01
56	RADIOISOTOPE	67,720	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	237,403	57
58	MAGNETIC RESONANCE IMAGING (MRI)	209,551	58
59	CARDIAC CATHETERIZATION	739,442	59
60	LABORATORY	567,453	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
63	BLOOD STORING, PROCESSING & TRANS.	49,574	63
65	RESPIRATORY THERAPY	257,973	65
66	PHYSICAL THERAPY	113,439	66
67	OCCUPATIONAL THERAPY	76,773	67
68	SPEECH PATHOLOGY	12,062	68
69.01	CARDIOLOGY	194,216	69.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	855,277	71
72	IMPL. DEV. CHARGED TO PATIENT	459,143	72
73	DRUGS CHARGED TO PATIENTS	264,129	73
74	RENAL DIALYSIS	21,235	74
76.97	CARDIAC REHABILITATION	113,669	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	517,692	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
95	AMBULANCE SERVICES	341,227	95
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	12,367,207	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,542	190
192	PHYSICIANS' PRIVATE OFFICES	114,581	192
192.01	COVENANT OUTPATIENT PHARMACY	33,150	192.01
192.02	REAL ESTATE	526,849	192.02

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COST CENTER DESCRIPTION	TOTAL	
	26	
192.03 FOUNDATION	109,920	192.03
192.04 OUTREACH PROGRAMS	84,052	192.04
192.05 UNASSIGNED	406,767	192.05
200 CROSS FOOT ADJUSTMENTS	124,664	200
201 NEGATIVE COST CENTER		201
202 TOTAL (SUM OF LINES 118-201)	13,821,732	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	NONPATIENT TELEPHONE N LINES	DATA PROCESSING N DEVICES	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	377,462					1
2 CAP REL COSTS-MVBLE EQUIP		4,083,504				2
4 EMPLOYEE BENEFITS	194	1,251	40,647,849			4
5.01 NONPATIENT TELEPHONE	729		263,089	1,023		5.01
5.02 DATA PROCESSING	2,744	3,753	66,790	38	590	5.02
5.03 PURCH,RCVING,STORING		78,995	157,768	10	5	5.03
5.04 ADMITTING	2,147	42,282	639,125	54	17	5.04
5.05 CASHIERING,A/R		287		3	10	5.05
5.06 OTHER ADMIN & GEN	18,645	124,369	3,495,150	165	81	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	79,700	679,620	967,007	22	9	7
8 LAUNDRY & LINEN SERVICE		973	106,627	2		8
9 HOUSEKEEPING	4,425	2,677	917,070	8	5	9
10 DIETARY	11,498	4,415	246,675	14	3	10
11 CAFETERIA	2,579	9,795	547,356	30	8	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	478	121,896	881,922	5		13
14 CENTRAL SERVICES & SUPPLY	13,215	55,032	748,809	9	6	14
15 PHARMACY	3,414	7,574	1,782,772	25	17	15
16 MEDICAL RECORDS & LIBRARY	8,306	2,337	913,970	34	34	16
17 SOCIAL SERVICE	628		674,235	12	3	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		264		2		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	63,054	38,942	7,907,719	121	111	30
31 INTENSIVE CARE UNIT	10,158	12,758	2,079,341	18	24	31
41 SUBPROVIDER - IRF	13,231	8,588	1,415,106	40	22	41
43 NURSERY	3,835	7,992	325,937	12	5	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,548	644,042	3,362,580	58	61	50
50.01 ENDOSCOPY	4,410	18,318	728,281	18	18	50.01
51 RECOVERY ROOM	2,390		515,481	19		51
52 DELIVERY ROOM & LABOR ROOM	9,631	70,795	1,294,599	20	5	52
53 ANESTHESIOLOGY	404	10,482		4		53
54 RADIOLOGY-DIAGNOSTIC	8,574	146,404	904,490	21	10	54
54.01 ULTRASOUND	2,275	29,676	294,096	8	3	54.01
54.02 MAMMOGRAPHY	2,576	35,580	72,587	1		54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	3,389	19,483	102,506	5	5	55.01
56 RADIOISOTOPE	1,245	10,777	191,848	7	2	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,363	230,801	437,329	15	5	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,581	261,042	153,547	9	2	58
59 CARDIAC CATHETERIZATION	8,366	785,623	781,375	14	11	59
60 LABORATORY	11,656	148,496		50	31	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.						63
65 RESPIRATORY THERAPY	6,133	47,639	1,108,284	28	9	65
66 PHYSICAL THERAPY	3,590	2,319		2	2	66
67 OCCUPATIONAL THERAPY	2,328	134		2	2	67
68 SPEECH PATHOLOGY	190			1	1	68
69.01 RADIOLOGY	2,568	138,105	494,026	17	9	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	425	1,019		3	2	74
76.97 CARDIAC REHABILITATION	3,097	18,047	381,656	5	5	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	11,084	87,455	2,686,017	58	21	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		118,428	1,885,326		18	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	356,063	4,027,617	39,530,496	989	582	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,679	7,868	50,925			190
192 PHYSICIANS' PRIVATE OFFICES	2,331	4,811	370,775	15		192
192.01 COVENANT OUTPATIENT PHARMACY	741		201,589	5		192.01
192.02 REAL ESTATE						192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP	CAP	EMPLOYEE	NONPATIENT	DATA	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS	TELEPHONE	PROCESSING	
	1	2	GROSS SALARIES 4	N LINES 5.01	N DEVICES 5.02	
192.03 FOUNDATION		34,219	295,212	6	6	192.03
192.04 OUTREACH PROGRAMS		8,989	198,852	8	2	192.04
192.05 UNASSIGNED	16,648					192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,328,184	2,348,510	12,329,267	887,613	5,245,444	202
203 UNIT COST MULT-WS B PT I	16.765089	0.575121	0.303319	867.656891	8,890.583051	203
204 COST TO BE ALLOC PER B PT II			130,766	13,068	1,712,703	204
205 UNIT COST MULT-WS B PT II			0.003217	12.774194	2,902.886441	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH RCVING STORING SUPPLIES \$	ADMITTING INPATIENT REVENUE	CASHIERING A/R GROSS REVENUE	RECON- CILIATION	OTHER ADMIN GEN ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING	16,962,383					5.03
5.04 ADMITTING	10,523	299,803,016				5.04
5.05 CASHIERING,A/R	264		573,178,481			5.05
5.06 OTHER ADMIN & GEN	28,770			-13,759,305	107,883,572	5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	169,624				7,445,275	7
8 LAUNDRY & LINEN SERVICE	1,035				638,832	8
9 HOUSEKEEPING	140,897				1,720,539	9
10 DIETARY	40,739				946,816	10
11 CAFETERIA	90,396				1,297,510	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	16,239				1,262,989	13
14 CENTRAL SERVICES & SUPPLY	60,606				1,504,348	14
15 PHARMACY	13,122				2,509,633	15
16 MEDICAL RECORDS & LIBRARY	77,255				2,468,444	16
17 SOCIAL SERVICE	468				1,078,248	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					981,668	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					668,045	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	223,197	39,115,159	45,355,061		13,269,986	30
31 INTENSIVE CARE UNIT	70,820	12,095,207	12,095,207		3,722,444	31
41 SUBPROVIDER - IRF	29,169	8,195,518	8,195,518		2,894,775	41
43 NURSERY	7,106	2,811,521	2,811,521		590,181	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	618,807	28,354,591	71,304,705		8,053,925	50
50.01 ENDOSCOPY	17,602	1,801,168	18,808,876		1,736,153	50.01
51 RECOVERY ROOM	5,606	3,994,754	10,255,178		806,623	51
52 DELIVERY ROOM & LABOR ROOM	38,228	5,679,654	5,946,888		2,069,867	52
53 ANESTHESIOLOGY		10,112,321	28,903,320		325,873	53
54 RADIOLOGY-DIAGNOSTIC		5,329,804	13,510,794		1,746,289	54
54.01 ULTRASOUND	31,869	1,826,680	4,683,304		569,874	54.01
54.02 MAMMOGRAPHY	38,421	11,680	892,047		268,905	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	3,820	13,234	465,680		279,935	55.01
56 RADIOISOTOPE	162,092	1,063,937	3,163,297		532,697	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	72,416	6,416,406	20,335,645		1,063,915	57
58 MAGNETIC RESONANCE IMAGING (MRI)	38,049	3,519,357	8,167,038		527,087	58
59 CARDIAC CATHETERIZATION	71,780	8,715,895	22,080,164		2,270,014	59
60 LABORATORY	18,544	31,186,672	63,268,935		5,490,822	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.	740,740	1,995,043	2,796,822		800,656	63
65 RESPIRATORY THERAPY	10,301	23,057,145	25,428,775		1,932,931	65
66 PHYSICAL THERAPY	10,641	4,286,722	6,479,892		1,086,638	66
67 OCCUPATIONAL THERAPY	1,116	3,568,778	4,437,820		837,754	67
68 SPEECH PATHOLOGY	48	932,822	1,099,786		271,162	68
69.01 RADIOLOGY	42,378	4,263,810	8,527,439		1,005,121	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,946,430	16,927,538	32,972,586		9,952,635	71
72 IMPL. DEV. CHARGED TO PATIENT	4,801,988	14,304,430	24,644,920		5,231,284	72
73 DRUGS CHARGED TO PATIENTS		48,844,448	70,091,554		4,325,509	73
74 RENAL DIALYSIS	77	800,967	810,558		278,778	74
76.97 CARDIAC REHABILITATION	8,305	561,514	1,721,556		624,797	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	97,454	10,016,241	44,241,179		4,553,000	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	76,384		9,682,416		3,518,189	95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	16,833,326	299,803,016	573,178,481	-13,759,305	103,160,166	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,196				286,161	190
192 PHYSICIANS' PRIVATE OFFICES	3,568				1,164,416	192
192.01 COVENANT OUTPATIENT PHARMACY	2,401				982,703	192.01
192.02 REAL ESTATE					738,766	192.02

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCH RCVING STORING SUPPLIES \$	ADMITTING INPATIENT REVENUE	CASHIERING A/R GROSS REVENUE	RECON- CILIATION	OTHER ADMIN GEN ACCUM COST	
	5.03	5.04	5.05	5A.06	5.06	
192.03 FOUNDATION	13,046				799,597	192.03
192.04 OUTREACH PROGRAMS	12,846				472,658	192.04
192.05 UNASSIGNED					279,105	192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	848,209	1,134,776	3,140,509		13,759,305	202
203 UNIT COST MULT-WS B PT I	0.050005	0.003785	0.005479		0.127538	203
204 COST TO BE ALLOC PER B PT II	843,571	142,943	97,460		1,523,904	204
205 UNIT COST MULT-WS B PT II	0.049732	0.000477	0.000170		0.014125	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	TOTAL MEALS 10	TOTAL EMPL FTE 11
GENERAL SERVICE COST CENTERS					
1					1
2					2
4					4
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
5.05					5.05
5.06					5.06
6					6
7	273,016				7
8		973,644			8
9	4,425		267,618		9
10	11,498		11,498	154,018	10
11	2,579		2,579		11
12					55,525
13			478		1,051
14	13,215	3,743	13,215		2,098
15	3,414		3,414		1,929
16	8,306		8,306		1,724
17	628		628		878
19					
20					
21					
22					
23					
INPATIENT ROUTINE SERV COST CENTERS					
30	63,054	327,500	63,054	107,062	13,857
31	10,158	46,238	10,158	15,553	2,917
41	13,231	102,797	13,231	23,227	2,391
43	3,835	10,625	3,835	8,176	441
ANCILLARY SERVICE COST CENTERS					
50	27,548	136,937	27,548		5,832
50.01	4,410	30,598	4,410		1,091
51	2,390	18,348	2,390		672
52	9,631	45,820	9,631		1,824
53	404		404		
54	8,574	22,042	8,574		1,644
54.01	2,275	1,349	2,275		397
54.02	2,576	1,349	2,576		108
55					
55.01	3,389	321	3,389		188
56	1,245	4,060	1,245		206
57	2,363	8,509	2,363		786
58	1,581	8,509	1,581		218
59	8,366	21,205	8,366		1,083
60	11,656	1,104	11,656		
62.30					
63					
65	6,133		6,133		1,874
66	3,590	5,051	3,590		
67	2,328	5,051	2,328		
68	190	2,526	190		
69.01	2,568	5,877	2,568		768
71					
72					
73					
74	425	1,796	425		
76.97	3,097		3,097		600
76.98					
76.99					
OUTPATIENT SERVICE COST CENTERS					
91	11,084	147,946	11,084		4,464
92					
OTHER REIMBURSABLE COST CENTERS					
95		2,937			5,100
SPECIAL PURPOSE COST CENTERS					
118	251,617	962,238	246,219	154,018	54,141
NONREIMBURSABLE COST CENTERS					
190	1,679		1,679		167
192	2,331	2,129	2,331		293
192.01	741		741		242
192.02					

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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
	SQUARE FEET 7	POUNDS OF LAUNDRY 8	SQUARE FEET 9	TOTAL MEALS 10	TOTAL EMPL FTE 11	
192.03 FOUNDATION						332 192.03
192.04 OUTREACH PROGRAMS		9,277				350 192.04
192.05 UNASSIGNED	16,648		16,648			192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	8,394,830	750,225	2,076,035	1,510,312	1,562,298	202
203 UNIT COST MULT-WS B PT I	30.748491	0.770533	7.757457	9.806075	28.136839	203
204 COST TO BE ALLOC PER B PT II	1,870,874	32,661	154,925	305,833	116,226	204
205 UNIT COST MULT-WS B PT II	6.852617	0.033545	0.578904	1.985696	2.093219	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION TOTAL REV EMP 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NONPATIENT TELEPHONE						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH,RCVING,STORING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING,A/R						5.05
5.06 OTHER ADMIN & GEN						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	42,400					13
14 CENTRAL SERVICES & SUPPLY		14,476,290				14
15 PHARMACY			4,506,127			15
16 MEDICAL RECORDS & LIBRARY				10,000		16
17 SOCIAL SERVICE					10,000	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,857	129,855	16,224	6,604	6,534	30
31 INTENSIVE CARE UNIT	2,917	52,193	9,989	959	949	31
41 SUBPROVIDER - IRF	2,391	17,468	1,294	1,433	1,418	41
43 NURSERY	441	5,415	1,050	504	499	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	5,832	64,996	89,150			50
50.01 ENDOSCOPY	1,091		24,540			50.01
51 RECOVERY ROOM	672	2,035	741			51
52 DELIVERY ROOM & LABOR ROOM	1,824	14	15,130			52
53 ANESTHESIOLOGY			15,482			53
54 RADIOLOGY-DIAGNOSTIC	1,644		2,614			54
54.01 ULTRASOUND	397	30,147	270			54.01
54.02 MAMMOGRAPHY	108	34,340				54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	188	3,332	3,181			55.01
56 RADIOISOTOPE	1,245	161,034	1,265			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	786	71,754	7,882			57
58 MAGNETIC RESONANCE IMAGING (MRI)	218	36,431	879			58
59 CARDIAC CATHETERIZATION	1,083		13,459			59
60 LABORATORY		17,857				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
63 BLOOD STORING, PROCESSING & TRANS.		3				63
65 RESPIRATORY THERAPY	1,874	153	177			65
66 PHYSICAL THERAPY		7,535				66
67 OCCUPATIONAL THERAPY		724				67
68 SPEECH PATHOLOGY						68
69.01 RADIOLOGY	768	38,858	2,950			69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		8,946,430	93,544			71
72 IMPL. DEV. CHARGED TO PATIENT		4,801,988				72
73 DRUGS CHARGED TO PATIENTS		5,116	4,141,395			73
74 RENAL DIALYSIS		15				74
76.97 CARDIAC REHABILITATION	600					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,464	8,801	44,726	500	600	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		30,875	13,347			95
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	42,400	14,467,369	4,499,289	10,000	10,000	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES		2,280	6,838			192
192.01 COVENANT OUTPATIENT PHARMACY						192.01
192.02 REAL ESTATE						192.02

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COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION TOTAL REV EMP 13	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	PHARMACY COSTED REQUIS. 15	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	
192.03 FOUNDATION						192.03
192.04 OUTREACH PROGRAMS						192.04
192.05 UNASSIGNED		6,641				192.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,472,046	2,266,981	3,015,442	3,151,602	1,264,652	202
203 UNIT COST MULT-WS B PT I	34.718066	0.156600	0.669187	315.160200	126.465200	203
204 COST TO BE ALLOC PER B PT II	105,421	408,257	182,506	346,711	43,317	204
205 UNIT COST MULT-WS B PT II	2.486344	0.028202	0.040502	34.671100	4.331700	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	21	22	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NONPATIENT TELEPHONE			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCH,RCVING,STORING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING,A/R			5.05
5.06 OTHER ADMIN & GEN			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD	10,000		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		10,000	22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	8,072	8,072	30
31 INTENSIVE CARE UNIT	714	714	31
41 SUBPROVIDER - IRF			41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
50.01 ENDOSCOPY	487	487	50.01
51 RECOVERY ROOM			51
52 DELIVERY ROOM & LABOR ROOM			52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
54.01 ULTRASOUND			54.01
54.02 MAMMOGRAPHY			54.02
55 RADIOLOGY-THERAPEUTIC			55
55.01 ONCOLOGY			55.01
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
58 MAGNETIC RESONANCE IMAGING (MRI)			58
59 CARDIAC CATHETERIZATION			59
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRANS.			63
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
67 OCCUPATIONAL THERAPY			67
68 SPEECH PATHOLOGY			68
69.01 RADIOLOGY	727	727	69.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY			91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	10,000	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
192.01 COVENANT OUTPATIENT PHARMACY			192.01
192.02 REAL ESTATE			192.02

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME 21	I&R PROGRAM COSTS ASSIGNED TIME 22	
192.03 FOUNDATION			192.03
192.04 OUTREACH PROGRAMS			192.04
192.05 UNASSIGNED			192.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,106,868	753,246	202
203 UNIT COST MULT-WS B PT I	110.686800	75.324600	203
204 COST TO BE ALLOC PER B PT II	13,866	110,798	204
205 UNIT COST MULT-WS B PT II	1.386600	11.079800	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	22,502,448		22,502,448	7,383	22,509,831	30
31 INTENSIVE CARE UNIT	5,396,942		5,396,942	1	5,396,943	31
41 SUBPROVIDER - IRF	4,865,255		4,865,255		4,865,255	41
43 NURSERY	1,152,700		1,152,700		1,152,700	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	10,683,787		10,683,787		10,683,787	50
50.01 ENDOSCOPY	2,235,962		2,235,962		2,235,962	50.01
51 RECOVERY ROOM	1,058,719		1,058,719		1,058,719	51
52 DELIVERY ROOM & LABOR ROOM	2,864,786		2,864,786		2,864,786	52
53 ANESTHESIOLOGY	393,350		393,350		393,350	53
54 RADIOLOGY-DIAGNOSTIC	2,421,224		2,421,224	1,883	2,423,107	54
54.01 ULTRASOUND	761,050		761,050		761,050	54.01
54.02 MAMMOGRAPHY	415,598		415,598		415,598	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	460,849		460,849		460,849	55.01
56 RADIOISOTOPE	726,789		726,789		726,789	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,363,067		1,363,067		1,363,067	57
58 MAGNETIC RESONANCE IMAGING	681,741		681,741		681,741	58
59 CARDIAC CATHETERIZATION	2,975,086		2,975,086	3,612	2,978,698	59
60 LABORATORY	6,643,582		6,643,582	37,020	6,680,602	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	902,770		902,770		902,770	63
65 RESPIRATORY THERAPY	2,533,541		2,533,541	5,658	2,539,199	65
66 PHYSICAL THERAPY	1,368,534		1,368,534		1,368,534	66
67 OCCUPATIONAL THERAPY	1,038,245		1,038,245		1,038,245	67
68 SPEECH PATHOLOGY	315,007		315,007		315,007	68
69.01 RADIOLOGY	1,293,054		1,293,054		1,293,054	69.01
71 MEDICAL SUPPLIES CHRGD TO	12,685,580		12,685,580		12,685,580	71
72 IMPL. DEV. CHARGED TO PATIE	6,650,462		6,650,462		6,650,462	72
73 DRUGS CHARGED TO PATIENTS	7,649,343		7,649,343		7,649,343	73
74 RENAL DIALYSIS	332,084		332,084		332,084	74
76.97 CARDIAC REHABILITATION	861,448		861,448		861,448	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	6,219,829		6,219,829		6,219,829	91
92 OBSERVATION BEDS	2,459,787		2,459,787		2,459,787	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES	4,126,420		4,126,420		4,126,420	95
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	116,039,039		116,039,039	55,557	116,094,596	200
201 LESS OBSERVATION BEDS	2,459,787		2,459,787		2,459,787	201
202 TOTAL (SEE INSTRUCTIONS)	113,579,252		113,579,252		113,634,809	202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,115,159		39,115,159			30
31 INTENSIVE CARE UNIT	12,095,207		12,095,207			31
41 SUBPROVIDER - IRF	8,195,518		8,195,518			41
43 NURSERY	2,811,521		2,811,521			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,354,591	42,950,114	71,304,705	0.149833	0.149833	0.149833 50
50.01 ENDOSCOPY	1,801,168	17,007,708	18,808,876	0.118878	0.118878	0.118878 50.01
51 RECOVERY ROOM	3,994,754	6,260,424	10,255,178	0.103238	0.103238	0.103238 51
52 DELIVERY ROOM & LABOR ROOM	5,679,654	267,234	5,946,888	0.481729	0.481729	0.481729 52
53 ANESTHESIOLOGY	10,112,321	18,790,999	28,903,320	0.013609	0.013609	0.013609 53
54 RADIOLOGY-DIAGNOSTIC	5,329,804	8,180,990	13,510,794	0.179207	0.179207	0.179346 54
54.01 ULTRASOUND	1,826,680	2,856,624	4,683,304	0.162503	0.162503	0.162503 54.01
54.02 MAMMOGRAPHY	11,680	880,367	892,047	0.465892	0.465892	0.465892 54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	13,234	452,446	465,680	0.989626	0.989626	0.989626 55.01
56 RADIOISOTOPE	1,063,937	2,099,360	3,163,297	0.229757	0.229757	0.229757 56
57 COMPUTED TOMOGRAPHY (CT) SC	6,416,406	13,919,239	20,335,645	0.067028	0.067028	0.067028 57
58 MAGNETIC RESONANCE IMAGING	3,519,357	4,647,681	8,167,038	0.083475	0.083475	0.083475 58
59 CARDIAC CATHETERIZATION	8,715,895	13,364,269	22,080,164	0.134740	0.134740	0.134904 59
60 LABORATORY	31,186,672	32,082,263	63,268,935	0.105005	0.105005	0.105591 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
63 BLOOD STORING, PROCESSING &	1,995,043	801,779	2,796,822	0.322784	0.322784	0.322784 63
65 RESPIRATORY THERAPY	23,057,145	2,371,630	25,428,775	0.099633	0.099633	0.099855 65
66 PHYSICAL THERAPY	4,286,722	2,193,170	6,479,892	0.211197	0.211197	0.211197 66
67 OCCUPATIONAL THERAPY	3,568,778	869,042	4,437,820	0.233954	0.233954	0.233954 67
68 SPEECH PATHOLOGY	932,822	166,964	1,099,786	0.286426	0.286426	0.286426 68
69.01 RADIOLOGY	4,263,810	4,263,629	8,527,439	0.151635	0.151635	0.151635 69.01
71 MEDICAL SUPPLIES CHRGD TO	16,927,538	16,045,048	32,972,586	0.384731	0.384731	0.384731 71
72 IMPL. DEV. CHARGED TO PATIE	14,304,430	10,340,490	24,644,920	0.269851	0.269851	0.269851 72
73 DRUGS CHARGED TO PATIENTS	48,844,448	21,247,106	70,091,554	0.109134	0.109134	0.109134 73
74 RENAL DIALYSIS	800,967	9,591	810,558	0.409698	0.409698	0.409698 74
76.97 CARDIAC REHABILITATION	561,514	1,160,042	1,721,556	0.500389	0.500389	0.500389 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	10,016,241	34,224,938	44,241,179	0.140589	0.140589	0.140589 91
92 OBSERVATION BEDS	894,383	5,345,519	6,239,902	0.394203	0.394203	0.394203 92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES		9,682,416	9,682,416	0.426177	0.426177	0.426177 95
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	300,697,399	272,481,082	573,178,481			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	300,697,399	272,481,082	573,178,481			202

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.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	2,682,880		2,682,880	103.05		30
31 INTENSIVE CARE UNIT	516,402		516,402	154.66		31
32 CORONARY CARE UNIT						32
33 BURN INTENSIVE CARE UNIT						33
34 SURGICAL INTENSIVE CARE UNIT						34
35 OTHER SPECIAL CARE (SPECIFY)						35
40 SUBPROVIDER - IPF						40
41 SUBPROVIDER - IRF	573,476		573,476	112.71		41
42 SUBPROVIDER I						42
43 NURSERY	162,056		162,056	92.29		43
44 SKILLED NURSING FACILITY						44
45 NURSING FACILITY						45
200 TOTAL (LINES 30-199)	3,934,814		3,934,814			200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)	4	5
	1	2	3		
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,442,891	71,304,705	0.020236		50
50.01 ENDOSCOPY	577,721	18,808,876	0.030715		50.01
51 RECOVERY ROOM	78,833	10,255,178	0.007687		51
52 DELIVERY ROOM & LABOR ROOM	338,049	5,946,888	0.056845		52
53 ANESTHESIOLOGY	30,822	28,903,320	0.001066		53
54 RADIOLOGY-DIAGNOSTIC	522,938	13,510,794	0.038705		54
54.01 ULTRASOUND	95,897	4,683,304	0.020476		54.01
54.02 MAMMOGRAPHY	133,824	892,047	0.150019		54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY	113,440	465,680	0.243601		55.01
56 RADIOISOTOPE	67,720	3,163,297	0.021408		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	237,403	20,335,645	0.011674		57
58 MAGNETIC RESONANCE IMAGING (M	209,551	8,167,038	0.025658		58
59 CARDIAC CATHETERIZATION	739,442	22,080,164	0.033489		59
60 LABORATORY	567,453	63,268,935	0.008969		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	49,574	2,796,822	0.017725		63
65 RESPIRATORY THERAPY	257,973	25,428,775	0.010145		65
66 PHYSICAL THERAPY	113,439	6,479,892	0.017506		66
67 OCCUPATIONAL THERAPY	76,773	4,437,820	0.017300		67
68 SPEECH PATHOLOGY	12,062	1,099,786	0.010968		68
69.01 CARDIOLOGY	194,216	8,527,439	0.022775		69.01
71 MEDICAL SUPPLIES CHRGD TO PA	855,277	32,972,586	0.025939		71
72 IMPL. DEV. CHARGED TO PATIENT	459,143	24,644,920	0.018630		72
73 DRUGS CHARGED TO PATIENTS	264,129	70,091,554	0.003768		73
74 RENAL DIALYSIS	21,235	810,558	0.026198		74
76.97 CARDIAC REHABILITATION	113,669	1,721,556	0.066027		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	517,692	44,241,179	0.011702		91
92 OBSERVATION BEDS	293,175	6,239,902	0.046984		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	8,384,341	501,278,660			200

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
 PERIOD FROM 01/01/2012 TO 12/31/2012

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	26,035				30
31 INTENSIVE CARE UNIT	3,339				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	5,088				41
42 SUBPROVIDER I					42
43 NURSERY	1,756				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	36,218				200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0113) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA	COST CENTER DESCRIPTION		TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS														
50							OPERATING ROOM	71,304,705						50
50.01							ENDOSCOPY	18,808,876						50.01
51							RECOVERY ROOM	10,255,178						51
52							DELIVERY ROOM & LABOR ROOM	5,946,888						52
53							ANESTHESIOLOGY	28,903,320						53
54							RADIOLOGY-DIAGNOSTIC	13,510,794						54
54.01							ULTRASOUND	4,683,304						54.01
54.02							MAMMOGRAPHY	892,047						54.02
55							RADIOLOGY-THERAPEUTIC							55
55.01							ONCOLOGY	465,680						55.01
56							RADIOISOTOPE	3,163,297						56
57							COMPUTED TOMOGRAPHY (CT) SCA	20,335,645						57
58							MAGNETIC RESONANCE IMAGING (	8,167,038						58
59							CARDIAC CATHETERIZATION	22,080,164						59
60							LABORATORY	63,268,935						60
62.30							BLOOD CLOTTING FOR HEMOPHILI							62.30
63							BLOOD STORING, PROCESSING &	2,796,822						63
65							RESPIRATORY THERAPY	25,428,775						65
66							PHYSICAL THERAPY	6,479,892						66
67							OCCUPATIONAL THERAPY	4,437,820						67
68							SPEECH PATHOLOGY	1,099,786						68
69.01							CARDIOLOGY	8,527,439						69.01
71							MEDICAL SUPPLIES CHRGED TO P	32,972,586						71
72							IMPL. DEV. CHARGED TO PATIEN	24,644,920						72
73							DRUGS CHARGED TO PATIENTS	70,091,554						73
74							RENAL DIALYSIS	810,558						74
76.97							CARDIAC REHABILITATION	1,721,556						76.97
76.98							HYPERBARIC OXYGEN THERAPY							76.98
76.99							LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS														
91							EMERGENCY	44,241,179						91
92							OBSERVATION BEDS	6,239,902						92
OTHER REIMBURSABLE COST CENTERS														
95							AMBULANCE SERVICES	9,682,416						95
200							TOTAL (SUM OF LINES 50-199)	501,278,660						200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149833						50
50.01 ENDOSCOPY	0.118878						50.01
51 RECOVERY ROOM	0.103238						51
52 DELIVERY ROOM & LABOR ROOM	0.481729						52
53 ANESTHESIOLOGY	0.013609						53
54 RADIOLOGY-DIAGNOSTIC	0.179207						54
54.01 ULTRASOUND	0.162503						54.01
54.02 MAMMOGRAPHY	0.465892						54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.989626						55.01
56 RADIOISOTOPE	0.229757						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475						58
59 CARDIAC CATHETERIZATION	0.134740						59
60 LABORATORY	0.105005						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784						63
65 RESPIRATORY THERAPY	0.099633						65
66 PHYSICAL THERAPY	0.211197						66
67 OCCUPATIONAL THERAPY	0.233954						67
68 SPEECH PATHOLOGY	0.286426						68
69.01 RADIOLOGY	0.151635						69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731						71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851						72
73 DRUGS CHARGED TO PATIENTS	0.109134						73
74 RENAL DIALYSIS	0.409698						74
76.97 CARDIAC REHABILITATION	0.500389						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.140589						91
92 OBSERVATION BEDS	0.394203						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.426177						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL
	COST	CHARGES	COST TO		
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)
	COL. 26)	COL. 8)	COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,442,891	71,304,705	0.020236		50
50.01 ENDOSCOPY	577,721	18,808,876	0.030715		50.01
51 RECOVERY ROOM	78,833	10,255,178	0.007687		51
52 DELIVERY ROOM & LABOR ROOM	338,049	5,946,888	0.056845		52
53 ANESTHESIOLOGY	30,822	28,903,320	0.001066		53
54 RADIOLOGY-DIAGNOSTIC	522,938	13,510,794	0.038705		54
54.01 ULTRASOUND	95,897	4,683,304	0.020476		54.01
54.02 MAMMOGRAPHY	133,824	892,047	0.150019		54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY	113,440	465,680	0.243601		55.01
56 RADIOISOTOPE	67,720	3,163,297	0.021408		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	237,403	20,335,645	0.011674		57
58 MAGNETIC RESONANCE IMAGING (M	209,551	8,167,038	0.025658		58
59 CARDIAC CATHETERIZATION	739,442	22,080,164	0.033489		59
60 LABORATORY	567,453	63,268,935	0.008969		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
63 BLOOD STORING, PROCESSING & T	49,574	2,796,822	0.017725		63
65 RESPIRATORY THERAPY	257,973	25,428,775	0.010145		65
66 PHYSICAL THERAPY	113,439	6,479,892	0.017506		66
67 OCCUPATIONAL THERAPY	76,773	4,437,820	0.017300		67
68 SPEECH PATHOLOGY	12,062	1,099,786	0.010968		68
69.01 CARDIOLOGY	194,216	8,527,439	0.022775		69.01
71 MEDICAL SUPPLIES CHRGD TO PA	855,277	32,972,586	0.025939		71
72 IMPL. DEV. CHARGED TO PATIENT	459,143	24,644,920	0.018630		72
73 DRUGS CHARGED TO PATIENTS	264,129	70,091,554	0.003768		73
74 RENAL DIALYSIS	21,235	810,558	0.026198		74
76.97 CARDIAC REHABILITATION	113,669	1,721,556	0.066027		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	517,692	44,241,179	0.011702		91
92 OBSERVATION BEDS	293,175	6,239,902	0.046984		92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
200 TOTAL (SUM OF LINES 50-199)	8,384,341	501,278,660			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 (14-T113) NF

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[XX] TITLE V [] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T113)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	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	71,304,705							50
50.01	ENDOSCOPY	18,808,876							50.01
51	RECOVERY ROOM	10,255,178							51
52	DELIVERY ROOM & LABOR ROOM	5,946,888							52
53	ANESTHESIOLOGY	28,903,320							53
54	RADIOLOGY-DIAGNOSTIC	13,510,794							54
54.01	ULTRASOUND	4,683,304							54.01
54.02	MAMMOGRAPHY	892,047							54.02
55	RADIOLOGY-THERAPEUTIC								55
55.01	ONCOLOGY	465,680							55.01
56	RADIOISOTOPE	3,163,297							56
57	COMPUTED TOMOGRAPHY (CT) SCA	20,335,645							57
58	MAGNETIC RESONANCE IMAGING (	8,167,038							58
59	CARDIAC CATHETERIZATION	22,080,164							59
60	LABORATORY	63,268,935							60
62.30	BLOOD CLOTTING FOR HEMOPHILI								62.30
63	BLOOD STORING, PROCESSING &	2,796,822							63
65	RESPIRATORY THERAPY	25,428,775							65
66	PHYSICAL THERAPY	6,479,892							66
67	OCCUPATIONAL THERAPY	4,437,820							67
68	SPEECH PATHOLOGY	1,099,786							68
69.01	CARDIOLOGY	8,527,439							69.01
71	MEDICAL SUPPLIES CHRGED TO P	32,972,586							71
72	IMPL. DEV. CHARGED TO PATIEN	24,644,920							72
73	DRUGS CHARGED TO PATIENTS	70,091,554							73
74	RENAL DIALYSIS	810,558							74
76.97	CARDIAC REHABILITATION	1,721,556							76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	44,241,179							91
92	OBSERVATION BEDS	6,239,902							92
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES	9,682,416							95
200	TOTAL (SUM OF LINES 50-199)	501,278,660							200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149833						50
50.01 ENDOSCOPY	0.118878						50.01
51 RECOVERY ROOM	0.103238						51
52 DELIVERY ROOM & LABOR ROOM	0.481729						52
53 ANESTHESIOLOGY	0.013609						53
54 RADIOLOGY-DIAGNOSTIC	0.179207						54
54.01 ULTRASOUND	0.162503						54.01
54.02 MAMMOGRAPHY	0.465892						54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.989626						55.01
56 RADIOISOTOPE	0.229757						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475						58
59 CARDIAC CATHETERIZATION	0.134740						59
60 LABORATORY	0.105005						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784						63
65 RESPIRATORY THERAPY	0.099633						65
66 PHYSICAL THERAPY	0.211197						66
67 OCCUPATIONAL THERAPY	0.233954						67
68 SPEECH PATHOLOGY	0.286426						68
69.01 RADIOLOGY	0.151635						69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731						71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851						72
73 DRUGS CHARGED TO PATIENTS	0.109134						73
74 RENAL DIALYSIS	0.409698						74
76.97 CARDIAC REHABILITATION	0.500389						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.140589						91
92 OBSERVATION BEDS	0.394203						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.426177						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL. 3 + COL. 4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL. 5 x COL. 6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL. 1 MINUS COL. 2)	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,682,880		2,682,880	26,035	103.05	10,824	1,115,413	30
31 INTENSIVE CARE UNIT	516,402		516,402	3,339	154.66	1,847	285,657	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF	573,476		573,476	5,088	112.71	3,660	412,519	41
42 SUBPROVIDER I								42
43 NURSERY	162,056		162,056	1,756	92.29			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,934,814		3,934,814	36,218		16,331	1,813,589	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL 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	1,442,891	71,304,705	0.020236	11,675,524	236,266	50
50.01 ENDOSCOPY	577,721	18,808,876	0.030715	995,253	30,569	50.01
51 RECOVERY ROOM	78,833	10,255,178	0.007687	1,740,973	13,383	51
52 DELIVERY ROOM & LABOR ROOM	338,049	5,946,888	0.056845	11,304	643	52
53 ANESTHESIOLOGY	30,822	28,903,320	0.001066	3,812,861	4,065	53
54 RADIOLOGY-DIAGNOSTIC	522,938	13,510,794	0.038705	3,102,011	120,063	54
54.01 ULTRASOUND	95,897	4,683,304	0.020476	996,225	20,399	54.01
54.02 MAMMOGRAPHY	133,824	892,047	0.150019	9,662	1,449	54.02
55 RADIOLOGY-THERAPEUTIC						55
55.01 ONCOLOGY	113,440	465,680	0.243601	10,945	2,666	55.01
56 RADIOISOTOPE	67,720	3,163,297	0.021408	687,998	14,729	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	237,403	20,335,645	0.011674	3,888,299	45,392	57
58 MAGNETIC RESONANCE IMAGING (M	209,551	8,167,038	0.025658	1,751,171	44,932	58
59 CARDIAC CATHETERIZATION	739,442	22,080,164	0.033489	3,752,215	125,658	59
60 LABORATORY	567,453	63,268,935	0.008969	15,705,679	140,864	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
63 BLOOD STORING, PROCESSING & T	49,574	2,796,822	0.017725	1,178,487	20,889	63
65 RESPIRATORY THERAPY	257,973	25,428,775	0.010145	12,097,436	122,728	65
66 PHYSICAL THERAPY	113,439	6,479,892	0.017506	1,049,783	18,378	66
67 OCCUPATIONAL THERAPY	76,773	4,437,820	0.017300	658,245	11,388	67
68 SPEECH PATHOLOGY	12,062	1,099,786	0.010968	170,965	1,875	68
69.01 CARDIOLOGY	194,216	8,527,439	0.022775	2,489,442	56,697	69.01
71 MEDICAL SUPPLIES CHRGED TO PA	855,277	32,972,586	0.025939	8,179,337	212,164	71
72 IMPL. DEV. CHARGED TO PATIENT	459,143	24,644,920	0.018630	7,041,326	131,180	72
73 DRUGS CHARGED TO PATIENTS	264,129	70,091,554	0.003768	23,182,847	87,353	73
74 RENAL DIALYSIS	21,235	810,558	0.026198	494,779	12,962	74
76.97 CARDIAC REHABILITATION	113,669	1,721,556	0.066027	118,938	7,853	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	517,692	44,241,179	0.011702	5,231,145	61,215	91
92 OBSERVATION BEDS	293,175	6,239,902	0.046984	608,815	28,605	92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	8,384,341	501,278,660		110,641,665	1,574,365	200

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 05/28/2013 10:26

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 05/28/2013 10:26

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL. 5 + COL. 6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	26,035		10,824		30
31 INTENSIVE CARE UNIT	3,339		1,847		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	5,088		3,660		41
42 SUBPROVIDER I					42
43 NURSERY	1,756				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	36,218		16,331		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0113) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	71,304,705		11,675,524		9,122,643	50
50.01						ENDOSCOPY	18,808,876		995,253		4,847,511	50.01
51						RECOVERY ROOM	10,255,178		1,740,973		1,081,198	51
52						DELIVERY ROOM & LABOR ROOM	5,946,888		11,304		2,675	52
53						ANESTHESIOLOGY	28,903,320		3,812,861		3,757,496	53
54						RADIOLOGY-DIAGNOSTIC	13,510,794		3,102,011		2,382,003	54
54.01						ULTRASOUND	4,683,304		996,225		722,935	54.01
54.02						MAMMOGRAPHY	892,047		9,662		55,692	54.02
55						RADIOLOGY-THERAPEUTIC						55
55.01						ONCOLOGY	465,680		10,945		183,949	55.01
56						RADIOISOTOPE	3,163,297		687,998		809,370	56
57						COMPUTED TOMOGRAPHY (CT) SCA	20,335,645		3,888,299		3,419,549	57
58						MAGNETIC RESONANCE IMAGING (	8,167,038		1,751,171		1,069,883	58
59						CARDIAC CATHETERIZATION	22,080,164		3,752,215		6,055,702	59
60						LABORATORY	63,268,935		15,705,679		2,877,836	60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
63						BLOOD STORING, PROCESSING &	2,796,822		1,178,487		398,666	63
65						RESPIRATORY THERAPY	25,428,775		12,097,436		462,180	65
66						PHYSICAL THERAPY	6,479,892		1,049,783			66
67						OCCUPATIONAL THERAPY	4,437,820		658,245			67
68						SPEECH PATHOLOGY	1,099,786		170,965			68
69.01						CARDIOLOGY	8,527,439		2,489,442		1,458,272	69.01
71						MEDICAL SUPPLIES CHRGD TO P	32,972,586		8,179,337		3,842,106	71
72						IMPL. DEV. CHARGED TO PATIEN	24,644,920		7,041,326		4,083,411	72
73						DRUGS CHARGED TO PATIENTS	70,091,554		23,182,847		5,997,868	73
74						RENAL DIALYSIS	810,558		494,779		7,612	74
76.97						CARDIAC REHABILITATION	1,721,556		118,938		427,613	76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
91						EMERGENCY	44,241,179		5,231,145		6,223,127	91
92						OBSERVATION BEDS	6,239,902		608,815		1,293,924	92
OTHER REIMBURSABLE COST CENTERS												
95						AMBULANCE SERVICES						95
200						TOTAL (SUM OF LINES 50-199)	501,278,660		110,641,665		60,583,221	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9	PPS REIMBURSED SERVICES	COST REIMB. SERVICES SUBJECT TO DED & COINS	COST REIMB. SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	COST SERVICES SUBJECT TO DED & COINS	COST SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149833	9,122,643			1,366,873		50
50.01 ENDOSCOPY	0.118878	4,847,511			576,262		50.01
51 RECOVERY ROOM	0.103238	1,081,198			111,621		51
52 DELIVERY ROOM & LABOR ROOM	0.481729	2,675			1,289		52
53 ANESTHESIOLOGY	0.013609	3,757,496			51,136		53
54 RADIOLOGY-DIAGNOSTIC	0.179207	2,382,003			426,872		54
54.01 ULTRASOUND	0.162503	722,935			117,479		54.01
54.02 MAMMOGRAPHY	0.465892	55,692			25,946		54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.989626	183,949			182,041		55.01
56 RADIOISOTOPE	0.229757	809,370			185,958		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028	3,419,549			229,206		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475	1,069,883			89,308		58
59 CARDIAC CATHETERIZATION	0.134740	6,055,702			815,945		59
60 LABORATORY	0.105005	2,877,836			302,187		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784	398,666			128,683		63
65 RESPIRATORY THERAPY	0.099633	462,180			46,048		65
66 PHYSICAL THERAPY	0.211197						66
67 OCCUPATIONAL THERAPY	0.233954						67
68 SPEECH PATHOLOGY	0.286426						68
69.01 CARDIOLOGY	0.151635	1,458,272			221,125		69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731	3,842,106			1,478,177		71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851	4,083,411			1,101,913		72
73 DRUGS CHARGED TO PATIENTS	0.109134	5,997,868	18,101	21,276	654,571	1,975	2,322
74 RENAL DIALYSIS	0.409698	7,612			3,119		74
76.97 CARDIAC REHABILITATION	0.500389	427,613			213,973		76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.140589	6,223,127			874,903		91
92 OBSERVATION BEDS	0.394203	1,293,924			510,069		92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.426177						95
200 SUBTOTAL (SEE INSTRUCTIONS)		60,583,221	18,101	21,276	9,714,704	1,975	2,322
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		60,583,221	18,101	21,276	9,714,704	1,975	2,322

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

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

COST CENTER DESCRIPTION	CAP-REL	TOTAL	RATIO OF	INPATIENT	CAPITAL	
	COST	CHARGES	COST TO			
	(FROM WKST	(FROM WKST	CHARGES	PROGRAM	(COL.3 x	
	B, PT. II,	C, PT. I,	(COL.1 +	CHARGES	COL.4)	
	COL. 26)	COL. 8)	COL.2)			
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,442,891	71,304,705	0.020236	62,094	1,257	50
50.01 ENDOSCOPY	577,721	18,808,876	0.030715	49,701	1,527	50.01
51 RECOVERY ROOM	78,833	10,255,178	0.007687	14,301	110	51
52 DELIVERY ROOM & LABOR ROOM	338,049	5,946,888	0.056845			52
53 ANESTHESIOLOGY	30,822	28,903,320	0.001066	24,393	26	53
54 RADIOLOGY-DIAGNOSTIC	522,938	13,510,794	0.038705	121,931	4,719	54
54.01 ULTRASOUND	95,897	4,683,304	0.020476	51,150	1,047	54.01
54.02 MAMMOGRAPHY	133,824	892,047	0.150019			54.02
RADIOLOGY-THERAPEUTIC						
55 ONCOLOGY	113,440	465,680	0.243601			55
55.01 RADIOISOTOPE	67,720	3,163,297	0.021408	6,461	138	55.01
56 COMPUTED TOMOGRAPHY (CT) SCAN	237,403	20,335,645	0.011674	131,709	1,538	56
57 MAGNETIC RESONANCE IMAGING (M	209,551	8,167,038	0.025658	144,566	3,709	57
58 CARDIAC CATHETERIZATION	739,442	22,080,164	0.033489			58
59 LABORATORY	567,453	63,268,935	0.008969	1,366,768	12,259	59
BLOOD CLOTTING FOR HEMOPHILIA						
60 BLOOD STORING, PROCESSING & T	49,574	2,796,822	0.017725	268,290	4,755	60
62.30 RESPIRATORY THERAPY	257,973	25,428,775	0.010145	512,628	5,201	62.30
63 PHYSICAL THERAPY	113,439	6,479,892	0.017506	2,134,208	37,361	63
64 OCCUPATIONAL THERAPY	76,773	4,437,820	0.017300	1,908,772	33,022	64
65 SPEECH PATHOLOGY	12,062	1,099,786	0.010968	470,815	5,164	65
66.01 RADIOLOGY	194,216	8,527,439	0.022775	52,516	1,196	66.01
67 MEDICAL SUPPLIES CHRGD TO PA	855,277	32,972,586	0.025939	429,437	11,139	67
68 IMPL. DEV. CHARGED TO PATIENT	459,143	24,644,920	0.018630	26,189	488	68
69 DRUGS CHARGED TO PATIENTS	264,129	70,091,554	0.003768	1,788,106	6,738	69
70 RENAL DIALYSIS	21,235	810,558	0.026198	108,391	2,840	70
71.97 CARDIAC REHABILITATION	113,669	1,721,556	0.066027			71.97
72.98 HYPERBARIC OXYGEN THERAPY						72.98
73.99 LITHOTRIPSY						73.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	517,692	44,241,179	0.011702	14,639	171	91
92 OBSERVATION BEDS	293,175	6,239,902	0.046984			92
OTHER REIMBURSABLE COST CENTERS						
95 AMBULANCE SERVICES						95
200 TOTAL (SUM OF LINES 50-199)	8,384,341	501,278,660		9,687,065	134,405	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T113)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[XX] PPS [] TEFRA				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)		
	7	8	9	10	11	12	13		
ANCILLARY SERVICE COST CENTERS									
50	OPERATING ROOM	71,304,705			62,094			50	
50.01	ENDOSCOPY	18,808,876			49,701			50.01	
51	RECOVERY ROOM	10,255,178			14,301			51	
52	DELIVERY ROOM & LABOR ROOM	5,946,888						52	
53	ANESTHESIOLOGY	28,903,320			24,393			53	
54	RADIOLOGY-DIAGNOSTIC	13,510,794			121,931			54	
54.01	ULTRASOUND	4,683,304			51,150			54.01	
54.02	MAMMOGRAPHY	892,047						54.02	
55	RADIOLOGY-THERAPEUTIC							55	
55.01	ONCOLOGY	465,680						55.01	
56	RADIOISOTOPE	3,163,297			6,461			56	
57	COMPUTED TOMOGRAPHY (CT) SCA	20,335,645			131,709			57	
58	MAGNETIC RESONANCE IMAGING (	8,167,038			144,566			58	
59	CARDIAC CATHETERIZATION	22,080,164						59	
60	LABORATORY	63,268,935			1,366,768			60	
62.30	BLOOD CLOTTING FOR HEMOPHILI							62.30	
63	BLOOD STORING, PROCESSING &	2,796,822			268,290			63	
65	RESPIRATORY THERAPY	25,428,775			512,628			65	
66	PHYSICAL THERAPY	6,479,892			2,134,208			66	
67	OCCUPATIONAL THERAPY	4,437,820			1,908,772			67	
68	SPEECH PATHOLOGY	1,099,786			470,815			68	
69.01	CARDIOLOGY	8,527,439			52,516			69.01	
71	MEDICAL SUPPLIES CHRGED TO P	32,972,586			429,437			71	
72	IMPL. DEV. CHARGED TO PATIEN	24,644,920			26,189			72	
73	DRUGS CHARGED TO PATIENTS	70,091,554			1,788,106			73	
74	RENAL DIALYSIS	810,558			108,391			74	
76.97	CARDIAC REHABILITATION	1,721,556						76.97	
76.98	HYPERBARIC OXYGEN THERAPY							76.98	
76.99	LITHOTRIPSY							76.99	
OUTPATIENT SERVICE COST CENTERS									
91	EMERGENCY	44,241,179			14,639			91	
92	OBSERVATION BEDS	6,239,902						92	
OTHER REIMBURSABLE COST CENTERS									
95	AMBULANCE SERVICES							95	
200	TOTAL (SUM OF LINES 50-199)	501,278,660			9,687,065			200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	CHARGE RATIO FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.149833						50
50.01 ENDOSCOPY	0.118878						50.01
51 RECOVERY ROOM	0.103238						51
52 DELIVERY ROOM & LABOR ROOM	0.481729						52
53 ANESTHESIOLOGY	0.013609						53
54 RADIOLOGY-DIAGNOSTIC	0.179207						54
54.01 ULTRASOUND	0.162503						54.01
54.02 MAMMOGRAPHY	0.465892						54.02
55 RADIOLOGY-THERAPEUTIC							55
55.01 ONCOLOGY	0.989626						55.01
56 RADIOISOTOPE	0.229757						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475						58
59 CARDIAC CATHETERIZATION	0.134740						59
60 LABORATORY	0.105005						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784						63
65 RESPIRATORY THERAPY	0.099633						65
66 PHYSICAL THERAPY	0.211197						66
67 OCCUPATIONAL THERAPY	0.233954						67
68 SPEECH PATHOLOGY	0.286426						68
69.01 RADIOLOGY	0.151635						69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731						71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851						72
73 DRUGS CHARGED TO PATIENTS	0.109134						73
74 RENAL DIALYSIS	0.409698						74
76.97 CARDIAC REHABILITATION	0.500389						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.140589						91
92 OBSERVATION BEDS	0.394203						92
OTHER REIMBURSABLE COST CENTERS							
95 AMBULANCE SERVICES	0.426177						95
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	26,035	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,035	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	105	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,085	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,756	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)	22,502,448	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	22,502,448	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,741,420	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	162,987	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,578,433	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.612454	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	1,552.26	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,584.51	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)	22,502,448	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK TITLE V-INPT HOSPITAL (14-0113) SUB (OTHER) PPS
 APPLICABLE 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) 864.32 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	1,152,700	1,756	656.44		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	5,396,942	3,339	1,616.33		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					49

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

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 2,845 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	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
		1	2	3	4	5
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,088	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,088	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,088	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)		9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,865,255	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,865,255	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,195,840	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,195,840	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.593625	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,610.82	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,865,255	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	956.22	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)		39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)		40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)		41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)		49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)		50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST		52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		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 INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	26,035	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,035	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	105	3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	23,085	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10,824	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)	22,509,831	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	22,509,831	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,741,420	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	162,987	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,578,433	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.612655	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)	1,552.26	32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,584.51	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)	22,509,831	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 864.60 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 9,358,430 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) 9,358,430 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42

INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	5,396,943	3,339	1,616.34	1,847	2,985,380	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)					16,772,966	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					29,116,776	49

PASS-THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)					1,401,070	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					1,574,365	51
52 TOTAL PROGRAM EXCLUDABLE COST					2,975,435	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					26,141,341	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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)						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 INSTRUCTIONS) (TITLE XVIII ONLY)						64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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)					2,845	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					864.60	88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					2,459,787	89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,682,880	22,509,831	0.119187	2,459,787	293,175	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,088	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,088	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,088	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,660	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,865,255	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,865,255	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,195,840	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,195,840	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.593625	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	1,610.82	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,865,255	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	956.22 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,499,765 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,499,765 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	1,805,700 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,305,465 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	412,519 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	134,405 51
52 TOTAL PROGRAM EXCLUDABLE COST	546,924 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,758,541 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)	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 INSTRUCTIONS) (TITLE XVIII ONLY)	64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)	67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)	68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)	69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.149833			50
50.01 ENDOSCOPY	0.118878			50.01
51 RECOVERY ROOM	0.103238			51
52 DELIVERY ROOM & LABOR ROOM	0.481729			52
53 ANESTHESIOLOGY	0.013609			53
54 RADIOLOGY-DIAGNOSTIC	0.179207			54
54.01 ULTRASOUND	0.162503			54.01
54.02 MAMMOGRAPHY	0.465892			54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY	0.989626			55.01
56 RADIOISOTOPE	0.229757			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475			58
59 CARDIAC CATHETERIZATION	0.134740			59
60 LABORATORY	0.105005			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784			63
65 RESPIRATORY THERAPY	0.099633			65
66 PHYSICAL THERAPY	0.211197			66
67 OCCUPATIONAL THERAPY	0.233954			67
68 SPEECH PATHOLOGY	0.286426			68
69.01 CARDIOLOGY	0.151635			69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731			71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851			72
73 DRUGS CHARGED TO PATIENTS	0.109134			73
74 RENAL DIALYSIS	0.409698			74
76.97 CARDIAC REHABILITATION	0.500389			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.140589			91
92 OBSERVATION BEDS	0.394203			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	(COL.1 x COL.2) 3
INPATIENT ROUTINE SERVICE COST CENTERS			
30 ADULTS & PEDIATRICS			30
31 INTENSIVE CARE UNIT			31
41 SUBPROVIDER - IRF			41
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	0.149833		50
50.01 ENDOSCOPY	0.118878		50.01
51 RECOVERY ROOM	0.103238		51
52 DELIVERY ROOM & LABOR ROOM	0.481729		52
53 ANESTHESIOLOGY	0.013609		53
54 RADIOLOGY-DIAGNOSTIC	0.179207		54
54.01 ULTRASOUND	0.162503		54.01
54.02 MAMMOGRAPHY	0.465892		54.02
55 RADIOLOGY-THERAPEUTIC			55
55.01 ONCOLOGY	0.989626		55.01
56 RADIOISOTOPE	0.229757		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475		58
59 CARDIAC CATHETERIZATION	0.134740		59
60 LABORATORY	0.105005		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784		63
65 RESPIRATORY THERAPY	0.099633		65
66 PHYSICAL THERAPY	0.211197		66
67 OCCUPATIONAL THERAPY	0.233954		67
68 SPEECH PATHOLOGY	0.286426		68
69.01 CARDIOLOGY	0.151635		69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731		71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851		72
73 DRUGS CHARGED TO PATIENTS	0.109134		73
74 RENAL DIALYSIS	0.409698		74
76.97 CARDIAC REHABILITATION	0.500389		76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	0.140589		91
92 OBSERVATION BEDS	0.394203		92
OTHER REIMBURSABLE COST CENTERS			
95 AMBULANCE SERVICES			95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)			200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			201
202 NET CHARGES (LINE 200 MINUS LINE 201)			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		19,188,909		30
31 INTENSIVE CARE UNIT		6,227,582		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.149833	11,675,524	1,749,379	50
50.01 ENDOSCOPY	0.118878	995,253	118,314	50.01
51 RECOVERY ROOM	0.103238	1,740,973	179,735	51
52 DELIVERY ROOM & LABOR ROOM	0.481729	11,304	5,445	52
53 ANESTHESIOLOGY	0.013609	3,812,861	51,889	53
54 RADIOLOGY-DIAGNOSTIC	0.179346	3,102,011	556,333	54
54.01 ULTRASOUND	0.162503	996,225	161,890	54.01
54.02 MAMMOGRAPHY	0.465892	9,662	4,501	54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY	0.989626	10,945	10,831	55.01
56 RADIOISOTOPE	0.229757	687,998	158,072	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028	3,888,299	260,625	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475	1,751,171	146,179	58
59 CARDIAC CATHETERIZATION	0.134904	3,752,215	506,189	59
60 LABORATORY	0.105591	15,705,679	1,658,378	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784	1,178,487	380,397	63
65 RESPIRATORY THERAPY	0.099855	12,097,436	1,207,989	65
66 PHYSICAL THERAPY	0.211197	1,049,783	221,711	66
67 OCCUPATIONAL THERAPY	0.233954	658,245	153,999	67
68 SPEECH PATHOLOGY	0.286426	170,965	48,969	68
69.01 CARDIOLOGY	0.151635	2,489,442	377,487	69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731	8,179,337	3,146,845	71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851	7,041,326	1,900,109	72
73 DRUGS CHARGED TO PATIENTS	0.109134	23,182,847	2,530,037	73
74 RENAL DIALYSIS	0.409698	494,779	202,710	74
76.97 CARDIAC REHABILITATION	0.500389	118,938	59,515	76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.140589	5,231,145	735,441	91
92 OBSERVATION BEDS	0.394203	608,815	239,997	92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		110,641,665	16,772,966	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		110,641,665		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		5,933,017		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.149833	62,094	9,304	50
50.01 ENDOSCOPY	0.118878	49,701	5,908	50.01
51 RECOVERY ROOM	0.103238	14,301	1,476	51
52 DELIVERY ROOM & LABOR ROOM	0.481729			52
53 ANESTHESIOLOGY	0.013609	24,393	332	53
54 RADIOLOGY-DIAGNOSTIC	0.179346	121,931	21,868	54
54.01 ULTRASOUND	0.162503	51,150	8,312	54.01
54.02 MAMMOGRAPHY	0.465892			54.02
55 RADIOLOGY-THERAPEUTIC				55
55.01 ONCOLOGY	0.989626			55.01
56 RADIOISOTOPE	0.229757	6,461	1,484	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067028	131,709	8,828	57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.083475	144,566	12,068	58
59 CARDIAC CATHETERIZATION	0.134904			59
60 LABORATORY	0.105591	1,366,768	144,318	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
63 BLOOD STORING, PROCESSING & TRA	0.322784	268,290	86,600	63
65 RESPIRATORY THERAPY	0.099855	512,628	51,188	65
66 PHYSICAL THERAPY	0.211197	2,134,208	450,738	66
67 OCCUPATIONAL THERAPY	0.233954	1,908,772	446,565	67
68 SPEECH PATHOLOGY	0.286426	470,815	134,854	68
69.01 CARDIOLOGY	0.151635	52,516	7,963	69.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.384731	429,437	165,218	71
72 IMPL. DEV. CHARGED TO PATIENT	0.269851	26,189	7,067	72
73 DRUGS CHARGED TO PATIENTS	0.109134	1,788,106	195,143	73
74 RENAL DIALYSIS	0.409698	108,391	44,408	74
76.97 CARDIAC REHABILITATION	0.500389			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.140589	14,639	2,058	91
92 OBSERVATION BEDS	0.394203			92
OTHER REIMBURSABLE COST CENTERS				
95 AMBULANCE SERVICES				95
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		9,687,065	1,805,700	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		9,687,065		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	23,934,257	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	313,263	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	3,323,570	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	152.51	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)	9.59	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)	0.09	7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)	9.50	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.52	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	9.50	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	9.50	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	9.50	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	9.50	15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT	9.50	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.062291	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.060188	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.060188	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	881,436	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)	1.19	23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	3.02	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)	1.19	25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)	0.007803	26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)	0.002081	27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)	56,724	28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	938,160	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0703	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.1719	31
32	SUM OF LINES 30 AND 31	0.2422	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0920	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,201,952	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)	27,387,632	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)	27,387,632	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,154,180	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	359,168	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)	29,900,980	59
60	PRIMARY PAYER PAYMENTS	12,405	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	29,888,575	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,520,828	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	49,419	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	425,702	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	297,991	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	401,228	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	27,616,319	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
70.93	HVBP INCENTIVE PAYMENT (SEE INSTRUCTIONS)	-14,462	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-12,915	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	27,588,942	71
72	INTERIM PAYMENTS	28,287,424	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-698,482	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	352,531	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 [XX] IRF (14-T113)
 [] SUB (OTHER) [] SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T113) [] SWING BED SNF

INPATIENT
 PART A

PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,451,643		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 08/16/2012	48,288		NONE 3.01
	.02			3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50	NONE		3.50
	.51			3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99	48,288		3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		48,288		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		5,499,931		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	NONE		NONE 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	NONE		5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06	-167,903		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		5,332,028		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/28/2013 10:26

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

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

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

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	7,674	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	12,671	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,455	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	26,529	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	573,178,481	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	17,647,691	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8

INPATIENT HOSPITAL SERVICES UNDER PPS & CAH

30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

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

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	5,138,457	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.025300	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	171,239	3
4	OUTLIER PAYMENTS	85,807	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
5.01	CAP INCREASES FOR THE UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR RESIDENTS THAT WERE DISPLACED BY PROGRAM OR HOSPITAL CLOSURE, THAT WOULD NOT BE COUNTED WITHOUT A TEMPORARY CAP ADJUSTMENT UNDER §412.424(d)(1)(iii)(F)(1) OR (2) (SEE INSTRUCTIONS)		5.01
6	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS)		6
7	CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTEs IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		7
8	CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM (SEE INSTRUCTIONS)		8
9	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	13.901639	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)	5,395,503	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)	5,395,503	17
18	PRIMARY PAYER PAYMENTS	4,608	18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,390,895	19
20	DEDUCTIBLES	57,752	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,333,143	21
22	COINSURANCE	4,335	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,328,808	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	4,600	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,220	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	5,332,028	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		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)	5,332,028	32
33	INTERIM PAYMENTS	5,499,931	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-167,903	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19,789	36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

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

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

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

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		6
7	ENTER THE LESSER OF LINE 5 OR LINE 6		7
		PRIMARY CARE 1	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR		8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6		9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR		10
11	TOTAL WEIGHTED FTE COUNT		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS		15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		16
17	ADJUSTED ROLLING AVERAGE FTE COUNT		17
18	PER RESIDENT AMOUNT		18
19	APPROVED AMOUNT FOR RESIDENT COSTS		19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		23
24	MULTIPLY LINE 22 TIMES LINE 23		24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)		25
COMPUTATION OF PROGRAM PATIENT LOAD			
		INPATIENT PART A	MANAGED CARE
26	INPATIENT DAYS		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	31,617	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS		28
29	PROGRAM DIRECT GME AMOUNT		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		30
31	NET PROGRAM DIRECT GME AMOUNT		31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)		32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)		33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)		34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)		35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)		36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)		37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)		38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)		39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)		41
PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)		42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)		44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)		45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)		46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)		47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)		48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)		50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			8.70 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			8.70 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			12.52 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			8.70 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	12.52		12.52 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	8.70		8.70 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	8.70		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	8.70		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	8.70		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	8.70		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	8.70		17
18	PER RESIDENT AMOUNT	95,201.30	90,147.23	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	828,251		828,251 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			1.99 20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			3.82 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			1.99 22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			828,251 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	16,331	1,455	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	31,617	31,617	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.516526	0.046020	28
29	PROGRAM DIRECT GME AMOUNT	427,813	38,116	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		5,386	30
31	NET PROGRAM DIRECT GME AMOUNT			460,543 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			810,558 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			34,422,241 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			17,013 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			34,405,228 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			9,719,001 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			8,185 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			9,710,816 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			44,116,044 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.779880 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.220120 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			460,543 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			359,168 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			101,375 50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,935,660			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	37,948,946			4
5	OTHER RECEIVABLES	1,197,359			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,603,358			6
7	INVENTORY	3,823,212			7
8	PREPAID EXPENSES	576,397			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	1,072,990			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	40,951,206			11
FIXED ASSETS					
12	LAND	6,156,757			12
13	LAND IMPROVEMENTS	4,865,252			13
14	ACCUMULATED DEPRECIATION	-5,004,761			14
15	BUILDINGS	62,708,331			15
16	ACCUMULATED DEPRECIATION	-55,028,842			16
17	LEASEHOLD IMPROVEMENTS	68,508			17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	3,081,850			19
20	ACCUMULATED DEPRECIATION	-2,362,749			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	69,463,482			23
24	ACCUMULATED DEPRECIATION	-37,001,434			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	46,946,394			30
OTHER ASSETS					
31	INVESTMENTS	6,343,564			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	118,278			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	6,461,842			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	94,359,442			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	7,509,992			37
38	SALARIES, WAGES & FEES PAYABLE	3,647,672			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	191,232			40
41	DEFERRED INCOME	5,520			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS	11,885,364			43
44	OTHER CURRENT LIABILITIES	1,787,662			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	25,027,442			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	342,574			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	394,943			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	737,517			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	25,764,959			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	68,594,483			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)	68,594,483			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	94,359,442			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		60,299,324							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		6,265,631							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		66,564,955							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 EQUITY TRANSFER		1,303,254							5
6 CONTRIBUTIONS		811,157							6
7 CONTRIBUTIONS-RESTRICTED		1,090							7
8 INVESTMENT INCOME REALIZED		4,735							8
9 OTHER		139,633							9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,259,869							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		68,824,824							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 ASSETS RELEASED		228,840							13
14 OTHER		1,500							14
15 ROUNDING		1							15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		230,341							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		68,594,483							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	42,387,479		42,387,479	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	8,195,840		8,195,840	5
6 SWING BED - SNF				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)	50,583,319		50,583,319	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12,201,846		12,201,846	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	12,201,846		12,201,846	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	62,785,165		62,785,165	17
18 ANCILLARY SERVICES	238,108,496	264,201,393	502,309,889	18
19 OUTPATIENT SERVICES				19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE		9,682,416	9,682,416	23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	300,893,661	273,883,809	574,777,470	28

PART II - OPERATING EXPENSES

29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)	1		2	29
30 ADD (SPECIFY)			134,043,715	30
31				31
32				32
33				33
34				34
35				35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)				36
37 DEDUCT (SPECIFY)				37
38 ROUNDING		-2		38
39				39
40				40
41				41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			-2	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)			134,043,713	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	574,777,470	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	437,409,315	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	137,368,155	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	134,043,713	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	3,324,442	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	228,840	6
7	INCOME FROM INVESTMENTS	379,482	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	1,390	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	2,815	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	429,937	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	4,771	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	167,173	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	45,017	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MEDICAID MU REVENUE)	667,417	24
24.01	OTHER (RENTAL INCOME)	186,052	24.01
24.02	OTHER (EMS RESOURCE)	58,006	24.02
24.03	OTHER (OTHER OPERATING INCOME)	236,310	24.03
24.04	OTHER (SILVER RECOVERY)	5,486	24.04
24.05	OTHER (COMMUNITY OUTREACH)	36,903	24.05
24.06	OTHER (MEDICAL STAFF/PHY RELATIONS)	213,970	24.06
24.07	OTHER (PATIENT ACCOUNTING INV INC)	288,668	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	2,952,237	25
26	TOTAL (LINE 5 PLUS LINE 25)	6,276,679	26
27			27
27.01	OTHER EXPENSES (LOSS ON DISPOSAL OF ASSETS)	11,048	27.01
27.02	OTHER EXPENSES (CHANGE IN FOUNDATION ASSETS VALUES)		27.02
27.03	OTHER EXPENSES (ROUNDING)		27.03
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	11,048	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	6,265,631	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

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

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	1,923,942	1
2	CAPITAL DRG OUTLIER PAYMENTS	52,466	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	73.18	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	10.69	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.0421	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	80,998	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0703	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1719	8
9	SUM OF LINES 7 AND 8	0.2422	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0503	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	96,774	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,154,180	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL (COLS.0-4) 2A	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
5.01 NONPATIENT TELEPHONE					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCH,RCVING,STORING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING,A/R					5.05
5.06 OTHER ADMIN & GEN					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 ENDOSCOPY					50.01
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 ULTRASOUND					54.01
54.02 MAMMOGRAPHY					54.02
55 RADIOLOGY-THERAPEUTIC					55
55.01 ONCOLOGY					55.01
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIC					62.30
63 BLOOD STORING, PROCESSING & TR					63
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69.01 RADIOLOGY					69.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
95 AMBULANCE SERVICES					95
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
192.01 COVENANT OUTPATIENT PHARMACY					192.01
192.02 REAL ESTATE					192.02

PROVIDER CCN: 14-0113 PRESENCE COVENANT MEDICAL CENT
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

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

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

STEP 1: Determine the 3-Year Averaging Period		
1	Wage index fiscal year ending date	1
2	Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2)	2
3	Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month	3
4	Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3)	4
5	Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3)	5
STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS)		
6	Effective date of pension plan	6
7	First day of the provider cost reporting period containing the pension plan effective date	7
8	Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month)	8
If this date occurs after the period shown on line 2, stop here and see instructions.		
STEP 3: Average Pension Contributions During the Averaging Period		
9	Beginning date of averaging period from Line 4 or Line 8, as applicable	9
10	Ending date of averaging period from Line 5	10
11	Enter provider contributions made during averaging period on Lines 9 & 10	11
11.01		11.01
12	Total calendar months included in averaging period (36 unless Step 2 completed)	12
13	Total contributions made during averaging period	13
14	Average monthly contribution (Line 13 divided by Line 12)	14
15	Number of months in provider cost reporting period on Line 2	15
16	Average pension contributions (Line 14 times Line 15)	16
STEP 4: Total Pension Cost for Wage Index		
17	Annual prefunding installment (SEE INSTRUCTIONS)	17
18	Reportable prefunding installment ((Line 17 times Line 15) divided by 12)	18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)	19