

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: 11-29-2012 TIME: 10:41
 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 RESURRECTION MEDICAL CENTER (14-0117) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, 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					1
2	SUBPROVIDER - IPF	-28,929	-48,413			2
3	SUBPROVIDER - IRF	21,151	987			3
4	SUBPROVIDER (OTHER)					4
5	SWING BED - SNF					5
6	SWING BED - NF					6
7	SKILLED NURSING FACILITY	145,235				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	137,457	-47,426			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: 7435 WEST TALCOTT
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:
 ZIP CODE: 60631

COUNTY: COOK

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	14-0117	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF								4
5	SUBPROVIDER - IRF	14-T117	16974	5	07/01/1991	N	P	O	5
6	SUBPROVIDER - (OTHER)								6
7	SWING BEDS - SNF								7
8	SWING BEDS - NF								8
9	HOSPITAL-BASED SNF	14-5324	16974		02/01/1980	N	P	N	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	14-2335	16974		07/01/2004				18
19	OTHER								19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011			TO: 06/30/2012				20
21	TYPE OF CONTROL								21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
24	IF THIS PROVIDER IS AN IPPS 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.	6,843						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.	192	196				55	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

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	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))	64
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)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. 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 15-1§ 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.			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 148082	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: RESURRECTION HEALTH SYSTEM	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 100 NORTH RIVER ROAD	P.O. BOX:		142
143	CITY: DES PLAINES	STATE: IL	ZIP CODE: 60016	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?			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.	N		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 PART A	TITLE XVIII PART B	TITLE V	TITLE XIX
155	HOSPITAL		3	4
156	SUBPROVIDER - IPF	N		N 155
157	SUBPROVIDER - IRF	N		156
158	SUBPROVIDER - (OTHER)	N		N 157
159	SNF	N		158
160	HHA	N		159
161	CMHC			N 160

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
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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

PROVIDER ORGANIZATION AND OPERATION		Y/N	DATE			
1		1	2			
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)	N		1		
2		Y/N	DATE	V/I		
1		1	2	3		
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.	N		2		
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3		
FINANCIAL DATA AND REPORTS		Y/N	TYPE	DATE		
1		1	2	3		
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.	N		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			
1		1	2			
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N		6		
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7		
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8		
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9		
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	Y		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.	Y		11		
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		
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	Y/N	DATE	
1	2	3	4	3	4	
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N		16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	10/02/2012	Y	10/02/2012	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N		18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N		19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N		20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N		21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

22	HAVE ASSETS BEEN RELIEF 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: ALICIA	LAST NAME: JUMPER	TITLE: DIRECTOR OF REIMBURS	41
42	EMPLOYER: RESURRECTION HEALTH CARE			42
43	PHONE NUMBER: 847-813-3713	E-MAIL ADDRESS: ALICIA.JUMPER@RESHEALTHCARE.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	TOTAL SALARIES (SEE INSTRUCTIONS)	200	94,839,757	8,699,285	103,539,042	3,628,011.07	28.54	1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN-PART A ADMINISTRATIVE			712,281	712,281	7,858.00	90.64	4
4.01	PHYSICIAN-PART A - TEACHING			1,065,664	1,065,664	11,342.00	93.96	4.01
5	PHYSICIAN-PART B			3,050,669	3,050,669	31,302.00	97.46	5
6	NON-PHYSICIAN-PART B							6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)			3,680,447	3,680,447	155,032.00	23.74	7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)							7.01
8	HOME OFFICE PERSONNEL							8
9	SNF	44	6,665,533	229,587	6,895,120	310,251.00	22.22	9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		4,543,012	127,836	4,670,848	153,108.43	30.51	10
OTHER WAGES & RELATED COSTS								
11	CONTRACT LABOR (SEE INSTRUCTIONS)		406,890		406,890	7,134.47	57.03	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES							12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE							13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		16,240,600		16,240,600	422,018.00	38.48	14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE							15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING							16
WAGE-RELATED COSTS								
17	WAGE-RELATED COSTS (CORE)		20,636,111		20,636,111			17
18	WAGE-RELATED COSTS (OTHER)							18
19	EXCLUDED AREAS		1,471,419		1,471,419			19
20	NON-PHYSICIAN ANESTHETIST PART A							20
21	NON-PHYSICIAN ANESTHETIST PART B							21
22	PHYSICIAN PART A - ADMINISTRATIVE		106,344		106,344			22
22.01	PHYSICIAN PART A - TEACHING		121,213		121,213			22.01
23	PHYSICIAN PART B		447,617		447,617			23
24	WAGE-RELATED COSTS (RHC/FQHC)							24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)		931,204		931,204			25
OVERHEAD COSTS - DIRECT SALARIES								
26	EMPLOYEE BENEFITS		809,557		809,557	43,549.00	18.59	26
27	ADMINISTRATIVE & GENERAL		5,136,770	622,126	5,758,896	199,387.00	28.88	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)							28
29	MAINTENANCE & REPAIRS		635,142		635,142	32,587.00	19.49	29
30	OPERATION OF PLANT		2,135,828	-795,772	1,340,056	46,414.00	28.87	30
31	LAUNDRY & LINEN SERVICE		176,745		176,745	16,305.00	10.84	31
32	HOUSEKEEPING		2,036,555		2,036,555	170,474.00	11.95	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)							33
34	DIETARY		2,694,300	-1,159,143	1,535,157	108,011.00	14.21	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)							35
36	CAFETERIA			1,122,173	1,122,173	74,146.00	15.13	36
37	MAINTENANCE OF PERSONNEL							37
38	NURSING ADMINISTRATION		2,142,540		2,142,540	70,602.00	30.35	38
39	CENTRAL SERVICES AND SUPPLY		331,933		331,933	21,293.00	15.59	39
40	PHARMACY		2,603,100		2,603,100	70,116.00	37.13	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		4,418,022		4,418,022	163,309.00	27.05	41
42	SOCIAL SERVICE		158,309		158,309	8,036.00	19.70	42
43	OTHER GENERAL SERVICE							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	94,839,757	1,255,888	96,095,645	3,433,819.07	27.99	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	11,208,545	357,423	11,565,968	463,359.43	24.96	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	83,631,212	898,465	84,529,677	2,970,459.64	28.46	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	16,647,490		16,647,490	429,152.47	38.79	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	20,742,455		20,742,455		24.54	5
6	TOTAL (SUM OF LINES 3 THRU 5)	121,021,157	898,465	121,919,622	3,399,612.11	35.86	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	23,278,801	-210,616	23,068,185	1,024,229.00	22.52	7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED	
RETIREMENT COST		
1 401K EMPLOYER CONTRIBUTIONS		1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION		2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3,887,403	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	10,646,124	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	300,818	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	129,271	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	284,854	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	718,385	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	7,346,622	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	190,751	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)		21
22 DAY CARE COSTS AND ALLOWANCES		22
23 TUITION REIMBURSEMENT	246,189	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	23,750,417	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
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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	654,092	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 RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 14-2335

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

DESCRIPTION	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6	
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	58						1
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00						2
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00						3
4 CAPD EXCHANGES PER DAY							4
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312						5
6 NUMBER OF STATIONS	12						6
7 TREATMENT CAPACITY PER DAY PER STATION	3						7
8 UTILIZATION (SEE INSTRUCTIONS)							8
9 AVERAGE TIMES DIALYZERS RE-USED							9
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION							
11 NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOETIN							
13 NET COSTS OF EPOETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
14 EPOETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							14
15 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							15
16 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							16
ARANESP							
17 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							17
18 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							18
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							19
20 NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							20
PHYSICIAN PAYMENT METHOD (ENTER 'X' FOR APPLICABLE METHOD(S))							
21 MCP X INITIAL METHOD							21

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE				
		1	2				
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N		1			
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N		2			
							TOTAL (COLS. 2 + 3)
	GROUP				SNF DAYS	SWING BED SNF DAYS	4
	1				2	3	
3	RUX						3
4	RUL						4
5	RVX						5
6	RVL				82		82
7	RHX				61		61
8	RHL				20		20
9	RMX						9
10	RML				27		27
11	RLX						11
12	RUC				1,001		1,001
13	RUB				2,900		2,900
14	RUA				1,137		1,137
15	RVC				1,594		1,594
16	RVB				2,870		2,870
17	RVA				752		752
18	RHC				843		843
19	RHB				1,296		1,296
20	RHA				192		192
21	RMC				328		328
22	RMB				460		460
23	RMA				137		137
24	RLB				83		83
25	RLA				13		13
26	ES3						26
27	ES2				1		1
28	ES1				153		153
29	HE2				76		76
30	HE1				66		66
31	HD2				26		26
32	HD1				49		49
33	HC2				41		41
34	HC1				103		103
35	HB2						35
36	HB1				49		49
37	LE2				104		104
38	LE1				213		213
39	LD2				101		101
40	LD1				295		295
41	LC2				31		31
42	LC1				141		141
43	LB2						43
44	LB1				55		55
45	CE2				32		32
46	CE1				77		77
47	CD2						47
48	CD1				75		75
49	CC2				86		86
50	CC1				175		175
51	CB2						51
52	CB1				104		104
53	CA2						53
54	CA1				209		209
55	SE3						55
56	SE2						56
57	SE1						57
58	SSC						58
59	SSB						59
60	SSA						60
61	IB2						61
62	IB1						62
63	IA1						63
64	IA2						64
65	BB2				14		14
66	BB1				3		3
67	BA2				11		11
68	BA1						68

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		SNF	SWING BED	TOTAL
		DAYS	SNF DAYS	(COLS.
GROUP		2	3	2 + 3)
1				4
69	PE2	22		22 69
70	PE1	2		2 70
71	PD2	144		144 71
72	PD1	60		60 72
73	PC2	139		139 73
74	PC1	36		36 74
75	PB2			75
76	PB1	43		43 76
77	PA2	28		28 77
78	PA1	52		52 78
199	AAA	8		8 199
200	TOTAL	16,620		16,620 200

		CBSA AT	CBSA ON/AFTER
		BEGINNING	OCT 1 OF THE
		OF COST	COST REPORTING
		REPORTING	PERIOD (IF
		PERIOD	APPLICABLE)
		1	2
201	ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY, IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE).	01600	01600 201

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

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.226028	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				16,672,214	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				103,296,214	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				23,347,838	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.				6,675,624	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)				6,675,624	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	3,076,835	472,434	3,549,269		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	695,451	106,783	802,234		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	25,576	76,113	101,689		22
23	COST OF CHARITY CARE	669,875	30,670	700,545		23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM					N 24
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			13,022,316		26
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			929,489		27
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			12,092,827		28
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			2,733,318		29
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			3,433,863		30
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			10,109,487		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		9,783,549	9,783,549	-1,123,265	1
2	00200				5,533,074	2
3	00300					3
4	00400	809,557	322,645	1,132,202	23,569	4
5.10	00541		305,888	305,888		5.10
5.20	00551					5.20
5.30	00561					5.30
5.50	00582		2,414	2,414		5.50
5.60	00592	3,726,767	47,958,114	51,684,881	-4,912,995	5.60
5.90	00593	1,410,003	5,940,461	7,350,464	-562,038	5.90
6	00600	635,142	684,935	1,320,077		6
7	00700	1,960,765	8,445,893	10,406,658	-7,696,308	7
7.01	00701				6,475,994	7.01
7.02	00702	175,063	603,826	778,889		7.02
8	00800		1,495,906	1,495,906		8
8.01	00801	176,745	174,394	351,139		8.01
9	00900	1,648,791	1,842,591	3,491,382		9
9.01	00901	387,764	228,211	615,975		9.01
10	01000	2,034,457	2,248,407	4,282,864	-2,440,185	10
10.01	01001	659,843	1,137,213	1,797,056		10.01
11	01100				2,362,358	11
12	01200					12
13	01300	2,142,540	586,392	2,728,932		13
14	01400	331,933	337,634	669,567	425,015	14
15	01500	2,603,100	10,225,156	12,828,256	-9,606,763	15
16	01600	4,418,022	2,300,368	6,718,390		16
17	01700					17
17.01	01701	158,309	52,699	211,008		17.01
19	01900					19
20	02000					20
21	02100				3,680,447	21
22	02200	347,115	7,137,456	7,484,571	-2,015,662	22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	16,472,227	4,949,350	21,421,577	-779,291	30
31	03100	5,620,122	1,609,115	7,229,237	-334,965	31
41	04100	4,543,012	1,420,517	5,963,529	-110,042	41
43	04300	869,415	536,176	1,405,591	-22,978	43
44	04400	6,665,533	2,490,641	9,156,174	-65,605	44
ANCILLARY SERVICE COST CENTERS						
50	05000	4,352,444	17,511,470	21,863,914	-12,295,109	50
51	05100	826,264	192,580	1,018,844	-36,773	51
52	05200	2,396,543	1,033,140	3,429,683	-169,495	52
53	05300	161,391	1,459,194	1,620,585	-434,318	53
54	05400	4,026,090	2,688,278	6,714,368	-2,122,537	54
55	05500	1,585,910	954,232	2,540,142	31,249	55
56	05600	1,087,594	838,101	1,925,695	358,433	56
57	05700	744,987	412,338	1,157,325	-54,202	57
58	05800	496,125	767,305	1,263,430	-1,818	58
59	05900	1,508,788	2,579,160	4,087,948	-2,231,406	59
60	06000	1,715,382	10,352,112	12,067,494	-111,389	60
62	06200	186,543	2,688,281	2,874,824	-6,532	62
62.30	06250					62.30
65	06500	1,339,383	690,218	2,029,601	-265,895	65
66	06600	3,198,323	791,237	3,989,560	-100,083	66
66.01	06601	1,150,707	324,996	1,475,703	-3,923	66.01
66.02	06602	760,527	268,147	1,028,674	-1,504	66.02
67	06700	1,691,878	382,566	2,074,444	27,854	67
68	06800	968,829	405,760	1,374,589	-165,563	68
69	06900	1,051,624	1,284,837	2,336,461	17,476	69
70	07000	310,460	1,992,190	2,302,650	-545,051	70
70.01	07001	80,277	2,097,973	2,178,250	-2,055,601	70.01
71	07100				8,608,385	71
72	07200				12,875,270	72
73	07300				13,461,907	73
73.01	03950	121,378	63,031	184,409	-14,708	73.01
74	07400	1,093,342	1,117,564	2,210,906	-753,895	74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	2,004,985	1,109,757	3,114,742	-535,616	90
91	09100	3,416,969	3,739,416	7,156,385	-660,494	91
91.01	05340	766,789	3,272,588	4,039,377	-1,722,849	91.01
91.02	04950					91.02
92	09200					92

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/29/2012 10:41

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	
	OTHER REIMBURSABLE COST CENTERS					
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	94,839,757	171,836,422	266,676,179	-77,827	118
	NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					190
192	19200 PHYSICIANS' PRIVATE OFFICES					192
193	19300 NONPAID WORKERS		1,906	1,906	77,827	193
194	07950 OTHER					194
194.05	07955 NON EMPLOYEE CHILD CARE					194.05
200	TOTAL (SUM OF LINES 118-199)	94,839,757	171,838,328	266,678,085		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	CAP REL COSTS-BLDG & FIXT	8,660,284	-1,767,514	6,892,770	1
2	00200	CAP REL COSTS-MVBLE EQUIP	5,533,074	1,191,392	6,724,466	2
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	1,155,771	-725,187	430,584	4
5.10	00541	NON PATIENT PHONES	305,888	-4,704	301,184	5.10
5.20	00551	DATA PROCESSING		5,532,725	5,532,725	5.20
5.30	00561	PURCHASING AND STORES		670,646	670,646	5.30
5.50	00582	CASHIERS AR AND COLLECTIONS	2,414	6,532,044	6,534,458	5.50
5.60	00592	ADMINISTRATION & GENERAL	46,771,886	-10,465,654	36,306,232	5.60
5.90	00593	RNP ADMINISTRATION	6,788,426	-3,614,527	3,173,899	5.90
6	00600	MAINTENANCE & REPAIRS	1,320,077		1,320,077	6
7	00700	OPERATION OF PLANT	2,710,350		2,710,350	7
7.01	00701	ELECTRICITY	6,475,994	-29,678	6,446,316	7.01
7.02	00702	RNP OPERATION OF PLANT	778,889		778,889	7.02
8	00800	LAUNDRY & LINEN SERVICE	1,495,906		1,495,906	8
8.01	00801	RNP LAUNDRY	351,139	-18,450	332,689	8.01
9	00900	HOUSEKEEPING	3,491,382		3,491,382	9
9.01	00901	RNP HOUSEKEEPING	615,975		615,975	9.01
10	01000	DIETARY	1,842,679		1,842,679	10
10.01	01001	RNP DIETARY	1,797,056	-6,645	1,790,411	10.01
11	01100	CAFETERIA	2,362,358	-1,152,040	1,210,318	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	2,728,932	-621,036	2,107,896	13
14	01400	CENTRAL SERVICES & SUPPLY	1,094,582	1,597,642	2,692,224	14
15	01500	PHARMACY	3,221,493		3,221,493	15
16	01600	MEDICAL RECORDS & LIBRARY	6,718,390	-165,050	6,553,340	16
17	01700	SOCIAL SERVICE				17
17.01	01701	RNP SOCIAL SERVICE	211,008		211,008	17.01
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD	3,680,447		3,680,447	21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	5,468,909	-134,137	5,334,772	22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	20,642,286	-65,506	20,576,780	30
31	03100	INTENSIVE CARE UNIT	6,894,272	677,937	7,572,209	31
41	04100	SUBPROVIDER - IRF	5,853,487		5,853,487	41
43	04300	NURSERY	1,382,613	-271,656	1,110,957	43
44	04400	SKILLED NURSING FACILITY	9,090,569		9,090,569	44
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	9,568,805	-6,000	9,562,805	50
51	05100	RECOVERY ROOM	982,071		982,071	51
52	05200	DELIVERY ROOM & LABOR ROOM	3,260,188	-241,013	3,019,175	52
53	05300	ANESTHESIOLOGY	1,186,267	-956,282	229,985	53
54	05400	RADIOLOGY-DIAGNOSTIC	4,591,831	-2,873	4,588,958	54
55	05500	RADIOLOGY-THERAPEUTIC	2,571,391		2,571,391	55
56	05600	RADIOISOTOPE	2,284,128		2,284,128	56
57	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,103,123		1,103,123	57
58	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,261,612		1,261,612	58
59	05900	CARDIAC CATHETERIZATION	1,856,542		1,856,542	59
60	06000	LABORATORY	11,956,105	-1,575,273	10,380,832	60
62	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,868,292		2,868,292	62
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	1,763,706	-25,039	1,738,667	65
66	06600	PHYSICAL THERAPY	3,889,477	-885	3,888,592	66
66.01	06601	RNRC PHYSICAL THERAPY	1,471,780		1,471,780	66.01
66.02	06602	DAY RHABILITATION FACILITY	1,027,170		1,027,170	66.02
67	06700	OCCUPATIONAL THERAPY	2,102,298		2,102,298	67
68	06800	SPEECH PATHOLOGY	1,209,026		1,209,026	68
69	06900	ELECTROCARDIOLOGY	2,353,937	-1,008,904	1,345,033	69
70	07000	ELECTROENCEPHALOGRAPHY	1,757,599	-1,339,036	418,563	70
70.01	07001	ELECTROPHYSIOLOGY	122,649	-18,200	104,449	70.01
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,608,385		8,608,385	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	12,875,270		12,875,270	72
73	07300	DRUGS CHARGED TO PATIENTS	13,461,907		13,461,907	73
73.01	03950	WELLNESS PROGRAM	169,701	-16,881	152,820	73.01
74	07400	RENAL DIALYSIS	1,457,011	-313	1,456,698	74
76.97	07697	CARDIAC REHABILITATION				76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	CLINIC	2,579,126		2,579,126	90
91	09100	EMERGENCY	6,495,891	-1,462,187	5,033,704	91
91.01	05340	FAMILY PRACTICE CENTER	2,316,528	-1,088,805	1,227,723	91.01
91.02	04950	SOCIAL SERVICE-PSYCH				91.02
92	09200	OBSERVATION BEDS				92

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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	
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)	266,598,352	-10,581,089	256,017,263	118
NONREIMBURSABLE COST CENTERS					
190	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192	19200 PHYSICIANS' PRIVATE OFFICES				192
193	19300 NONPAID WORKERS	79,733		79,733	193
194	07950 OTHER				194
194.05	07955 NON EMPLOYEE CHILD CARE				194.05
200	TOTAL (SUM OF LINES 118-199)	266,678,085	-10,581,089	256,096,996	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 MEDICAL SUPPLIES AND DRUGS	A	IMPL. DEV. CHARGED TO PATIENT	72		12,875,270	1
2		DRUGS CHARGED TO PATIENTS	73		13,461,907	2
3		CENTRAL SERVICES & SUPPLY	14		425,015	3
4		MEDICAL SUPPLIES CHRGED TO PA	71		8,608,385	4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
500 TOTAL RECLASSIFICATIONS					35,370,577	500
CODE LETTER - A						
1 ELECTRICITY AND GAS F	D	ELECTRICITY	7.01		2,574,434	1
500 TOTAL RECLASSIFICATIONS					2,574,434	500
CODE LETTER - D						
1 WORKER'S COMPENSATION F	E	EMPLOYEE BENEFITS	4		20,612	1
2		EMPLOYEE BENEFITS	4		2,957	2
500 TOTAL RECLASSIFICATIONS					23,569	500
CODE LETTER - E						
1 SHARED DIETARY EXPENSE F	F	CAFETERIA	11	1,122,173	1,240,185	1
2 SHARED DIETARY EXPENSE F	F	NONPAID WORKERS	193	36,970	40,857	2
500 TOTAL RECLASSIFICATIONS				1,159,143	1,281,042	500
CODE LETTER - F						
1 FAMILY PRACTICE - TEACHING MD	G	I&R SRVCES-OTHER PRGM COSTS A	22	666,145	62,487	1
2 TEACHING - RESIDENTS	G	I&R SRVCES-OTHER PRGM COSTS A	22	877,746		2
3 FAMILY PRACTICE IR SUPPORT	G	I&R SRVCES-OTHER PRGM COSTS A	22	58,407		3
500 TOTAL RECLASSIFICATIONS				1,602,298	62,487	500
CODE LETTER - G						
1 RNP NURSING ADMINISTRATION F	H	SKILLED NURSING FACILITY	44	229,587	88,902	1
500 TOTAL RECLASSIFICATIONS				229,587	88,902	500
CODE LETTER - H						
1 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-THERAPEUTIC	55	182,909	87,294	1
2		RADIOISOTOPE	56	266,715	127,290	2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57	125,290	59,795	3
4		MAGNETIC RESONANCE IMAGING (M	58	83,437	39,821	4
500 TOTAL RECLASSIFICATIONS				658,351	314,200	500
CODE LETTER - I						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER
	1	2	3	4	5
1 BIOMEDICAL ENGINEERING F	J	ELECTRICITY	7.01	68,307	3,833,253 1
500 TOTAL RECLASSIFICATIONS				68,307	3,833,253 500
CODE LETTER - J					
1 THERAPY SUPERVISORS F	K	OCCUPATIONAL THERAPY	67	35,081	1
2		SPEECH PATHOLOGY	68	20,089	2
500 TOTAL RECLASSIFICATIONS				55,170	500
CODE LETTER - K					
1 SHARED SUPERVISION F	L	ELECTROCARDIOLOGY	69	41,561	1
2		ELECTROENCEPHALOGRAPHY	70	10,531	2
500 TOTAL RECLASSIFICATIONS				52,092	500
CODE LETTER - L					
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-MVBLE EQUIP	2		5,533,074 1
500 TOTAL RECLASSIFICATIONS					5,533,074 500
CODE LETTER - M					
1 SECURITY F	N	ADMINISTRATION & GENERAL	5.60	795,772	424,542 1
500 TOTAL RECLASSIFICATIONS				795,772	424,542 500
CODE LETTER - N					
1 RESIDENT SALARIES F	O	I&R SRVCES-SALARY & FRINGES A	21	3,680,447	1
500 TOTAL RECLASSIFICATIONS				3,680,447	500
CODE LETTER - O					
1 PROPERTY INSURANCE	P	CAP REL COSTS-BLDG & FIXT	1		218,722 1
2		CAP REL COSTS-BLDG & FIXT	1		13,088 2
500 TOTAL RECLASSIFICATIONS					231,810 500
CODE LETTER - P					
1 0	Q				1
500 TOTAL RECLASSIFICATIONS					500
CODE LETTER - Q					
1 CAPITAL INTEREST RECLASS	S	CAP REL COSTS-BLDG & FIXT	1		4,177,999 1
2					2
500 TOTAL RECLASSIFICATIONS					4,177,999 500
CODE LETTER - S					
1 SPECIALIST FEES TO SALARIES T	T	ADMINISTRATION & GENERAL	5.60	55,941	1
2		I&R SRVCES-OTHER PRGM COSTS A	22	1,719,931	2
3		SUBPROVIDER - IRF	41	90,866	3
4		LABORATORY	60	1,507,458	4
5		EMERGENCY	91	1,452,631	5
6		FAMILY PRACTICE CENTER	91.01	1,063,757	6
7		OPERATING ROOM	50	6,000	7
500 TOTAL RECLASSIFICATIONS				5,896,584	500
CODE LETTER - T					
GRAND TOTAL (INCREASES)				14,197,751	53,915,889

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 MEDICAL SUPPLIES AND DRUGS	A	ADMINISTRATION & GENERAL	5.60		1,943,480	1
2		PHARMACY	15		9,606,763	2
3		ADULTS & PEDIATRICS	30		779,291	3
4		INTENSIVE CARE UNIT	31		334,965	4
5		SUBPROVIDER - IRF	41		110,042	5
6		NURSERY	43		22,978	6
7		SKILLED NURSING FACILITY	44		384,094	7
8		OPERATING ROOM	50		12,295,109	8
9		RECOVERY ROOM	51		36,773	9
10		DELIVERY ROOM & LABOR ROOM	52		169,495	10
11		ANESTHESIOLOGY	53		434,318	11
12		RADIOLOGY-DIAGNOSTIC	54		1,149,986	12
13		RADIOLOGY-THERAPEUTIC	55		238,954	13
14		RADIOISOTOPE	56		35,572	14
15		COMPUTED TOMOGRAPHY (CT) SCAN	57		239,287	15
16		MAGNETIC RESONANCE IMAGING (M	58		125,076	16
17		CARDIAC CATHETERIZATION	59		2,231,406	17
18		LABORATORY	60		111,389	18
19		WHOLE BLOOD & PACKED RED BLOO	62		6,532	19
20		RESPIRATORY THERAPY	65		213,803	20
21		PHYSICAL THERAPY	66		44,913	21
22		RNRC PHYSICAL THERAPY	66.01		3,923	22
23		DAY RHABILITATION FACILITY	66.02		1,504	23
24		OCCUPATIONAL THERAPY	67		7,227	24
25		SPEECH PATHOLOGY	68		185,652	25
26		ELECTROCARDIOLOGY	69		24,085	26
27		ELECTROENCEPHALOGRAPHY	70		555,582	27
28		ELECTROPHYSIOLOGY	70.01		2,055,601	28
29		WELLNESS PROGRAM	73.01		14,708	29
30		RENAL DIALYSIS	74		753,895	30
31		CLINIC	90		535,616	31
32		EMERGENCY	91		660,494	32
33		FAMILY PRACTICE CENTER	91.01		58,064	33
500 TOTAL RECLASSIFICATIONS					35,370,577	500
CODE LETTER - A						
1 ELECTRICITY AND GAS F	D	OPERATION OF PLANT	7		2,574,434	1
500 TOTAL RECLASSIFICATIONS					2,574,434	500
CODE LETTER - D						
1 WORKER'S COMPENSATION F	E	ADMINISTRATION & GENERAL	5.60		20,612	1
2		RNP ADMINISTRATION	5.90		2,957	2
500 TOTAL RECLASSIFICATIONS					23,569	500
CODE LETTER - E						
1 SHARED DIETARY EXPENSE F	F	DIETARY	10	1,159,143	1,281,042	1
2 SHARED DIETARY EXPENSE F	F					2
500 TOTAL RECLASSIFICATIONS				1,159,143	1,281,042	500
CODE LETTER - F						
1 FAMILY PRACTICE - TEACHING MD	G	FAMILY PRACTICE CENTER	91.01	1,602,298	62,487	1
2 TEACHING - RESIDENTS	G					2
3 FAMILY PRACTICE IR SUPPORT	G					3
500 TOTAL RECLASSIFICATIONS				1,602,298	62,487	500
CODE LETTER - G						
1 RNP NURSING ADMINISTRATION F	H	RNP ADMINISTRATION	5.90	229,587	88,902	1
500 TOTAL RECLASSIFICATIONS				229,587	88,902	500
CODE LETTER - H						
1 RADIOLOGY ADMINISTRATION F	I	RADIOLOGY-DIAGNOSTIC	54	658,351	314,200	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS				658,351	314,200	500
CODE LETTER - I						

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 BIOMEDICAL ENGINEERING F	J	OPERATION OF PLANT	7	68,307	3,833,253	1
500 TOTAL RECLASSIFICATIONS				68,307	3,833,253	500
CODE LETTER - J						
1 THERAPY SUPERVISORS F	K	PHYSICAL THERAPY	66	55,170		1
2						2
500 TOTAL RECLASSIFICATIONS				55,170		500
CODE LETTER - K						
1 SHARED SUPERVISION F	L	RESPIRATORY THERAPY	65	52,092		1
2						2
500 TOTAL RECLASSIFICATIONS				52,092		500
CODE LETTER - L						
1 EQUIPMENT DEPRECIATION	M	CAP REL COSTS-BLDG & FIXT	1		5,533,074	9 1
500 TOTAL RECLASSIFICATIONS					5,533,074	500
CODE LETTER - M						
1 SECURITY F	N	OPERATION OF PLANT	7	795,772	424,542	1
500 TOTAL RECLASSIFICATIONS				795,772	424,542	500
CODE LETTER - N						
1 RESIDENT SALARIES F	O	I&R SRVCES-OTHER PRGM COSTS A	22	877,746	2,802,701	1
500 TOTAL RECLASSIFICATIONS				877,746	2,802,701	500
CODE LETTER - O						
1 PROPERTY INSURANCE	P	ADMINISTRATION & GENERAL	5.60		218,722	12 1
2		RNP ADMINISTRATION	5.90		13,088	12 2
500 TOTAL RECLASSIFICATIONS					231,810	500
CODE LETTER - P						
1 0	Q					1
500 TOTAL RECLASSIFICATIONS						500
CODE LETTER - Q						
1 CAPITAL INTEREST RECLASS	S	ADMINISTRATION & GENERAL	5.60		3,950,495	11 1
2		RNP ADMINISTRATION	5.90		227,504	11 2
500 TOTAL RECLASSIFICATIONS					4,177,999	500
CODE LETTER - S						
1 SPECIALIST FEES TO SALARIES T	T	ADMINISTRATION & GENERAL	5.60		55,941	1
2		I&R SRVCES-OTHER PRGM COSTS A	22		1,719,931	2
3		SUBPROVIDER - IRF	41		90,866	3
4		LABORATORY	60		1,507,458	4
5		EMERGENCY	91		1,452,631	5
6		FAMILY PRACTICE CENTER	91.01		1,063,757	6
7		OPERATING ROOM	50		6,000	7
500 TOTAL RECLASSIFICATIONS					5,896,584	500
CODE LETTER - T						
GRAND TOTAL (DECREASES)				5,498,466	62,615,174	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	107,289,448	24,646,581		24,646,581		131,936,029		5
6 MOVABLE EQUIPMENT								6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	107,289,448	24,646,581		24,646,581		131,936,029		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	107,289,448	24,646,581		24,646,581		131,936,029		10

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

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	9,783,549						9,783,549 1
2 CAP REL COSTS-MVBLE EQUIP							2
3 TOTAL (SUM OF LINES 1-2)	9,783,549						9,783,549 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

----- COMPUTATION OF RATIOS ----- ALLOCATION OF OTHER CAPITAL -----

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	131,936,029		131,936,029	1.000000				131,936,029	1
2 CAP REL COSTS-MVBLE EQUIP									2
3 TOTAL (SUM OF LINES 1-2)	131,936,029		131,936,029	1.000000				131,936,029	3

----- SUMMARY OF CAPITAL -----

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)
							(SUM OF COLS. 9-14) 15
1 CAP REL COSTS-BLDG & FIXT	4,705,589		1,955,371	231,810			6,892,770 1
2 CAP REL COSTS-MVBLE EQUIP	5,533,074		1,191,392				6,724,466 2
3 TOTAL	10,238,663		3,146,763	231,810			13,617,236 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.	5	
	1	2	3	4	5	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-2,358,101	CAP REL COSTS-BLDG & FIXT	1	11	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	-89,622	ADMINISTRATION & GENERAL	5.60		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)	A	-4,704	NON PATIENT PHONES	5.10		7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)						8
9 PARKING LOT (CHAPTER 21)						9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8,815,661				10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)						11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-1,444,492				12
13 LAUNDRY AND LINEN SERVICE	B	-18,450	RNP LAUNDRY	8.01		13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-1,152,040	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						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 TV ELECTRICITY COST	A	-29,678	ELECTRICITY	7.01		33
33.01 EMPLOYEE CHILD CARE REVENUE	B	-875,148	EMPLOYEE BENEFITS	4		33.01
33.07 NURSING REIMBURSEMENT	A	-621,036	NURSING ADMINISTRATION	13		33.07
33.12 PHASE 3 CARDIAC REVENUE	B	-90,489	ELECTROCARDIOLOGY	69		33.12
33.16 EMPLOYEE FITNESS REVENUE	B	-51,702	EMPLOYEE BENEFITS	4		33.16
33.18 PAVILION REVENUE	B	-22,546	CENTRAL SERVICES & SUPPLY	14		33.18
33.19 PAVILION REVENUE	B	100	RNP ADMINISTRATION	5.90		33.19
33.20 PAVILION REVENUE	A	-6,645	RNP DIETARY	10.01		33.20
33.25 RNRC ADMINISTRATION MISC REV	B	-3,636	RNP ADMINISTRATION	5.90		33.25
33.39 OUTPATIENT EXP BLDG	A	280,334	CAP REL COSTS-BLDG & FIXT	1	9	33.39
33.50 MISC REVENUE	B	-836,870	ADMINISTRATION & GENERAL	5.60		33.50
33.51 MED STAFF &PT B PHY BENEFITS-ES	A	-699,781	EMPLOYEE BENEFITS	4		33.51
34 AHA DUES	A	-9,496	ADMINISTRATION & GENERAL	5.60		34
35 CPA ADJUSTMENT MEDICAID TAX	A	6,818,916	ADMINISTRATION & GENERAL	5.60		35
36						36
37						37
38						38
39						39
40 MISC REVENUE	A	-17,165	MEDICAL RECORDS & LIBRARY	16		40
41 MISC REVENUE	A	-147,863	MEDICAL RECORDS & LIBRARY	16		41
42 MISC REVENUE	A	-22	MEDICAL RECORDS & LIBRARY	16		42
43 MISC REVENUE	A	-1,190	DELIVERY ROOM & LABOR ROOM	52		43
44 MISC REVENUE	A	-2,873	RADIOLOGY-DIAGNOSTIC	54		44
45 MISC REVENUE	A	-885	PHYSICAL THERAPY	66		45
45.01 MISC REVENUE	A	-134,137	I&R SRVCS-OTHER PRGM COSTS APP	22		45.01
45.02 MISC REVENUE	A	-1,790	ADULTS & PEDIATRICS	30		45.02
45.03 MISC REVENUE	A	-227,536	FAMILY PRACTICE CENTER	91.01		45.03
46 MISC REVENUE	A	-16,881	WELLNESS PROGRAM	73.01		46
47						47

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/29/2012 10:41

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7	
				COST CENTER 3	LINE NO. 4	REF 5	
48							48
49							49
50	TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-10,581,089				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF
1	2	3	4	5	6	7
1	4	EMPLOYEE BENEFITS	901,444		901,444	1
2	5.50	CASHIERS AR AND COLLECTIONS	5,329,275		5,329,275	2
3	5.30	PURCHASING AND STORES	670,646		670,646	3
4	5.20	DATA PROCESSING	5,532,725		5,532,725	4
4.01	5.60	ADMINISTRATION & GENERAL	15,283,342	30,597,316	-15,313,974	4.01
4.02	5.90	RNP ADMINISTRATION		3,610,991	-3,610,991	4.02
4.03	14	CENTRAL SERVICES & SUPPLY	1,620,188		1,620,188	9 4.03
4.04	31	INTENSIVE CARE UNIT	721,781		721,781	9 4.04
4.05	2	CAP REL COSTS-MVBLE EQUIP	1,191,392		1,191,392	11 4.05
4.06	1	CAP REL COSTS-BLDG & FIXT	135,473		135,473	11 4.06
4.07	5.50	CASHIERS AR AND COLLECTIONS	1,202,769		1,202,769	4.07
4.08	1	CAP REL COSTS-BLDG & FIXT	174,780		174,780	9 4.08
5		TOTALS (SUM OF LINES 1-4)	32,763,815	34,208,307	-1,444,492	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.				

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

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

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

SYMBOL (1)	NAME (2)	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----		TYPE OF BUSINESS (6)
		PERCENT OF OWNERSHIP (3)	NAME (4)		PERCENT OF OWNERSHIP (5)
6	B		RMC	HEALTH CARE
7				
8				
9				
10				

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5.60	ADMINISTRATION & GENERAL	1,034,608	1,034,608						1
2	30	ADULTS & PEDIATRICS	63,716	63,716						2
3	31	INTENSIVE CARE UNIT	43,844	43,844						3
4	41	SUBPROVIDER - IRF	90,866		90,866	127,700	2,032	124,753	6,238	4
5	43	NURSERY	271,656	271,656						5
6	50	OPERATING ROOM	6,000	6,000						6
7	52	DELIVERY ROOM & LABOR RO	239,823	239,823						7
8	53	ANESTHESIOLOGY	956,282	956,282						8
9	60	LABORATORY	1,767,573	1,452,196	315,377	192,300	2,080	192,300	9,615	9
10	65	RESPIRATORY THERAPY	25,039	25,039						10
11	69	ELECTROCARDIOLOGY	918,415	918,415						11
12	70	ELECTROENCEPHALOGRAPHY	1,339,036	1,339,036						12
13	70.01	ELECTROPHYSIOLOGY	18,200	18,200						13
14	74	RENAL DIALYSIS	313	313						14
15	91	EMERGENCY	1,462,187	1,462,187						15
16	91.01	FAMILY PRACTICE CENTER	1,153,025	848,976	304,049	162,000	3,746	291,756	14,588	16
200		TOTAL	9,390,583	8,680,291	710,292		7,858	608,809	30,441	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	5.60 ADMINISTRATION & GENERAL	AGGREGATE						1,034,608	1
2	30 ADULTS & PEDIATRICS	AGGREGATE						63,716	2
3	31 INTENSIVE CARE UNIT	AGGREGATE						43,844	3
4	41 SUBPROVIDER - IRF	AGGREGATE				124,753			4
5	43 NURSERY	AGGREGATE						271,656	5
6	50 OPERATING ROOM	AGGREGATE						6,000	6
7	52 DELIVERY ROOM & LABOR RO	AGGREGATE						239,823	7
8	53 ANESTHESIOLOGY	AGGREGATE						956,282	8
9	60 LABORATORY	AGGREGATE				192,300	123,077	1,575,273	9
10	65 RESPIRATORY THERAPY	AGGREGATE						25,039	10
11	69 ELECTROCARDIOLOGY	AGGREGATE						918,415	11
12	70 ELECTROENCEPHALOGRAPHY	AGGREGATE						1,339,036	12
13	70.01 ELECTROPHYSIOLOGY	AGGREGATE						18,200	13
14	74 RENAL DIALYSIS	AGGREGATE						313	14
15	91 EMERGENCY	AGGREGATE						1,462,187	15
16	91.01 FAMILY PRACTICE CENTER	AGGREGATE				291,756	12,293	861,269	16
200	TOTAL					608,809	135,370	8,815,661	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	6,892,770	6,892,770				1
2 CAP REL COSTS-MVBLE EQUIP	6,724,466		6,724,466			2
4 EMPLOYEE BENEFITS	430,584	117,107	2,378	550,069		4
5.10 NON PATIENT PHONES	301,184	37,747	398		339,329	5.10
5.20 DATA PROCESSING	5,532,725					5.20
5.30 PURCHASING AND STORES	670,646				8,951	5.30
5.50 CASHIERS AR AND COLLECTIONS	6,534,458		3,764		15,461	5.50
5.60 ADMINISTRATION & GENERAL	36,306,232	442,695	113,694	24,518	62,655	5.60
5.90 RNP ADMINISTRATION	3,173,899		33,038	6,321	814	5.90
6 MAINTENANCE & REPAIRS	1,320,077	49,378	98,612	3,401	8,137	6
7 OPERATION OF PLANT	2,710,350	1,391,688	147,783	5,873	5,696	7
7.01 ELECTRICITY	6,446,316			366	6,510	7.01
7.02 RNP OPERATION OF PLANT	778,889		119,102	937		7.02
8 LAUNDRY & LINEN SERVICE	1,495,906	85,842			814	8
8.01 RNP LAUNDRY	332,689		28,262	946		8.01
9 HOUSEKEEPING	3,491,382	58,520	14,532	8,829	814	9
9.01 RNP HOSUEKEEPING	615,975			2,076		9.01
10 DIETARY	1,842,679	174,183	40,981	4,687	5,696	10
10.01 RNP DIETARY	1,790,411		8,787	3,533		10.01
11 CAFETERIA	1,210,318	64,279		6,009	4,882	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,107,896	29,973	36,751	11,473	15,461	13
14 CENTRAL SERVICES & SUPPLY	2,692,224	103,765	184,000	1,778	814	14
15 PHARMACY	3,221,493	82,516	74,031	13,940	7,324	15
16 MEDICAL RECORDS & LIBRARY	6,553,340	100,553	17,591	23,659	22,785	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	211,008		551	848		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	3,680,447	23,663	84	19,709		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	5,334,772	28,063	8,242	14,949	8,951	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20,576,780	1,214,883	1,939,168	88,162	31,736	30
31 INTENSIVE CARE UNIT	7,572,209	243,243	62,514	30,096	1,627	31
41 SUBPROVIDER - IRF	5,853,487	378,225	36,240	24,814	2,441	41
43 NURSERY	1,110,957	8,135	12,181	4,656	1,627	43
44 SKILLED NURSING FACILITY	9,090,569			36,923		44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	9,562,805	222,716	871,247	23,339	4,069	50
51 RECOVERY ROOM	982,071	17,552	495	4,425	814	51
52 DELIVERY ROOM & LABOR ROOM	3,019,175	213,232	85,128	12,833	814	52
53 ANESTHESIOLOGY	229,985	20,603	151,181	864	1,627	53
54 RADIOLOGY-DIAGNOSTIC	4,588,958	311,694	374,475	18,034	17,089	54
55 RADIOLOGY-THERAPEUTIC	2,571,391	128,492	457,791	9,472	9,765	55
56 RADIOISOTOPE	2,284,128	56,221	95,705	7,252	3,255	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,103,123	25,098	11,195	4,660		57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,261,612	47,877	418,263	3,104		58
59 CARDIAC CATHETERIZATION	1,856,542	87,828	397,393	8,080	814	59
60 LABORATORY	10,380,832	131,467	103,494	17,258	19,530	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,868,292	5,027	115	999	814	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,738,667	29,602	55,604	6,893	4,069	65
66 PHYSICAL THERAPY	3,888,592	73,279	11,779	16,832	8,951	66
66.01 RNRC PHYSICAL THERAPY	1,471,780			6,162		66.01
66.02 DAY RHABILITATION FACILITY	1,027,170	51,612	18,474	4,073		66.02
67 OCCUPATIONAL THERAPY	2,102,298	61,466	1,151	9,248	5,696	67
68 SPEECH PATHOLOGY	1,209,026	16,165	6,654	5,296	814	68
69 ELECTROCARDIOLOGY	1,345,033	171,903	109,263	5,854	7,324	69
70 ELECTROENCEPHALOGRAPHY	418,563	13,666	215,847	1,719	814	70
70.01 ELECTROPHYSIOLOGY	104,449		63,801	430		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,608,385		14,059			71
72 IMPL. DEV. CHARGED TO PATIENT	12,875,270					72
73 DRUGS CHARGED TO PATIENTS	13,461,907	13,694				73
73.01 WELLNESS PROGRAM	152,820	20,660	920	650	814	73.01
74 RENAL DIALYSIS	1,456,698	35,684	24,471	5,855	1,627	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,579,126	203,396	101,745	10,737	9,765	90
91 EMERGENCY	5,033,704	162,532	141,536	26,077	9,765	91
91.01 FAMILY PRACTICE CENTER	1,227,723	83,419	9,134	1,222	17,089	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	EMPLOYEE BENEFITS 4	NON PATIENT PHONES 5.10	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	256,017,263	6,839,343	6,723,604	549,871	338,515	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					814	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	79,733	53,427	862	198		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	256,096,996	6,892,770	6,724,466	550,069	339,329	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.20	PURCHASING AND STORES 5.30	CASHIERS AR AND COLLECTION 5.50	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL 5.60	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING	5,532,725					5.20
5.30 PURCHASING AND STORES	196,689	876,286				5.30
5.50 CASHIERS AR AND COLLECTIONS	206,863		6,760,546			5.50
5.60 ADMINISTRATION & GENERAL	727,410	2,620		37,679,824	37,679,824	5.60
5.90 RNP ADMINISTRATION	122,930	1,212		3,338,214	575,885	5.90
6 MAINTENANCE & REPAIRS		3,842		1,483,447	255,914	6
7 OPERATION OF PLANT	30,521	20,969		4,312,880	744,028	7
7.01 ELECTRICITY				6,453,192	1,113,260	7.01
7.02 RNP OPERATION OF PLANT		1,591		900,519	155,351	7.02
8 LAUNDRY & LINEN SERVICE		25,824		1,608,386	277,467	8
8.01 RNP LAUNDRY		1,496		363,393	62,690	8.01
9 HOUSEKEEPING		3,410		3,577,487	617,163	9
9.01 RNP HOSUEKEEPING		800		618,851	106,760	9.01
10 DIETARY	16,956	25,191		2,110,373	364,067	10
10.01 RNP DIETARY		14,637		1,817,368	313,520	10.01
11 CAFETERIA	14,413			1,299,901	224,250	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	123,778	318		2,325,650	401,205	13
14 CENTRAL SERVICES & SUPPLY	26,281	3,885		3,012,747	519,738	14
15 PHARMACY	319,620	877		3,719,801	641,714	15
16 MEDICAL RECORDS & LIBRARY	610,414	1,331		7,329,673	1,264,464	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		13		212,420	36,645	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				3,723,903	642,422	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	10,173	3,760		5,408,910	933,107	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	282,316	4,620	787,175	24,924,840	4,299,881	30
31 INTENSIVE CARE UNIT	72,911	821	166,064	8,149,485	1,405,892	31
41 SUBPROVIDER - IRF	31,369	951	161,825	6,489,352	1,119,498	41
43 NURSERY	31,369	471	32,061	1,201,457	207,267	43
44 SKILLED NURSING FACILITY		434	152,376	9,280,302	1,600,973	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	61,890	63,749	452,965	11,262,780	1,942,976	50
51 RECOVERY ROOM	20,347	81	95,228	1,121,013	193,389	51
52 DELIVERY ROOM & LABOR ROOM	40,694	1,221	64,098	3,437,195	592,961	52
53 ANESTHESIOLOGY		465	133,341	538,066	92,823	53
54 RADIOLOGY-DIAGNOSTIC	724,019	4,659	298,265	6,337,193	1,093,248	54
55 RADIOLOGY-THERAPEUTIC	40,694	915	130,469	3,348,989	577,744	55
56 RADIOISOTOPE	93,258	8,295	162,964	2,711,078	467,696	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		185	276,490	1,420,751	245,098	57
58 MAGNETIC RESONANCE IMAGING (MRI)		54	132,344	1,863,254	321,436	58
59 CARDIAC CATHETERIZATION		457	250,132	2,601,246	448,749	59
60 LABORATORY	992,770	18,115	725,511	12,388,977	2,137,260	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	144,973	46,045	60,706	3,126,971	539,443	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	31,369	2,018	105,843	1,974,065	340,552	65
66 PHYSICAL THERAPY	48,324	500	131,701	4,179,958	721,097	66
66.01 RNRC PHYSICAL THERAPY		38	38,112	1,516,092	261,546	66.01
66.02 DAY RHABILITATION FACILITY		136	21,438	1,122,903	193,715	66.02
67 OCCUPATIONAL THERAPY	82,236	109	66,943	2,329,147	401,808	67
68 SPEECH PATHOLOGY		79	35,363	1,273,397	219,678	68
69 ELECTROCARDIOLOGY	20,347	639	177,873	1,838,236	317,120	69
70 ELECTROENCEPHALOGRAPHY	20,347	441	34,414	705,811	121,762	70
70.01 ELECTROPHYSIOLOGY		63	44,326	213,069	36,757	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		148,607	278,286	9,049,337	1,561,128	71
72 IMPL. DEV. CHARGED TO PATIENT		222,266	239,305	13,336,841	2,300,778	72
73 DRUGS CHARGED TO PATIENTS		232,388	849,029	14,557,018	2,511,275	73
73.01 WELLNESS PROGRAM		100	605	176,569	30,460	73.01
74 RENAL DIALYSIS	84,780	258	60,527	1,669,900	288,079	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	134,800	1,312	125,293	3,166,174	546,206	90
91 EMERGENCY	83,084	2,266	447,199	5,906,163	1,018,890	91
91.01 FAMILY PRACTICE CENTER	84,780	1,732	22,275	1,447,374	249,691	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING AND STORES	CASHIERS AR AND COLLECTION	SUBTOTAL (COLS.0-4) 4A	ADMIN AND GENERAL	
	5.20	5.30	5.50	4A	5.60	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	5,532,725	876,266	6,760,546	255,961,942	37,656,526	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				814	140	190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		20		134,240	23,158	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	5,532,725	876,286	6,760,546	256,096,996	37,679,824	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	
	ADMIN 5.90	ANCE AND REPAIRS 6	OF PLANT 7	CITY 7.01	OPERATION OF PLANT 7.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION	3,914,099					5.90
6 MAINTENANCE & REPAIRS		1,739,361				6
7 OPERATION OF PLANT		1,178,272	6,235,180			7
7.01 ELECTRICITY				7,566,452		7.01
7.02 RNP OPERATION OF PLANT	239,088	76,587			1,371,545	7.02
8 LAUNDRY & LINEN SERVICE			110,264	133,807	24,255	8
8.01 RNP LAUNDRY	90,759	6,586				8.01
9 HOUSEKEEPING		13,658	75,170	91,219	16,535	9
9.01 RNP HOSUEKEEPING	163,775	3,606				9.01
10 DIETARY		69,519	223,739	271,510	49,216	10
10.01 RNP DIETARY	481,012	10,537				10.01
11 CAFETERIA			82,567	100,196	18,162	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		1,453	38,500	46,721	8,469	13
14 CENTRAL SERVICES & SUPPLY	21,306	61	133,286	161,744	29,319	14
15 PHARMACY		907	105,992	128,622	23,315	15
16 MEDICAL RECORDS & LIBRARY		1,414	129,161	156,738	28,411	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	56,108					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			30,395	36,885	6,686	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		119	36,047	43,743	7,929	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,505	1,560,523	1,893,710	343,268	30
31 INTENSIVE CARE UNIT			312,446	379,157	68,728	31
41 SUBPROVIDER - IRF		1,933	485,832	589,562	106,868	41
43 NURSERY			10,449	12,680	2,298	43
44 SKILLED NURSING FACILITY	2,461,964	563				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		298,142	286,079	347,160	62,929	50
51 RECOVERY ROOM			22,546	27,360	4,959	51
52 DELIVERY ROOM & LABOR ROOM		5,572	273,897	332,377	60,249	52
53 ANESTHESIOLOGY			26,464	32,115	5,821	53
54 RADIOLOGY-DIAGNOSTIC		679	400,372	485,855	88,069	54
55 RADIOLOGY-THERAPEUTIC		304	165,049	200,288	36,306	55
56 RADIOISOTOPE		4,715	72,216	87,634	15,885	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		128	32,238	39,121	7,091	57
58 MAGNETIC RESONANCE IMAGING (MRI)		128	61,498	74,628	13,528	58
59 CARDIAC CATHETERIZATION			112,816	136,903	24,816	59
60 LABORATORY		29,418	168,869	204,925	37,146	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			6,457	7,836	1,420	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		119	38,024	46,143	8,364	65
66 PHYSICAL THERAPY		675	94,127	114,224	20,705	66
66.01 RNRC PHYSICAL THERAPY	400,087					66.01
66.02 DAY RHABILITATION FACILITY		4,378	66,295	80,450	14,583	66.02
67 OCCUPATIONAL THERAPY		675	78,954	95,811	17,367	67
68 SPEECH PATHOLOGY		575	20,764	25,197	4,567	68
69 ELECTROCARDIOLOGY		9,217	220,810	267,954	48,571	69
70 ELECTROENCEPHALOGRAPHY		698	17,553	21,301	3,861	70
70.01 ELECTROPHYSIOLOGY		420				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			17,590	21,346	3,869	73
73.01 WELLNESS PROGRAM			26,538	32,204	5,837	73.01
74 RENAL DIALYSIS		3,135	45,837	55,623	10,083	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		11,429	261,263	317,045	57,470	90
91 EMERGENCY			208,774	253,349	45,924	91
91.01 FAMILY PRACTICE CENTER		2,234	107,152	130,030	23,570	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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COST CENTER DESCRIPTION	RNP	MAINTEN-	OPERATION	ELECTRI-	RNP	
	ADMIN	ANCE AND	OF	CITY	OPERATION	
	5.90	REPAIRS	PLANT		OF PLANT	
		6	7	7.01	7.02	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	3,914,099	1,739,361	6,166,553	7,483,173	1,356,449	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS			68,627	83,279	15,096	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,914,099	1,739,361	6,235,180	7,566,452	1,371,545	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	RNP LAUNDRY 8.01	HOUSE- KEEPING 9	RNP HOUSE- KEEPING 9.01	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE	2,154,179					8
8.01 RNP LAUNDRY		523,428				8.01
9 HOUSEKEEPING			4,391,232			9
9.01 RNP HOSUEKEEPING				892,992		9.01
10 DIETARY			115,423	366,907	3,570,754	10
10.01 RNP DIETARY						10.01
11 CAFETERIA			28,856			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			15,974			13
14 CENTRAL SERVICES & SUPPLY	196		14,428			14
15 PHARMACY	432		34,009			15
16 MEDICAL RECORDS & LIBRARY			21,642			16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE				34,524		17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	21,976					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			5,153			22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	866,977		1,481,261		2,452,028	30
31 INTENSIVE CARE UNIT	136,731		234,969		386,828	31
41 SUBPROVIDER - IRF	183,275		259,702		731,898	41
43 NURSERY			35,554			43
44 SKILLED NURSING FACILITY		523,428				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	217,583		542,077			50
51 RECOVERY ROOM	35,729		10,306			51
52 DELIVERY ROOM & LABOR ROOM	63,140		143,592			52
53 ANESTHESIOLOGY			10,306			53
54 RADIOLOGY-DIAGNOSTIC	88,107		100,995			54
55 RADIOLOGY-THERAPEUTIC	24,518		64,926			55
56 RADIOISOTOPE			20,611			56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION	15,109					59
60 LABORATORY	2,185		117,828			60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS			7,214			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			19,581			65
66 PHYSICAL THERAPY	27,901		30,917			66
66.01 RNRC PHYSICAL THERAPY				416,046		66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY			41,223			67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	29,672		25,764			69
70 ELECTROENCEPHALOGRAPHY			6,183			70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				75,515		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			5,153			73
73.01 WELLNESS PROGRAM	641					73.01
74 RENAL DIALYSIS	21,595					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	73,604		208,517			90
91 EMERGENCY	341,321		261,076			91
91.01 FAMILY PRACTICE CENTER	3,487		49,467			91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 8	RNP LAUNDRY 8.01	HOUSE- KEEPING 9	RNP HOUSE- KEEPING 9.01	DIETARY 10	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,154,179	523,428	3,912,707	892,992	3,570,754	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,607			190
192 PHYSICIANS' PRIVATE OFFICES			390,343			192
193 NONPAID WORKERS			82,445			193
194 OTHER			2,130			194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,154,179	523,428	4,391,232	892,992	3,570,754	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.01	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOSUEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY	2,622,437					10.01
11 CAFETERIA		1,753,932				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		42,160	2,880,132			13
14 CENTRAL SERVICES & SUPPLY		12,715		3,905,540		14
15 PHARMACY		41,870			4,696,662	15
16 MEDICAL RECORDS & LIBRARY		96,924				16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		4,799				17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		92,578				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		20,164				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		326,713	962,329			30
31 INTENSIVE CARE UNIT		94,882	279,474			31
41 SUBPROVIDER - IRF		89,971	265,011			41
43 NURSERY		11,824	34,829			43
44 SKILLED NURSING FACILITY	2,622,437	185,269	545,711			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		80,690	237,672			50
51 RECOVERY ROOM		11,767	34,660			51
52 DELIVERY ROOM & LABOR ROOM		41,887	123,378			52
53 ANESTHESIOLOGY		3,798	11,187			53
54 RADIOLOGY-DIAGNOSTIC		69,546				54
55 RADIOLOGY-THERAPEUTIC		32,389				55
56 RADIOISOTOPE		27,713				56
57 COMPUTED TOMOGRAPHY (CT) SCAN		17,601				57
58 MAGNETIC RESONANCE IMAGING (MRI)		11,015				58
59 CARDIAC CATHETERIZATION		24,338	71,689			59
60 LABORATORY		58,336				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		4,074				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		29,286				65
66 PHYSICAL THERAPY		55,775				66
66.01 RNRC PHYSICAL THERAPY		20,906				66.01
66.02 DAY RHABILITATION FACILITY		15,528				66.02
67 OCCUPATIONAL THERAPY		31,277				67
68 SPEECH PATHOLOGY		17,152				68
69 ELECTROCARDIOLOGY		22,382				69
70 ELECTROENCEPHALOGRAPHY		5,685				70
70.01 ELECTROPHYSIOLOGY		1,201				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				1,564,927		71
72 IMPL. DEV. CHARGED TO PATIENT				2,340,613		72
73 DRUGS CHARGED TO PATIENTS					4,696,662	73
73.01 WELLNESS PROGRAM		2,144				73.01
74 RENAL DIALYSIS		18,357				74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		34,051	100,298			90
91 EMERGENCY		72,617	213,894			91
91.01 FAMILY PRACTICE CENTER		23,090				91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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COST CENTER DESCRIPTION	RNP DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.01	11	13	14	15	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,622,437	1,752,474	2,880,132	3,905,540	4,696,662	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		1,458				193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,622,437	1,753,932	2,880,132	3,905,540	4,696,662	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	RNP SOCIAL SERVICE 17.01	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOSUEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY						10.01
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,028,427					16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE		344,496				17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,554,845			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD				6,455,172		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	616,686		2,537,241	3,595,803	45,862,765	30
31 INTENSIVE CARE UNIT	39,803		323,971	459,135	12,271,501	31
41 SUBPROVIDER - IRF	50,170				10,373,072	41
43 NURSERY	285,079		32,076	45,459	1,878,972	43
44 SKILLED NURSING FACILITY		344,496			17,565,143	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	59,092		282,272	400,039	16,019,491	50
51 RECOVERY ROOM	27,253				1,488,982	51
52 DELIVERY ROOM & LABOR ROOM	10,028		64,153	90,918	5,239,347	52
53 ANESTHESIOLOGY	48,238				768,818	53
54 RADIOLOGY-DIAGNOSTIC	2,247,614		32,076	45,459	10,989,213	54
55 RADIOLOGY-THERAPEUTIC	354,081				4,804,594	55
56 RADIOISOTOPE	1,058,867				4,466,415	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					1,762,028	57
58 MAGNETIC RESONANCE IMAGING (MRI)					2,345,487	58
59 CARDIAC CATHETERIZATION					3,435,666	59
60 LABORATORY	518,646		64,153	90,918	15,818,661	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	67,941				3,761,356	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	275,891		160,382	227,295	3,119,702	65
66 PHYSICAL THERAPY	138,034				5,383,413	66
66.01 RNRC PHYSICAL THERAPY	95,105				2,709,782	66.01
66.02 DAY RHABILITATION FACILITY					1,497,852	66.02
67 OCCUPATIONAL THERAPY					2,996,262	67
68 SPEECH PATHOLOGY					1,561,330	68
69 ELECTROCARDIOLOGY	1,281,919		160,382	227,295	4,449,322	69
70 ELECTROENCEPHALOGRAPHY	382,072		32,076	45,459	1,342,461	70
70.01 ELECTROPHYSIOLOGY					251,447	70.01
71 MEDICAL SUPPLIES CHRGED TO PATIENTS	537,596				12,788,503	71
72 IMPL. DEV. CHARGED TO PATIENT					17,978,232	72
73 DRUGS CHARGED TO PATIENTS	141,544				21,954,457	73
73.01 WELLNESS PROGRAM			64,153	90,918	429,464	73.01
74 RENAL DIALYSIS					2,112,609	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	511,066		64,153	90,918	5,442,194	90
91 EMERGENCY	281,702		481,146	681,884	9,766,740	91
91.01 FAMILY PRACTICE CENTER			256,611	363,672	2,656,378	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY 16	RNP SOCIAL SERVICE 17.01	I/R-SALARY AND FRINGES 21	I/R-OTHER PROGRAM COSTS 22	SUBTOTAL 24	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	9,028,427	344,496	4,554,845	6,455,172	255,291,659	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN					4,561	190
192 PHYSICIANS' PRIVATE OFFICES					390,343	192
193 NONPAID WORKERS					408,303	193
194 OTHER					2,130	194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	9,028,427	344,496	4,554,845	6,455,172	256,096,996	202

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.10 NON PATIENT PHONES			5.10
5.20 DATA PROCESSING			5.20
5.30 PURCHASING AND STORES			5.30
5.50 CASHIERS AR AND COLLECTIONS			5.50
5.60 ADMINISTRATION & GENERAL			5.60
5.90 RNP ADMINISTRATION			5.90
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 ELECTRICITY			7.01
7.02 RNP OPERATION OF PLANT			7.02
8 LAUNDRY & LINEN SERVICE			8
8.01 RNP LAUNDRY			8.01
9 HOUSEKEEPING			9
9.01 RNP HOUSEKEEPING			9.01
10 DIETARY			10
10.01 RNP DIETARY			10.01
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
17.01 RNP SOCIAL SERVICE			17.01
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	-6,133,044	39,729,721	30
31 INTENSIVE CARE UNIT	-783,106	11,488,395	31
41 SUBPROVIDER - IRF		10,373,072	41
43 NURSERY	-77,535	1,801,437	43
44 SKILLED NURSING FACILITY		17,565,143	44
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	-682,311	15,337,180	50
51 RECOVERY ROOM		1,488,982	51
52 DELIVERY ROOM & LABOR ROOM	-155,071	5,084,276	52
53 ANESTHESIOLOGY		768,818	53
54 RADIOLOGY-DIAGNOSTIC	-77,535	10,911,678	54
55 RADIOLOGY-THERAPEUTIC		4,804,594	55
56 RADIOISOTOPE		4,466,415	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,762,028	57
58 MAGNETIC RESONANCE IMAGING (MRI)		2,345,487	58
59 CARDIAC CATHETERIZATION		3,435,666	59
60 LABORATORY	-155,071	15,663,590	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		3,761,356	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY	-387,677	2,732,025	65
66 PHYSICAL THERAPY		5,383,413	66
66.01 RNRC PHYSICAL THERAPY		2,709,782	66.01
66.02 DAY RHABILITATION FACILITY		1,497,852	66.02
67 OCCUPATIONAL THERAPY		2,996,262	67
68 SPEECH PATHOLOGY		1,561,330	68
69 ELECTROCARDIOLOGY	-387,677	4,061,645	69
70 ELECTROENCEPHALOGRAPHY	-77,535	1,264,926	70
70.01 ELECTROPHYSIOLOGY		251,447	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		12,788,503	71
72 IMPL. DEV. CHARGED TO PATIENT		17,978,232	72
73 DRUGS CHARGED TO PATIENTS		21,954,457	73
73.01 WELLNESS PROGRAM	-155,071	274,393	73.01
74 RENAL DIALYSIS		2,112,609	74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC	-155,071	5,287,123	90
91 EMERGENCY	-1,163,030	8,603,710	91
91.01 FAMILY PRACTICE CENTER	-620,283	2,036,095	91.01
91.02 SOCIAL SERVICE-PSYCH			91.02

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	-11,010,017	244,281,642	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		4,561	190
192 PHYSICIANS' PRIVATE OFFICES		390,343	192
193 NONPAID WORKERS		408,303	193
194 OTHER		2,130	194
194.05 NON EMPLOYEE CHILD CARE			194.05
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 TOTAL (SUM OF LINES 118-201)	-11,010,017	245,086,979	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 1	NEW CAP- REL COSTS MOV EQUIP 2	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS	75,189	117,107	2,378	194,674	194,674	4
5.10 NON PATIENT PHONES	32,620	37,747	398	70,765		5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS	2,151		3,764	5,915		5.50
5.60 ADMINISTRATION & GENERAL	6,128,142	442,695	113,694	6,684,531	8,676	5.60
5.90 RNP ADMINISTRATION	14,653		33,038	47,691	2,237	5.90
6 MAINTENANCE & REPAIRS	1,923	49,378	98,612	149,913	1,204	6
7 OPERATION OF PLANT	11,042	1,391,688	147,783	1,550,513	2,078	7
7.01 ELECTRICITY					129	7.01
7.02 RNP OPERATION OF PLANT			119,102	119,102	332	7.02
8 LAUNDRY & LINEN SERVICE		85,842		85,842		8
8.01 RNP LAUNDRY	329		28,262	28,591	335	8.01
9 HOUSEKEEPING	3,219	58,520	14,532	76,271	3,124	9
9.01 RNP HOSUEKEEPING					735	9.01
10 DIETARY	20,405	174,183	40,981	235,569	1,659	10
10.01 RNP DIETARY	14,023		8,787	22,810	1,250	10.01
11 CAFETERIA		64,279		64,279	2,127	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	8,226	29,973	36,751	74,950	4,060	13
14 CENTRAL SERVICES & SUPPLY		103,765	184,000	287,765	629	14
15 PHARMACY	4,617	82,516	74,031	161,164	4,933	15
16 MEDICAL RECORDS & LIBRARY	31,136	100,553	17,591	149,280	8,372	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE			551	551	300	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		23,663	84	23,747	6,974	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	7,488	28,063	8,242	43,793	5,290	22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	9,439	1,214,883	1,939,168	3,163,490	31,219	30
31 INTENSIVE CARE UNIT	3,128	243,243	62,514	308,885	10,650	31
41 SUBPROVIDER - IRF	95,575	378,225	36,240	510,040	8,781	41
43 NURSERY	1,390	8,135	12,181	21,706	1,648	43
44 SKILLED NURSING FACILITY	255			255	13,066	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	227,339	222,716	871,247	1,321,302	8,259	50
51 RECOVERY ROOM	353	17,552	495	18,400	1,566	51
52 DELIVERY ROOM & LABOR ROOM	41,333	213,232	85,128	339,693	4,541	52
53 ANESTHESIOLOGY	353	20,603	151,181	172,137	306	53
54 RADIOLOGY-DIAGNOSTIC	175,585	311,694	374,475	861,754	6,382	54
55 RADIOLOGY-THERAPEUTIC	72,910	128,492	457,791	659,193	3,352	55
56 RADIOISOTOPE	1,932	56,221	95,705	153,858	2,566	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		25,098	11,195	36,293	1,649	57
58 MAGNETIC RESONANCE IMAGING (MRI)	22,127	47,877	418,263	488,267	1,098	58
59 CARDIAC CATHETERIZATION	4,132	87,828	397,393	489,353	2,859	59
60 LABORATORY	8,043	131,467	103,494	243,004	6,107	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		5,027	115	5,142	353	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	9,791	29,602	55,604	94,997	2,439	65
66 PHYSICAL THERAPY	4,532	73,279	11,779	89,590	5,956	66
66.01 RNRC PHYSICAL THERAPY					2,181	66.01
66.02 DAY RHABILITATION FACILITY	132	51,612	18,474	70,218	1,441	66.02
67 OCCUPATIONAL THERAPY		61,466	1,151	62,617	3,273	67
68 SPEECH PATHOLOGY		16,165	6,654	22,819	1,874	68
69 ELECTROCARDIOLOGY	94,750	171,903	109,263	375,916	2,072	69
70 ELECTROENCEPHALOGRAPHY		13,666	215,847	229,513	608	70
70.01 ELECTROPHYSIOLOGY			63,801	63,801	152	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	414,903		14,059	428,962		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		13,694		13,694		73
73.01 WELLNESS PROGRAM	2,401	20,660	920	23,981	230	73.01
74 RENAL DIALYSIS	2,195	35,684	24,471	62,350	2,072	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,742	203,396	101,745	309,883	3,799	90
91 EMERGENCY	8,254	162,532	141,536	312,322	9,228	91
91.01 FAMILY PRACTICE CENTER	118,171	83,419	9,134	210,724	433	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	SUBTOTAL	EMPLOYEE	
	CAP-REL	REL COSTS	REL COSTS		BENEFITS	
	COSTS	BLDG&FIXT	MOV EQUIP			
	0	1	2	2A	4	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	7,678,928	6,839,343	6,723,604	21,241,875	194,604	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	518	53,427	862	54,807	70	193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,679,446	6,892,770	6,724,466	21,296,682	194,674	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES 5.10	PURCHASING AND STORES 5.30	CASHIERS AR AND COLLECTION 5.50	ADMIN AND GENERAL 5.60	RNP ADMIN 5.90	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES	70,765					5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES	1,867	1,867				5.30
5.50 CASHIERS AR AND COLLECTIONS	3,224		9,139			5.50
5.60 ADMINISTRATION & GENERAL	13,064	6		6,706,277		5.60
5.90 RNP ADMINISTRATION	170	3		102,497	152,598	5.90
6 MAINTENANCE & REPAIRS	1,697	8		45,548		6
7 OPERATION OF PLANT	1,188	45		132,423		7
7.01 ELECTRICITY	1,358			198,139		7.01
7.02 RNP OPERATION OF PLANT		3		27,650	9,322	7.02
8 LAUNDRY & LINEN SERVICE	170	55		49,384		8
8.01 RNP LAUNDRY		3		11,158	3,538	8.01
9 HOUSEKEEPING	170	7		109,843		9
9.01 RNP HOUSEKEEPING		2		19,001	6,385	9.01
10 DIETARY	1,188	54		64,797		10
10.01 RNP DIETARY		31		55,800	18,754	10.01
11 CAFETERIA	1,018			39,912		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,224	1		71,407		13
14 CENTRAL SERVICES & SUPPLY	170	8		92,503	831	14
15 PHARMACY	1,527	2		114,213		15
16 MEDICAL RECORDS & LIBRARY	4,752	3		225,050		16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE				6,522	2,188	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD				114,339		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,867	8		166,075		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	6,618	10	1,007	765,287		30
31 INTENSIVE CARE UNIT	339	2	212	250,222		31
41 SUBPROVIDER - IRF	509	2	207	199,249		41
43 NURSERY	339	1	41	36,890		43
44 SKILLED NURSING FACILITY		1	195	284,942	95,981	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	849	137	579	345,812		50
51 RECOVERY ROOM	170		122	34,420		51
52 DELIVERY ROOM & LABOR ROOM	170	3	82	105,536		52
53 ANESTHESIOLOGY	339	1	171	16,521		53
54 RADIOLOGY-DIAGNOSTIC	3,564	10	381	194,577		54
55 RADIOLOGY-THERAPEUTIC	2,036	2	167	102,827		55
56 RADIOISOTOPE	679	18	208	83,241		56
57 COMPUTED TOMOGRAPHY (CT) SCAN			354	43,623		57
58 MAGNETIC RESONANCE IMAGING (MRI)			169	57,209		58
59 CARDIAC CATHETERIZATION	170	1	320	79,869		59
60 LABORATORY	4,073	39	928	380,391		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	170	99	78	96,011		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	849	4	135	60,612		65
66 PHYSICAL THERAPY	1,867	1	168	128,341		66
66.01 RNRC PHYSICAL THERAPY			49	46,550	15,599	66.01
66.02 DAY RHABILITATION FACILITY			27	34,478		66.02
67 OCCUPATIONAL THERAPY	1,188		86	71,514		67
68 SPEECH PATHOLOGY	170		45	39,098		68
69 ELECTROCARDIOLOGY	1,527	1	227	56,441		69
70 ELECTROENCEPHALOGRAPHY	170	1	44	21,671		70
70.01 ELECTROPHYSIOLOGY			57	6,542		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		319	356	277,851		71
72 IMPL. DEV. CHARGED TO PATIENT		476	306	409,494		72
73 DRUGS CHARGED TO PATIENTS		487	1,580	446,959		73
73.01 WELLNESS PROGRAM	170		1	5,421		73.01
74 RENAL DIALYSIS	339	1	77	51,273		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,036	3	160	97,214		90
91 EMERGENCY	2,036	5	572	181,343		91
91.01 FAMILY PRACTICE CENTER	3,564	4	28	44,440		91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NON PATIENT PHONES	PURCHASING AND STORES	CASHIERS AR AND COLLECTION	ADMIN AND GENERAL	RNP ADMIN	
	5.10	5.30	5.50	5.60	5.90	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	70,595	1,867	9,139	6,702,130	152,598	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	170			25		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS				4,122		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	70,765	1,867	9,139	6,706,277	152,598	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	ELECTRI- CITY 7.01	RNP OPERATION OF PLANT 7.02	LAUNDRY AND LINEN SERVICE 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS	198,370					6
7 OPERATION OF PLANT	134,378	1,820,625				7
7.01 ELECTRICITY			199,626			7.01
7.02 RNP OPERATION OF PLANT	8,735			165,144		7.02
8 LAUNDRY & LINEN SERVICE		32,196	3,530	2,920	174,097	8
8.01 RNP LAUNDRY	751					8.01
9 HOUSEKEEPING	1,558	21,949	2,407	1,991		9
9.01 RNP HOSUEKEEPING	411					9.01
10 DIETARY	7,928	65,330	7,163	5,926		10
10.01 RNP DIETARY	1,202					10.01
11 CAFETERIA		24,109	2,643	2,187		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	166	11,242	1,233	1,020		13
14 CENTRAL SERVICES & SUPPLY	7	38,919	4,267	3,530	16	14
15 PHARMACY	103	30,949	3,393	2,807	35	15
16 MEDICAL RECORDS & LIBRARY	161	37,714	4,135	3,421		16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		8,875	973	805	1,776	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	14	10,525	1,154	955		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	172	455,661	49,962	41,331	70,066	30
31 INTENSIVE CARE UNIT		91,232	10,003	8,275	11,050	31
41 SUBPROVIDER - IRF	220	141,859	15,554	12,868	14,812	41
43 NURSERY		3,051	335	277		43
44 SKILLED NURSING FACILITY	64					44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,002	83,533	9,159	7,577	17,585	50
51 RECOVERY ROOM		6,583	722	597	2,888	51
52 DELIVERY ROOM & LABOR ROOM	635	79,976	8,769	7,254	5,103	52
53 ANESTHESIOLOGY		7,727	847	701		53
54 RADIOLOGY-DIAGNOSTIC	77	116,906	12,818	10,604	7,121	54
55 RADIOLOGY-THERAPEUTIC	35	48,193	5,284	4,371	1,981	55
56 RADIOISOTOPE	538	21,086	2,312	1,913		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	15	9,413	1,032	854		57
58 MAGNETIC RESONANCE IMAGING (MRI)	15	17,957	1,969	1,629		58
59 CARDIAC CATHETERIZATION		32,941	3,612	2,988	1,221	59
60 LABORATORY	3,355	49,309	5,407	4,473	177	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,886	207	171		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	14	11,103	1,217	1,007		65
66 PHYSICAL THERAPY	77	27,484	3,014	2,493	2,255	66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY	499	19,358	2,123	1,756		66.02
67 OCCUPATIONAL THERAPY	77	23,054	2,528	2,091		67
68 SPEECH PATHOLOGY	66	6,063	665	550		68
69 ELECTROCARDIOLOGY	1,051	64,475	7,069	5,848	2,398	69
70 ELECTROENCEPHALOGRAPHY	80	5,125	562	465		70
70.01 ELECTROPHYSIOLOGY	48					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		5,136	563	466		73
73.01 WELLNESS PROGRAM		7,749	850	703	52	73.01
74 RENAL DIALYSIS	358	13,384	1,468	1,214	1,745	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,303	76,287	8,365	6,920	5,949	90
91 EMERGENCY		60,960	6,684	5,530	27,585	91
91.01 FAMILY PRACTICE CENTER	255	31,287	3,431	2,838	282	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS 6	OPERATION OF PLANT 7	ELECTRI- CITY 7.01	RNP OPERATION OF PLANT 7.02	LAUNDRY AND LINEN SERVICE 8	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	198,370	1,800,586	197,429	163,326	174,097	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		20,039	2,197	1,818		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	198,370	1,820,625	199,626	165,144	174,097	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	
	8.01	9	9.01	10	10.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY	44,376					8.01
9 HOUSEKEEPING		217,320				9
9.01 RNP HOSUEKEEPING			26,534			9.01
10 DIETARY		5,712	10,902	406,228		10
10.01 RNP DIETARY					99,847	10.01
11 CAFETERIA		1,428				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		791				13
14 CENTRAL SERVICES & SUPPLY		714				14
15 PHARMACY		1,683				15
16 MEDICAL RECORDS & LIBRARY		1,071				16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE			1,026			17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		255				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		73,308		278,955		30
31 INTENSIVE CARE UNIT		11,628		44,008		31
41 SUBPROVIDER - IRF		12,853		83,265		41
43 NURSEY		1,760				43
44 SKILLED NURSING FACILITY	44,376				99,847	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		26,827				50
51 RECOVERY ROOM		510				51
52 DELIVERY ROOM & LABOR ROOM		7,106				52
53 ANESTHESIOLOGY		510				53
54 RADIOLOGY-DIAGNOSTIC		4,998				54
55 RADIOLOGY-THERAPEUTIC		3,213				55
56 RADIOISOTOPE		1,020				56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY		5,831				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		357				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		969				65
66 PHYSICAL THERAPY		1,530				66
66.01 RNRC PHYSICAL THERAPY			12,362			66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY		2,040				67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		1,275				69
70 ELECTROENCEPHALOGRAPHY		306				70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,244			71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		255				73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC		10,319				90
91 EMERGENCY		12,921				91
91.01 FAMILY PRACTICE CENTER		2,448				91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	
	8.01	9	9.01	10	10.01	
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	44,376	193,638	26,534	406,228	99,847	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		179				190
192 PHYSICIANS' PRIVATE OFFICES		19,318				192
193 NONPAID WORKERS		4,080				193
194 OTHER		105				194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	44,376	217,320	26,534	406,228	99,847	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 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
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOSUEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY						10.01
11 CAFETERIA	137,703					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,310	171,404				13
14 CENTRAL SERVICES & SUPPLY	998		430,357			14
15 PHARMACY	3,287			324,096		15
16 MEDICAL RECORDS & LIBRARY	7,610				441,569	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	377					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,268					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	1,583					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	25,652	57,271			30,161	30
31 INTENSIVE CARE UNIT	7,449	16,632			1,947	31
41 SUBPROVIDER - IRF	7,064	15,771			2,454	41
43 NURSEY	928	2,073			13,943	43
44 SKILLED NURSING FACILITY	14,546	32,477				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,335	14,144			2,890	50
51 RECOVERY ROOM	924	2,063			1,333	51
52 DELIVERY ROOM & LABOR ROOM	3,289	7,343			490	52
53 ANESTHESIOLOGY	298	666			2,359	53
54 RADIOLOGY-DIAGNOSTIC	5,460				109,927	54
55 RADIOLOGY-THERAPEUTIC	2,543				17,318	55
56 RADIOISOTOPE	2,176				51,788	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,382					57
58 MAGNETIC RESONANCE IMAGING (MRI)	865					58
59 CARDIAC CATHETERIZATION	1,911	4,266				59
60 LABORATORY	4,580				25,366	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	320				3,323	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,299				13,494	65
66 PHYSICAL THERAPY	4,379				6,751	66
66.01 RNRC PHYSICAL THERAPY	1,641				4,651	66.01
66.02 DAY RHABILITATION FACILITY	1,219					66.02
67 OCCUPATIONAL THERAPY	2,456					67
68 SPEECH PATHOLOGY	1,347					68
69 ELECTROCARDIOLOGY	1,757				62,697	69
70 ELECTROENCEPHALOGRAPHY	446				18,687	70
70.01 ELECTROPHYSIOLOGY	94					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			172,443		26,293	71
72 IMPL. DEV. CHARGED TO PATIENT			257,914			72
73 DRUGS CHARGED TO PATIENTS				324,096	6,923	73
73.01 WELLNESS PROGRAM	168					73.01
74 RENAL DIALYSIS	1,441					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	2,673	5,969			24,996	90
91 EMERGENCY	5,701	12,729			13,778	91
91.01 FAMILY PRACTICE CENTER	1,813					91.01
91.02 SOCIAL SERVICE-PSYCH						91.02

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COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINI- STRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
92 OBSERVATION BEDS OTHER REIMBURSABLE COST CENTERS SPECIAL PURPOSE COST CENTERS						92
118 SUBTOTALS (SUM OF LINES 1-117)	137,589	171,404	430,357	324,096	441,569	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	114					193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	137,703	171,404	430,357	324,096	441,569	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	17.01	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
5.10 NON PATIENT PHONES					5.10
5.20 DATA PROCESSING					5.20
5.30 PURCHASING AND STORES					5.30
5.50 CASHIERS AR AND COLLECTIONS					5.50
5.60 ADMINISTRATION & GENERAL					5.60
5.90 RNP ADMINISTRATION					5.90
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 ELECTRICITY					7.01
7.02 RNP OPERATION OF PLANT					7.02
8 LAUNDRY & LINEN SERVICE					8
8.01 RNP LAUNDRY					8.01
9 HOUSEKEEPING					9
9.01 RNP HOSUEKEEPING					9.01
10 DIETARY					10
10.01 RNP DIETARY					10.01
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
17.01 RNP SOCIAL SERVICE	10,964				17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD		164,757			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			231,519		22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS				5,050,170	30
31 INTENSIVE CARE UNIT				772,534	31
41 SUBPROVIDER - IRF				1,025,508	41
43 NURSERY				82,992	43
44 SKILLED NURSING FACILITY	10,964			596,714	44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM				1,878,990	50
51 RECOVERY ROOM				70,298	51
52 DELIVERY ROOM & LABOR ROOM				569,990	52
53 ANESTHESIOLOGY				202,583	53
54 RADIOLOGY-DIAGNOSTIC				1,334,579	54
55 RADIOLOGY-THERAPEUTIC				850,515	55
56 RADIOISOTOPE				321,403	56
57 COMPUTED TOMOGRAPHY (CT) SCAN				94,615	57
58 MAGNETIC RESONANCE IMAGING (MRI)				569,178	58
59 CARDIAC CATHETERIZATION				619,511	59
60 LABORATORY				733,040	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				108,117	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				189,139	65
66 PHYSICAL THERAPY				273,906	66
66.01 RNRC PHYSICAL THERAPY				83,033	66.01
66.02 DAY RHABILITATION FACILITY				131,119	66.02
67 OCCUPATIONAL THERAPY				170,924	67
68 SPEECH PATHOLOGY				72,697	68
69 ELECTROCARDIOLOGY				582,754	69
70 ELECTROENCEPHALOGRAPHY				277,678	70
70.01 ELECTROPHYSIOLOGY				70,694	70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				908,468	71
72 IMPL. DEV. CHARGED TO PATIENT				668,190	72
73 DRUGS CHARGED TO PATIENTS				800,159	73
73.01 WELLNESS PROGRAM				39,325	73.01
74 RENAL DIALYSIS				135,722	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC				555,876	90
91 EMERGENCY				651,394	91
91.01 FAMILY PRACTICE CENTER				301,547	91.01
91.02 SOCIAL SERVICE-PSYCH					91.02

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COST CENTER DESCRIPTION	RNP SOCIAL SERVICE	I/R-SALARY AND FRINGES	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	17.01	21	22	24	25
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	10,964			20,793,362	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				374	190
192 PHYSICIANS' PRIVATE OFFICES				19,318	192
193 NONPAID WORKERS				87,247	193
194 OTHER				105	194
194.05 NON EMPLOYEE CHILD CARE					194.05
200 CROSS FOOT ADJUSTMENTS		164,757	231,519	396,276	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	10,964	164,757	231,519	21,296,682	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
5.10	NON PATIENT PHONES		5.10
5.20	DATA PROCESSING		5.20
5.30	PURCHASING AND STORES		5.30
5.50	CASHIERS AR AND COLLECTIONS		5.50
5.60	ADMINISTRATION & GENERAL		5.60
5.90	RNP ADMINISTRATION		5.90
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	ELECTRICITY		7.01
7.02	RNP OPERATION OF PLANT		7.02
8	LAUNDRY & LINEN SERVICE		8
8.01	RNP LAUNDRY		8.01
9	HOUSEKEEPING		9
9.01	RNP HOSUEKEEPING		9.01
10	DIETARY		10
10.01	RNP DIETARY		10.01
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
17.01	RNP SOCIAL SERVICE		17.01
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	5,050,170	30
31	INTENSIVE CARE UNIT	772,534	31
41	SUBPROVIDER - IRF	1,025,508	41
43	NURSEY	82,992	43
44	SKILLED NURSING FACILITY	596,714	44
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	1,878,990	50
51	RECOVERY ROOM	70,298	51
52	DELIVERY ROOM & LABOR ROOM	569,990	52
53	ANESTHESIOLOGY	202,583	53
54	RADIOLOGY-DIAGNOSTIC	1,334,579	54
55	RADIOLOGY-THERAPEUTIC	850,515	55
56	RADIOISOTOPE	321,403	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	94,615	57
58	MAGNETIC RESONANCE IMAGING (MRI)	569,178	58
59	CARDIAC CATHETERIZATION	619,511	59
60	LABORATORY	733,040	60
62	WHOLE BLOOD & PACKED RED BLOOD CELLS	108,117	62
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	189,139	65
66	PHYSICAL THERAPY	273,906	66
66.01	RNRC PHYSICAL THERAPY	83,033	66.01
66.02	DAY RHABILITATION FACILITY	131,119	66.02
67	OCCUPATIONAL THERAPY	170,924	67
68	SPEECH PATHOLOGY	72,697	68
69	ELECTROCARDIOLOGY	582,754	69
70	ELECTROENCEPHALOGRAPHY	277,678	70
70.01	ELECTROPHYSIOLOGY	70,694	70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	908,468	71
72	IMPL. DEV. CHARGED TO PATIENT	668,190	72
73	DRUGS CHARGED TO PATIENTS	800,159	73
73.01	WELLNESS PROGRAM	39,325	73.01
74	RENAL DIALYSIS	135,722	74
76.97	CARDIAC REHABILITATION		76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
90	CLINIC	555,876	90
91	EMERGENCY	651,394	91
91.01	FAMILY PRACTICE CENTER	301,547	91.01
91.02	SOCIAL SERVICE-PSYCH		91.02

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PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
92	OBSERVATION BEDS		92
	OTHER REIMBURSABLE COST CENTERS		
	SPECIAL PURPOSE COST CENTERS		
118	SUBTOTALS (SUM OF LINES 1-117)	20,793,362	118
	NONREIMBURSABLE COST CENTERS		
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	374	190
192	PHYSICIANS' PRIVATE OFFICES	19,318	192
193	NONPAID WORKERS	87,247	193
194	OTHER	105	194
194.05	NON EMPLOYEE CHILD CARE		194.05
200	CROSS FOOT ADJUSTMENTS	396,276	200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	21,296,682	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE	NON	DATA
	BLDG&FIXT	MOV EQUIP	BENEFITS	PATIENT	
	(SQUARE	(DOLLAR	GROSS	PHONES	PROCESSING
	FEET)	VALUE)	SALARIES	NUMBER OF	MACHINE
	1	2	4	PHONES	TIME
				5.10	5.20
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT	725,314				1
2 CAP REL COSTS-MVBLE EQUIP		5,627,670			2
4 EMPLOYEE BENEFITS	12,323	1,990	102,729,485		4
5.10 NON PATIENT PHONES	3,972	333		417	5.10
5.20 DATA PROCESSING					7,209,220
5.30 PURCHASING AND STORES				11	256,289
5.50 CASHIERS AR AND COLLECTIONS		3,150		19	269,545
5.60 ADMINISTRATION & GENERAL	46,584	95,150	4,578,480	77	947,826
5.90 RNP ADMINISTRATION		27,649	1,180,416	1	160,180
6 MAINTENANCE & REPAIRS	5,196	82,528	635,142	10	6
7 OPERATION OF PLANT	146,445	123,679	1,096,686	7	39,769
7.01 ELECTRICITY			68,307	8	7.01
7.02 RNP OPERATION OF PLANT		99,676	175,063		7.02
8 LAUNDRY & LINEN SERVICE	9,033			1	8
8.01 RNP LAUNDRY		23,652	176,745		8.01
9 HOUSEKEEPING	6,158	12,162	1,648,791	1	9
9.01 RNP HOUSEKEEPING			387,764		9.01
10 DIETARY	18,329	34,297	875,314	7	22,094
10.01 RNP DIETARY		7,354	659,843		10.01
11 CAFETERIA	6,764		1,122,173	6	18,780
12 MAINTENANCE OF PERSONNEL					11
13 NURSING ADMINISTRATION	3,154	30,757	2,142,540	19	161,285
14 CENTRAL SERVICES & SUPPLY	10,919	153,989	331,933	1	34,245
15 PHARMACY	8,683	61,956	2,603,100	9	416,469
16 MEDICAL RECORDS & LIBRARY	10,581	14,722	4,418,022	28	795,378
17 SOCIAL SERVICE					17
17.01 RNP SOCIAL SERVICE		461	158,309		17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,490	70	3,680,447		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	2,953	6,898	2,791,598	11	13,256
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	127,840	1,622,877	16,472,227	39	367,862
31 INTENSIVE CARE UNIT	25,596	52,318	5,620,122	2	95,004
41 SUBPROVIDER - IRF	39,800	30,329	4,633,878	3	40,874
43 NURSERY	856	10,194	869,415	2	40,874
44 SKILLED NURSING FACILITY			6,895,120		44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	23,436	729,142	4,358,444	5	80,643
51 RECOVERY ROOM	1,847	414	826,264	1	26,513
52 DELIVERY ROOM & LABOR ROOM	22,438	71,243	2,396,543	1	53,025
53 ANESTHESIOLOGY	2,168	126,523	161,391	2	53
54 RADIOLOGY-DIAGNOSTIC	32,799	313,396	3,367,739	21	943,407
55 RADIOLOGY-THERAPEUTIC	13,521	383,123	1,768,819	12	53,025
56 RADIOISOTOPE	5,916	80,095	1,354,309	4	121,516
57 COMPUTED TOMOGRAPHY (CT) SCAN	2,641	9,369	870,277		57
58 MAGNETIC RESONANCE IMAGING (MRI)	5,038	350,042	579,562		58
59 CARDIAC CATHETERIZATION	9,242	332,576	1,508,788	1	59
60 LABORATORY	13,834	86,614	3,222,840	24	1,293,593
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	529	96	186,543	1	188,902
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	3,115	46,535	1,287,291	5	40,874
66 PHYSICAL THERAPY	7,711	9,858	3,143,153	11	62,967
66.01 RNRC PHYSICAL THERAPY			1,150,707		66.01
66.02 DAY RHABILITATION FACILITY	5,431	15,461	760,527		66.02
67 OCCUPATIONAL THERAPY	6,468	963	1,726,959	7	107,155
68 SPEECH PATHOLOGY	1,701	5,569	988,918	1	68
69 ELECTROCARDIOLOGY	18,089	91,442	1,093,185	9	26,513
70 ELECTROENCEPHALOGRAPHY	1,438	180,641	320,991	1	26,513
70.01 ELECTROPHYSIOLOGY		53,395	80,277		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,766			71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS	1,441				73
73.01 WELLNESS PROGRAM	2,174	770	121,378	1	73.01
74 RENAL DIALYSIS	3,755	20,480	1,093,342	2	110,469
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	21,403	85,150	2,004,985	12	175,646
91 EMERGENCY	17,103	118,451	4,869,600	12	108,260
91.01 FAMILY PRACTICE CENTER	8,778	7,644	228,248	21	110,469

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-REL COSTS BLDG&FIXT (SQUARE FEET) 1	NEW CAP-REL COSTS MOV EQUIP (DOLLAR VALUE) 2	EMPLOYEE BENEFITS GROSS SALARIES 4	NON PATIENT PHONES NUMBER OF PHONES 5.10	DATA PROCESSING MACHINE TIME 5.20	
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	719,692	5,626,949	102,692,515	416	7,209,220	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	5,622	721	36,970			193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	6,892,770	6,724,466	550,069	339,329	5,532,725	202
203 UNIT COST MULT-WS B PT I	9.503153	1.194893	0.005355	813.738609	0.767451	203
204 COST TO BE ALLOC PER B PT II			194,674	70,765		204
205 UNIT COST MULT-WS B PT II			0.001895	169.700240		205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	RECON-CILIATION	ADMIN AND GENERAL ACCUM COST	RNP ADMIN RNP DIRECT EXP	
	5.30	5.50	5A.60	5.60	5.90	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES	50,761,434					5.30
5.50 CASHIERS AR AND COLLECTIONS		1,080,760,658				5.50
5.60 ADMINISTRATION & GENERAL	151,745		-37,679,824	218,417,172		5.60
5.90 RNP ADMINISTRATION	70,216			3,338,214	14,869,164	5.90
6 MAINTENANCE & REPAIRS	222,565			1,483,447		6
7 OPERATION OF PLANT	1,214,706			4,312,880		7
7.01 ELECTRICITY				6,453,192		7.01
7.02 RNP OPERATION OF PLANT	92,161			900,519	908,266	7.02
8 LAUNDRY & LINEN SERVICE	1,495,906			1,608,386		8
8.01 RNP LAUNDRY	86,683			363,393	344,782	8.01
9 HOUSEKEEPING	197,536			3,577,487		9
9.01 RNP HOUSEKEEPING	46,321			618,851	622,159	9.01
10 DIETARY	1,459,247			2,110,373		10
10.01 RNP DIETARY	847,862			1,817,368	1,827,304	10.01
11 CAFETERIA				1,299,901		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	18,427			2,325,650		13
14 CENTRAL SERVICES & SUPPLY	225,055			3,012,747	80,938	14
15 PHARMACY	50,802			3,719,801		15
16 MEDICAL RECORDS & LIBRARY	77,100			7,329,673		16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	763			212,420	213,147	17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD				3,723,903		21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD	217,818			5,408,910		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	267,647	125,847,268		24,924,840		30
31 INTENSIVE CARE UNIT	47,550	26,549,015		8,149,485		31
41 SUBPROVIDER - IRF	55,101	25,871,315		6,489,352		41
43 NURSERY	27,285	5,125,647		1,201,457		43
44 SKILLED NURSING FACILITY	25,118	24,360,711		9,280,302	9,352,689	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,692,807	72,416,452		11,262,780		50
51 RECOVERY ROOM	4,702	15,224,228		1,121,013		51
52 DELIVERY ROOM & LABOR ROOM	70,758	10,247,542		3,437,195		52
53 ANESTHESIOLOGY	26,960	21,317,438		538,066		53
54 RADIOLOGY-DIAGNOSTIC	269,906	47,684,202		6,337,193		54
55 RADIOLOGY-THERAPEUTIC	52,992	20,858,324		3,348,989		55
56 RADIOISOTOPE	480,521	26,053,366		2,711,078		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,730	44,202,961		1,420,751		57
58 MAGNETIC RESONANCE IMAGING (MRI)	3,145	21,158,158		1,863,254		58
59 CARDIAC CATHETERIZATION	26,498	39,989,191		2,601,246		59
60 LABORATORY	1,049,377	115,988,994		12,388,977		60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,667,281	9,705,121		3,126,971		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	116,878	16,921,362		1,974,065		65
66 PHYSICAL THERAPY	28,966	21,055,344		4,179,958		66
66.01 RNRC PHYSICAL THERAPY	2,225	6,093,029		1,516,092	1,519,879	66.01
66.02 DAY RHABILITATION FACILITY	7,885	3,427,379		1,122,903		66.02
67 OCCUPATIONAL THERAPY	6,323	10,702,350		2,329,147		67
68 SPEECH PATHOLOGY	4,552	5,653,618		1,273,397		68
69 ELECTROCARDIOLOGY	37,028	28,436,908		1,838,236		69
70 ELECTROENCEPHALOGRAPHY	25,562	5,501,802		705,811		70
70.01 ELECTROPHYSIOLOGY	3,637	7,086,562		213,069		70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	8,608,385	44,490,120		9,049,337		71
72 IMPL. DEV. CHARGED TO PATIENT	12,875,270	38,258,235		13,336,841		72
73 DRUGS CHARGED TO PATIENTS	13,461,907	135,673,996		14,557,018		73
73.01 WELLNESS PROGRAM	5,794	96,788		176,569		73.01
74 RENAL DIALYSIS	14,918	9,676,557		1,669,900		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	76,005	20,030,786		3,166,174		90
91 EMERGENCY	131,275	71,494,696		5,906,163		91
91.01 FAMILY PRACTICE CENTER	100,353	3,561,193		1,447,374		91.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING AND STORES SUPPLY COST	CASHIERS AR AND COLLECTION GROSS REVENUE	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	RNP ADMIN RNP DIRECT EXP	
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	50,760,254	1,080,760,658	-37,679,824	218,282,118	14,869,164	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				814		190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	1,180			134,240		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	876,286	6,760,546		37,679,824	3,914,099	202
203 UNIT COST MULT-WS B PT I	0.017263	0.006255		0.172513	0.263236	203
204 COST TO BE ALLOC PER B PT II	1,867	9,139		6,706,277	152,598	204
205 UNIT COST MULT-WS B PT II	0.000037	0.000008		0.030704	0.010263	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MTCE REQS 6	OPERATION OF PLANT (SQUARE FEET) 7	ELECTRI- CITY (SQUARE FEET) 7.01	RNP OPERATION OF PLANT (SQUARE FEET) 7.02	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 8	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS	1,303,941					6
7 OPERATION OF PLANT	883,312	510,794				7
7.01 ELECTRICITY			510,794			7.01
7.02 RNP OPERATION OF PLANT	57,415			510,794		7.02
8 LAUNDRY & LINEN SERVICE		9,033	9,033	9,033	2,908,769	8
8.01 RNP LAUNDRY	4,937					8.01
9 HOUSEKEEPING	10,239	6,158	6,158	6,158		9
9.01 RNP HOUSEKEEPING	2,703					9.01
10 DIETARY	52,116	18,329	18,329	18,329		10
10.01 RNP DIETARY	7,899					10.01
11 CAFETERIA		6,764	6,764	6,764		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,089	3,154	3,154	3,154		13
14 CENTRAL SERVICES & SUPPLY	46	10,919	10,919	10,919	264	14
15 PHARMACY	680	8,683	8,683	8,683	583	15
16 MEDICAL RECORDS & LIBRARY	1,060	10,581	10,581	10,581		16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE						17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCS-SALARY & FRINGES APPRVD		2,490	2,490	2,490	29,674	21
22 I&R SRVCS-OTHER PRGM COSTS APPRVD	89	2,953	2,953	2,953		22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,128	127,840	127,840	127,840	1,170,671	30
31 INTENSIVE CARE UNIT		25,596	25,596	25,596	184,627	31
41 SUBPROVIDER - IRF	1,449	39,800	39,800	39,800	247,475	41
43 NURSERY		856	856	856		43
44 SKILLED NURSING FACILITY	422					44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	223,507	23,436	23,436	23,436	293,801	50
51 RECOVERY ROOM		1,847	1,847	1,847	48,245	51
52 DELIVERY ROOM & LABOR ROOM	4,177	22,438	22,438	22,438	85,257	52
53 ANESTHESIOLOGY		2,168	2,168	2,168		53
54 RADIOLOGY-DIAGNOSTIC	509	32,799	32,799	32,799	118,970	54
55 RADIOLOGY-THERAPEUTIC	228	13,521	13,521	13,521	33,106	55
56 RADIOISOTOPE	3,535	5,916	5,916	5,916		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	96	2,641	2,641	2,641		57
58 MAGNETIC RESONANCE IMAGING (MRI)	96	5,038	5,038	5,038		58
59 CARDIAC CATHETERIZATION		9,242	9,242	9,242	20,402	59
60 LABORATORY	22,054	13,834	13,834	13,834	2,951	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		529	529	529		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	89	3,115	3,115	3,115		65
66 PHYSICAL THERAPY	506	7,711	7,711	7,711	37,675	66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY	3,282	5,431	5,431	5,431		66.02
67 OCCUPATIONAL THERAPY	506	6,468	6,468	6,468		67
68 SPEECH PATHOLOGY	431	1,701	1,701	1,701		68
69 ELECTROCARDIOLOGY	6,910	18,089	18,089	18,089	40,066	69
70 ELECTROENCEPHALOGRAPHY	523	1,438	1,438	1,438		70
70.01 ELECTROPHYSIOLOGY	315					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		1,441	1,441	1,441		73
73.01 WELLNESS PROGRAM		2,174	2,174	2,174	865	73.01
74 RENAL DIALYSIS	2,350	3,755	3,755	3,755	29,159	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	8,568	21,403	21,403	21,403	99,387	90
91 EMERGENCY		17,103	17,103	17,103	460,883	91
91.01 FAMILY PRACTICE CENTER	1,675	8,778	8,778	8,778	4,708	91.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTEN- ANCE AND REPAIRS MTCR REQS	OPERATION OF PLANT (SQUARE FEET)	ELECTRI- CITY (SQUARE FEET)	RNP OPERATION OF PLANT (SQUARE FEET)	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,303,941	505,172	505,172	505,172	2,908,769	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS		5,622	5,622	5,622		193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,739,361	6,235,180	7,566,452	1,371,545	2,154,179	202
203 UNIT COST MULT-WS B PT I	1.333926	12.206839	14.813118	2.685124	0.740581	203
204 COST TO BE ALLOC PER B PT II	198,370	1,820,625	199,626	165,144	174,097	204
205 UNIT COST MULT-WS B PT II	0.152131	3.564304	0.390815	0.323308	0.059852	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE-KEEPING	RNP HOUSE-KEEPING	DIETARY	RNP DIETARY	
	RNP POUNDS OF LAUNDRY 8.01	(HOURS OF SERVICE) 9	RNP HSKPG HRS OF SVC 9.01	(MEALS SERVED) 10	RNP MEALS SERVED 10.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY	99,655					8.01
9 HOUSEKEEPING		127,830				9
9.01 RNP HOUSEKEEPING			10,631			9.01
10 DIETARY		3,360	4,368	184,017		10
10.01 RNP DIETARY					292,794	10.01
11 CAFETERIA		840				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		465				13
14 CENTRAL SERVICES & SUPPLY		420				14
15 PHARMACY		990				15
16 MEDICAL RECORDS & LIBRARY		630				16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE			411			17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		150				22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		43,120		126,364		30
31 INTENSIVE CARE UNIT		6,840		19,935		31
41 SUBPROVIDER - IRF		7,560		37,718		41
43 NURSERY		1,035				43
44 SKILLED NURSING FACILITY	99,655				292,794	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		15,780				50
51 RECOVERY ROOM		300				51
52 DELIVERY ROOM & LABOR ROOM		4,180				52
53 ANESTHESIOLOGY		300				53
54 RADIOLOGY-DIAGNOSTIC		2,940				54
55 RADIOLOGY-THERAPEUTIC		1,890				55
56 RADIOISOTOPE		600				56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (MRI)						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY		3,430				60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS		210				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		570				65
66 PHYSICAL THERAPY		900				66
66.01 RNRC PHYSICAL THERAPY			4,953			66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY		1,200				67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		750				69
70 ELECTROENCEPHALOGRAPHY		180				70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			899			71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		150				73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC		6,070				90
91 EMERGENCY		7,600				91
91.01 FAMILY PRACTICE CENTER		1,440				91.01

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COST CENTER DESCRIPTION	RNP LAUNDRY	HOUSE- KEEPING	RNP HOUSE- KEEPING	DIETARY	RNP DIETARY	
	RNP POUNDS OF LAUNDRY	(HOURS OF SERVICE)	RNP HSKPG HRS OF SVC	(MEALS SERVED)	RNP MEALS SERVED	
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	99,655	113,900	10,631	184,017	292,794	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		105				190
192 PHYSICIANS' PRIVATE OFFICES		11,363				192
193 NONPAID WORKERS		2,400				193
194 OTHER		62				194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	523,428	4,391,232	892,992	3,570,754	2,622,437	202
203 UNIT COST MULT-WS B PT I	5.252401	34.352124	83.998871	19.404479	8.956594	203
204 COST TO BE ALLOC PER B PT II	44,376	217,320	26,534	406,228	99,847	204
205 UNIT COST MULT-WS B PT II	0.445296	1.700070	2.495908	2.207557	0.341015	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED) 11	NURSING ADMINISTRATION (MEALS SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.10 NON PATIENT PHONES						5.10
5.20 DATA PROCESSING						5.20
5.30 PURCHASING AND STORES						5.30
5.50 CASHIERS AR AND COLLECTIONS						5.50
5.60 ADMINISTRATION & GENERAL						5.60
5.90 RNP ADMINISTRATION						5.90
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 ELECTRICITY						7.01
7.02 RNP OPERATION OF PLANT						7.02
8 LAUNDRY & LINEN SERVICE						8
8.01 RNP LAUNDRY						8.01
9 HOUSEKEEPING						9
9.01 RNP HOUSEKEEPING						9.01
10 DIETARY						10
10.01 RNP DIETARY						10.01
11 CAFETERIA	2,937,139					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	70,602	1,637,436				13
14 CENTRAL SERVICES & SUPPLY	21,293		21,483,655			14
15 PHARMACY	70,116			13,461,907		15
16 MEDICAL RECORDS & LIBRARY	162,309				612,211	16
17 SOCIAL SERVICE						17
17.01 RNP SOCIAL SERVICE	8,036					17.01
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	155,032					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD	33,766					22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	547,112	547,112			41,817	30
31 INTENSIVE CARE UNIT	158,889	158,889			2,699	31
41 SUBPROVIDER - IRF	150,666	150,666			3,402	41
43 NURSERY	19,801	19,801			19,331	43
44 SKILLED NURSING FACILITY	310,252	310,252				44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	135,123	135,123			4,007	50
51 RECOVERY ROOM	19,705	19,705			1,848	51
52 DELIVERY ROOM & LABOR ROOM	70,144	70,144			680	52
53 ANESTHESIOLOGY	6,360	6,360			3,271	53
54 RADIOLOGY-DIAGNOSTIC	116,461				152,409	54
55 RADIOLOGY-THERAPEUTIC	54,238				24,010	55
56 RADIOISOTOPE	46,408				71,801	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	29,474					57
58 MAGNETIC RESONANCE IMAGING (MRI)	18,446					58
59 CARDIAC CATHETERIZATION	40,757	40,757				59
60 LABORATORY	97,690				35,169	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,823				4,607	62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	49,042				18,708	65
66 PHYSICAL THERAPY	93,401				9,360	66
66.01 RNRC PHYSICAL THERAPY	35,010				6,449	66.01
66.02 DAY RHABILITATION FACILITY	26,004					66.02
67 OCCUPATIONAL THERAPY	52,376					67
68 SPEECH PATHOLOGY	28,723					68
69 ELECTROCARDIOLOGY	37,481				86,926	69
70 ELECTROENCEPHALOGRAPHY	9,520				25,908	70
70.01 ELECTROPHYSIOLOGY	2,012					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			8,608,385		36,454	71
72 IMPL. DEV. CHARGED TO PATIENT			12,875,270			72
73 DRUGS CHARGED TO PATIENTS				13,461,907	9,598	73
73.01 WELLNESS PROGRAM	3,590					73.01
74 RENAL DIALYSIS	30,741					74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	57,022	57,022			34,655	90
91 EMERGENCY	121,605	121,605			19,102	91
91.01 FAMILY PRACTICE CENTER	38,667					91.01

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED) 11	NURSING ADMINI- STRATION (MEALS SERVED) 13	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 14	PHARMACY (COSTED REQUIS) 15	MEDICAL RECORDS & LIBRARY (TIME SPENT) 16	
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	2,934,697	1,637,436	21,483,655	13,461,907	612,211	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS	2,442					193
194 OTHER						194
194.05 NON EMPLOYEE CHILD CARE						194.05
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	1,753,932	2,880,132	3,905,540	4,696,662	9,028,427	202
203 UNIT COST MULT-WS B PT I	0.597157	1.758928	0.181791	0.348885	14.747247	203
204 COST TO BE ALLOC PER B PT II	137,703	171,404	430,357	324,096	441,569	204
205 UNIT COST MULT-WS B PT II	0.046883	0.104678	0.020032	0.024075	0.721269	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP SOCIAL SERVICE RNP TIME SPENT	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	17.01	21	22	
GENERAL SERVICE COST CENTERS				
1 CAP REL COSTS-BLDG & FIXT				1
2 CAP REL COSTS-MVBLE EQUIP				2
4 EMPLOYEE BENEFITS				4
5.10 NON PATIENT PHONES				5.10
5.20 DATA PROCESSING				5.20
5.30 PURCHASING AND STORES				5.30
5.50 CASHIERS AR AND COLLECTIONS				5.50
5.60 ADMINISTRATION & GENERAL				5.60
5.90 RNP ADMINISTRATION				5.90
6 MAINTENANCE & REPAIRS				6
7 OPERATION OF PLANT				7
7.01 ELECTRICITY				7.01
7.02 RNP OPERATION OF PLANT				7.02
8 LAUNDRY & LINEN SERVICE				8
8.01 RNP LAUNDRY				8.01
9 HOUSEKEEPING				9
9.01 RNP HOUSEKEEPING				9.01
10 DIETARY				10
10.01 RNP DIETARY				10.01
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
17.01 RNP SOCIAL SERVICE	10,000			17.01
19 NONPHYSICIAN ANESTHETISTS				19
20 NURSING SCHOOL				20
21 I&R SRVCES-SALARY & FRINGES APPRVD		1,420		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			1,420	22
23 PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS				
30 ADULTS & PEDIATRICS		791	791	30
31 INTENSIVE CARE UNIT		101	101	31
41 SUBPROVIDER - IRF				41
43 NURSERY		10	10	43
44 SKILLED NURSING FACILITY	10,000			44
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM		88	88	50
51 RECOVERY ROOM				51
52 DELIVERY ROOM & LABOR ROOM		20	20	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC		10	10	54
55 RADIOLOGY-THERAPEUTIC				55
56 RADIOISOTOPE				56
57 COMPUTED TOMOGRAPHY (CT) SCAN				57
58 MAGNETIC RESONANCE IMAGING (MRI)				58
59 CARDIAC CATHETERIZATION				59
60 LABORATORY		20	20	60
62 WHOLE BLOOD & PACKED RED BLOOD CELLS				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY		50	50	65
66 PHYSICAL THERAPY				66
66.01 RNRC PHYSICAL THERAPY				66.01
66.02 DAY RHABILITATION FACILITY				66.02
67 OCCUPATIONAL THERAPY				67
68 SPEECH PATHOLOGY				68
69 ELECTROCARDIOLOGY		50	50	69
70 ELECTROENCEPHALOGRAPHY		10	10	70
70.01 ELECTROPHYSIOLOGY				70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				71
72 IMPL. DEV. CHARGED TO PATIENT				72
73 DRUGS CHARGED TO PATIENTS				73
73.01 WELLNESS PROGRAM		20	20	73.01
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				
90 CLINIC		20	20	90
91 EMERGENCY		150	150	91
91.01 FAMILY PRACTICE CENTER		80	80	91.01

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/29/2012 10:41

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RNP SOCIAL SERVICE RNP TIME SPENT	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
91.02 SOCIAL SERVICE-PSYCH				91.02
92 OBSERVATION BEDS				92
OTHER REIMBURSABLE COST CENTERS				
SPECIAL PURPOSE COST CENTERS				
118 SUBTOTALS (SUM OF LINES 1-117)	10,000	1,420	1,420	118
NONREIMBURSABLE COST CENTERS				
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				190
192 PHYSICIANS' PRIVATE OFFICES				192
193 NONPAID WORKERS				193
194 OTHER				194
194.05 NON EMPLOYEE CHILD CARE				194.05
200 CROSS FOOT ADJUSTMENTS				200
201 NEGATIVE COST CENTER				201
202 COST TO BE ALLOC PER B PT I	344,496	4,554,845	6,455,172	202
203 UNIT COST MULT-WS B PT I	34.449600	3,207.637324	4,545.895775	203
204 COST TO BE ALLOC PER B PT II	10,964	164,757	231,519	204
205 UNIT COST MULT-WS B PT II	1.096400	116.026056	163.041549	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	39,729,721		39,729,721		39,729,721	30
31 INTENSIVE CARE UNIT	11,488,395		11,488,395		11,488,395	31
41 SUBPROVIDER - IRF	10,373,072		10,373,072		10,373,072	41
43 NURSERY	1,801,437		1,801,437		1,801,437	43
44 SKILLED NURSING FACILITY	17,565,143		17,565,143		17,565,143	44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	15,337,180		15,337,180		15,337,180	50
51 RECOVERY ROOM	1,488,982		1,488,982		1,488,982	51
52 DELIVERY ROOM & LABOR ROOM	5,084,276		5,084,276		5,084,276	52
53 ANESTHESIOLOGY	768,818		768,818		768,818	53
54 RADIOLOGY-DIAGNOSTIC	10,911,678		10,911,678		10,911,678	54
55 RADIOLOGY-THERAPEUTIC	4,804,594		4,804,594		4,804,594	55
56 RADIOISOTOPE	4,466,415		4,466,415		4,466,415	56
57 COMPUTED TOMOGRAPHY (CT) SC	1,762,028		1,762,028		1,762,028	57
58 MAGNETIC RESONANCE IMAGING	2,345,487		2,345,487		2,345,487	58
59 CARDIAC CATHETERIZATION	3,435,666		3,435,666		3,435,666	59
60 LABORATORY	15,663,590		15,663,590	123,077	15,786,667	60
62 WHOLE BLOOD & PACKED RED BL	3,761,356		3,761,356		3,761,356	62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,732,025		2,732,025		2,732,025	65
66 PHYSICAL THERAPY	5,383,413		5,383,413		5,383,413	66
66.01 RNRC PHYSICAL THERAPY	2,709,782		2,709,782		2,709,782	66.01
66.02 DAY RHABILITATION FACILITY	1,497,852		1,497,852		1,497,852	66.02
67 OCCUPATIONAL THERAPY	2,996,262		2,996,262		2,996,262	67
68 SPEECH PATHOLOGY	1,561,330		1,561,330		1,561,330	68
69 ELECTROCARDIOLOGY	4,061,645		4,061,645		4,061,645	69
70 ELECTROENCEPHALOGRAPHY	1,264,926		1,264,926		1,264,926	70
70.01 ELECTROPHYSIOLOGY	251,447		251,447		251,447	70.01
71 MEDICAL SUPPLIES CHRGED TO	12,788,503		12,788,503		12,788,503	71
72 IMPL. DEV. CHARGED TO PATIE	17,978,232		17,978,232		17,978,232	72
73 DRUGS CHARGED TO PATIENTS	21,954,457		21,954,457		21,954,457	73
73.01 WELLNESS PROGRAM	274,393		274,393		274,393	73.01
74 RENAL DIALYSIS	2,112,609		2,112,609		2,112,609	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,287,123		5,287,123		5,287,123	90
91 EMERGENCY	8,603,710		8,603,710		8,603,710	91
91.01 FAMILY PRACTICE CENTER	2,036,095		2,036,095	12,293	2,048,388	91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS	4,153,120		4,153,120		4,153,120	92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	248,434,762		248,434,762	135,370	248,570,132	200
201 LESS OBSERVATION BEDS	4,153,120		4,153,120		4,153,120	201
202 TOTAL (SEE INSTRUCTIONS)	244,281,642		244,281,642		244,417,012	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	97,825,641		97,825,641			30
31 INTENSIVE CARE UNIT	26,549,015		26,549,015			31
41 SUBPROVIDER - IRF	25,871,315		25,871,315			41
43 NURSERY	5,125,647		5,125,647			43
44 SKILLED NURSING FACILITY	24,360,711		24,360,711			44
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	44,883,929	27,532,523	72,416,452	0.211791	0.211791	0.211791 50
51 RECOVERY ROOM	8,265,255	6,958,973	15,224,228	0.097803	0.097803	0.097803 51
52 DELIVERY ROOM & LABOR ROOM	9,065,989	1,181,553	10,247,542	0.496146	0.496146	0.496146 52
53 ANESTHESIOLOGY	11,842,022	9,475,416	21,317,438	0.036065	0.036065	0.036065 53
54 RADIOLOGY-DIAGNOSTIC	15,948,358	31,735,844	47,684,202	0.228832	0.228832	0.228832 54
55 RADIOLOGY-THERAPEUTIC	1,478,863	19,379,461	20,858,324	0.230344	0.230344	0.230344 55
56 RADIOISOTOPE	7,928,385	18,124,981	26,053,366	0.171433	0.171433	0.171433 56
57 COMPUTED TOMOGRAPHY (CT) SC	16,142,895	28,060,066	44,202,961	0.039862	0.039862	0.039862 57
58 MAGNETIC RESONANCE IMAGING	5,667,360	15,490,798	21,158,158	0.110855	0.110855	0.110855 58
59 CARDIAC CATHETERIZATION	20,560,138	19,429,053	39,989,191	0.085915	0.085915	0.085915 59
60 LABORATORY	71,188,972	44,800,022	115,988,994	0.135044	0.135044	0.136105 60
62 WHOLE BLOOD & PACKED RED BL	7,456,311	2,248,810	9,705,121	0.387564	0.387564	0.387564 62
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	15,930,424	990,938	16,921,362	0.161454	0.161454	0.161454 65
66 PHYSICAL THERAPY	13,060,577	7,994,767	21,055,344	0.255679	0.255679	0.255679 66
66.01 RNRC PHYSICAL THERAPY	6,093,029		6,093,029	0.444735	0.444735	0.444735 66.01
66.02 DAY RHABILITATION FACILITY		3,427,379	3,427,379	0.437025	0.437025	0.437025 66.02
67 OCCUPATIONAL THERAPY	9,035,766	1,666,584	10,702,350	0.279963	0.279963	0.279963 67
68 SPEECH PATHOLOGY	3,234,874	2,418,744	5,653,618	0.276165	0.276165	0.276165 68
69 ELECTROCARDIOLOGY	14,975,275	13,461,633	28,436,908	0.142830	0.142830	0.142830 69
70 ELECTROENCEPHALOGRAPHY	2,941,089	2,560,713	5,501,802	0.229911	0.229911	0.229911 70
70.01 ELECTROPHYSIOLOGY	3,780,822	3,305,740	7,086,562	0.035482	0.035482	0.035482 70.01
71 MEDICAL SUPPLIES CHRGED TO	33,927,156	10,562,964	44,490,120	0.287446	0.287446	0.287446 71
72 IMPL. DEV. CHARGED TO PATIE	28,879,599	9,378,636	38,258,235	0.469918	0.469918	0.469918 72
73 DRUGS CHARGED TO PATIENTS	100,152,501	35,521,495	135,673,996	0.161818	0.161818	0.161818 73
73.01 WELLNESS PROGRAM	295	96,493	96,788	2.834990	2.834990	2.834990 73.01
74 RENAL DIALYSIS	2,418,755	7,257,802	9,676,557	0.218322	0.218322	0.218322 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	4,354,660	15,676,126	20,030,786	0.263950	0.263950	0.263950 90
91 EMERGENCY	22,807,395	48,687,301	71,494,696	0.120341	0.120341	0.120341 91
91.01 FAMILY PRACTICE CENTER		3,561,193	3,561,193	0.571745	0.571745	0.575197 91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS	5,424,291	22,597,336	28,021,627	0.148211	0.148211	0.148211 92
OTHER REIMBURSABLE COST CENTERS						
200 SUBTOTAL (SEE INSTRUCTIONS)	667,177,314	413,583,344	1,080,760,658			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	667,177,314	413,583,344	1,080,760,658			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL. 1 MINUS COL. 2)	(COL. 1 MINUS COL. 2)	(COL. 3 ÷ COL. 4)	(COL. 5 x COL. 6)	(COL. 5 x COL. 6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	5,050,170		5,050,170	49,639	101.74	29,166	2,967,349 30
31 INTENSIVE CARE UNIT	772,534		772,534	7,994	96.64	5,012	484,360 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	1,025,508		1,025,508	15,244	67.27	12,333	829,641 41
42 SUBPROVIDER I							42
43 NURSERY	82,992		82,992	2,810	29.53		43
44 SKILLED NURSING FACILITY	596,714		596,714	89,317	6.68	16,620	111,022 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,527,918		7,527,918	165,004		63,131	4,392,372 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER)
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF
 BOXES [] TITLE XIX [] IRF

[XX] PPS
 [] TEFRA

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,878,990	72,416,452	0.025947	22,597,501	586,337	50
51 RECOVERY ROOM	70,298	15,224,228	0.004618	4,554,979	21,035	51
52 DELIVERY ROOM & LABOR ROOM	569,990	10,247,542	0.055622	10,922	608	52
53 ANESTHESIOLOGY	202,583	21,317,438	0.009503	6,247,497	59,370	53
54 RADIOLOGY-DIAGNOSTIC	1,334,579	47,684,202	0.027988	10,886,119	304,681	54
55 RADIOLOGY-THERAPEUTIC	850,515	20,858,324	0.040776	785,832	32,043	55
56 RADIOISOTOPE	321,403	26,053,366	0.012336	5,338,799	65,859	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	94,615	44,202,961	0.002140	11,346,208	24,281	57
58 MAGNETIC RESONANCE IMAGING (M	569,178	21,158,158	0.026901	3,499,766	94,147	58
59 CARDIAC CATHETERIZATION	619,511	39,989,191	0.015492	12,301,797	190,579	59
60 LABORATORY	733,040	115,988,994	0.006320	43,169,858	272,834	60
62 WHOLE BLOOD & PACKED RED BLOO	108,117	9,705,121	0.011140	4,599,759	51,241	62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	189,139	16,921,362	0.011178	9,877,781	110,414	65
66 PHYSICAL THERAPY	273,906	21,055,344	0.013009	3,026,229	39,368	66
66.01 RNRC PHYSICAL THERAPY	83,033	6,093,029	0.013628			66.01
66.02 DAY RHABILITATION FACILITY	131,119	3,427,379	0.038256			66.02
67 OCCUPATIONAL THERAPY	170,924	10,702,350	0.015971	934,466	14,924	67
68 SPEECH PATHOLOGY	72,697	5,653,618	0.012858	927,333	11,924	68
69 ELECTROCARDIOLOGY	582,754	28,436,908	0.020493	10,896,413	223,300	69
70 ELECTROENCEPHALOGRAPHY	277,678	5,501,802	0.050470	1,513,184	76,370	70
70.01 ELECTROPHYSIOLOGY	70,694	7,086,562	0.009976	2,339,537	23,339	70.01
71 MEDICAL SUPPLIES CHRGED TO PA	908,468	44,490,120	0.020420	19,613,466	400,507	71
72 IMPL. DEV. CHARGED TO PATIENT	668,190	38,258,235	0.017465	16,695,445	291,586	72
73 DRUGS CHARGED TO PATIENTS	800,159	135,673,996	0.005898	55,009,276	324,445	73
73.01 WELLNESS PROGRAM	39,325	96,788	0.406300	295	120	73.01
74 RENAL DIALYSIS	135,722	9,676,557	0.014026	1,437,520	20,163	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	555,876	20,030,786	0.027751	3,053,514	84,738	90
91 EMERGENCY	651,394	71,494,696	0.009111	14,703,204	133,961	91
91.01 FAMILY PRACTICE CENTER	301,547	3,561,193	0.084676			91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS	527,916	28,021,627	0.018840	1,277,540	24,069	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	13,793,360	901,028,329		266,644,240	3,482,243	200

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/29/2012 10:41

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/29/2012 10:41

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	49,639		29,166		30
31 INTENSIVE CARE UNIT	7,994		5,012		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	15,244		12,333		41
42 SUBPROVIDER I					42
43 NURSERY	2,810				43
44 SKILLED NURSING FACILITY	89,317		16,620		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	165,004		63,131		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			HEALTH	MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	EDUCATION	EDUCATION	(SUM OF	(SUM OF
	COST		HEALTH	COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 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 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	72,416,452			22,597,501		10,273,889	50
51 RECOVERY ROOM	15,224,228			4,554,979		2,281,995	51
52 DELIVERY ROOM & LABOR ROOM	10,247,542			10,922			52
53 ANESTHESIOLOGY	21,317,438			6,247,497		3,370,463	53
54 RADIOLOGY-DIAGNOSTIC	47,684,202			10,886,119		12,900,013	54
55 RADIOLOGY-THERAPEUTIC	20,858,324			785,832		10,490,499	55
56 RADIOISOTOPE	26,053,366			5,338,799		6,818,269	56
57 COMPUTED TOMOGRAPHY (CT) SCA	44,202,961			11,346,208		12,137,368	57
58 MAGNETIC RESONANCE IMAGING (	21,158,158			3,499,766		5,572,293	58
59 CARDIAC CATHETERIZATION	39,989,191			12,301,797		10,180,666	59
60 LABORATORY	115,988,994			43,169,858		2,622,457	60
62 WHOLE BLOOD & PACKED RED BLO	9,705,121			4,599,759		1,052,719	62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	16,921,362			9,877,781		338,136	65
66 PHYSICAL THERAPY	21,055,344			3,026,229		40,180	66
66.01 RNRC PHYSICAL THERAPY	6,093,029						66.01
66.02 DAY RHABILITATION FACILITY	3,427,379					11,754	66.02
67 OCCUPATIONAL THERAPY	10,702,350			934,466		327	67
68 SPEECH PATHOLOGY	5,653,618			927,333		96,096	68
69 ELECTROCARDIOLOGY	28,436,908			10,896,413		6,161,188	69
70 ELECTROENCEPHALOGRAPHY	5,501,802			1,513,184		1,190,297	70
70.01 ELECTROPHYSIOLOGY	7,086,562			2,339,537		1,214,440	70.01
71 MEDICAL SUPPLIES CHRGED TO P	44,490,120			19,613,466		4,437,177	71
72 IMPL. DEV. CHARGED TO PATIEN	38,258,235			16,695,445		5,463,554	72
73 DRUGS CHARGED TO PATIENTS	135,673,996			55,009,276		10,095,788	73
73.01 WELLNESS PROGRAM	96,788			295		1,937	73.01
74 RENAL DIALYSIS	9,676,557			1,437,520		2,152,479	74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	20,030,786			3,053,514		5,933,443	90
91 EMERGENCY	71,494,696			14,703,204		12,090,915	91
91.01 FAMILY PRACTICE CENTER	3,561,193						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	28,021,627			1,277,540		5,614,979	92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	901,028,329			266,644,240		132,543,321	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE FROM WKST C, PT I, COL. 9	RATIO	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	0.211791		10,273,889			2,175,917		50
51 RECOVERY ROOM	0.097803		2,281,995			223,186		51
52 DELIVERY ROOM & LABOR ROOM	0.496146							52
53 ANESTHESIOLOGY	0.036065	3,370,463				121,556		53
54 RADIOLOGY-DIAGNOSTIC	0.228832	12,900,013				2,951,936		54
55 RADIOLOGY-THERAPEUTIC	0.230344	10,490,499				2,416,424		55
56 RADIOISOTOPE	0.171433	6,818,269				1,168,876		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862	12,137,368				483,820		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855	5,572,293				617,717		58
59 CARDIAC CATHETERIZATION	0.085915	10,180,666				874,672		59
60 LABORATORY	0.135044	2,622,457				354,147		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564	1,052,719				407,996		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.161454	338,136				54,593		65
66 PHYSICAL THERAPY	0.255679	40,180				10,273		66
66.01 RNRC PHYSICAL THERAPY	0.444735							66.01
66.02 DAY RHABILITATION FACILITY	0.437025	11,754				5,137		66.02
67 OCCUPATIONAL THERAPY	0.279963	327				92		67
68 SPEECH PATHOLOGY	0.276165	96,096				26,538		68
69 ELECTROCARDIOLOGY	0.142830	6,161,188				880,002		69
70 ELECTROENCEPHALOGRAPHY	0.229911	1,190,297				273,662		70
70.01 ELECTROPHYSIOLOGY	0.035482	1,214,440				43,091		70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446	4,437,177				1,275,449		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918	5,463,554		2,223		2,567,422	1,045	72
73 DRUGS CHARGED TO PATIENTS	0.161818	10,095,788			126,320	1,633,680		73
73.01 WELLNESS PROGRAM	2.834990	1,937				5,491		73.01
74 RENAL DIALYSIS	0.218322	2,152,479				469,934		74
76.97 CARDIAC REHABILITATION								76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90 CLINIC	0.263950	5,933,443				1,566,132		90
91 EMERGENCY	0.120341	12,090,915				1,455,033		91
91.01 FAMILY PRACTICE CENTER	0.571745							91.01
91.02 SOCIAL SERVICE-PSYCH								91.02
92 OBSERVATION BEDS	0.148211	5,614,979				832,202		92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		132,543,321		2,223	126,320	22,894,978	1,045	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		132,543,321		2,223	126,320	22,894,978	1,045	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T117)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,878,990	72,416,452	0.025947	28,270	734	50
51	RECOVERY ROOM	70,298	15,224,228	0.004618	14,550	67	51
52	DELIVERY ROOM & LABOR ROOM	569,990	10,247,542	0.055622			52
53	ANESTHESIOLOGY	202,583	21,317,438	0.009503	18,817	179	53
54	RADIOLOGY-DIAGNOSTIC	1,334,579	47,684,202	0.027988	315,343	8,826	54
55	RADIOLOGY-THERAPEUTIC	850,515	20,858,324	0.040776	139,664	5,695	55
56	RADIOISOTOPE	321,403	26,053,366	0.012336	195,692	2,414	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	94,615	44,202,961	0.002140	255,813	547	57
58	MAGNETIC RESONANCE IMAGING (M	569,178	21,158,158	0.026901	93,906	2,526	58
59	CARDIAC CATHETERIZATION	619,511	39,989,191	0.015492	34,272	531	59
60	LABORATORY	733,040	115,988,994	0.006320	3,514,119	22,209	60
62	WHOLE BLOOD & PACKED RED BLOO	108,117	9,705,121	0.011140	102,028	1,137	62
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	189,139	16,921,362	0.011178	1,106,692	12,371	65
66	PHYSICAL THERAPY	273,906	21,055,344	0.013009	7,156,398	93,098	66
66.01	RNRC PHYSICAL THERAPY	83,033	6,093,029	0.013628			66.01
66.02	DAY RHABILITATION FACILITY	131,119	3,427,379	0.038256			66.02
67	OCCUPATIONAL THERAPY	170,924	10,702,350	0.015971	6,117,368	97,700	67
68	SPEECH PATHOLOGY	72,697	5,653,618	0.012858	1,559,233	20,049	68
69	ELECTROCARDIOLOGY	582,754	28,436,908	0.020493	106,830	2,189	69
70	ELECTROENCEPHALOGRAPHY	277,678	5,501,802	0.050470	15,044	759	70
70.01	ELECTROPHYSIOLOGY	70,694	7,086,562	0.009976			70.01
71	MEDICAL SUPPLIES CHRGED TO PA	908,468	44,490,120	0.020420	1,006,471	20,552	71
72	IMPL. DEV. CHARGED TO PATIENT	668,190	38,258,235	0.017465	103,119	1,801	72
73	DRUGS CHARGED TO PATIENTS	800,159	135,673,996	0.005898	6,128,932	36,148	73
73.01	WELLNESS PROGRAM	39,325	96,788	0.406300			73.01
74	RENAL DIALYSIS	135,722	9,676,557	0.014026	304,669	4,273	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	555,876	20,030,786	0.027751	35,738	992	90
91	EMERGENCY	651,394	71,494,696	0.009111	14,621	133	91
91.01	FAMILY PRACTICE CENTER	301,547	3,561,193	0.084676			91.01
91.02	SOCIAL SERVICE-PSYCH						91.02
92	OBSERVATION BEDS	527,916	28,021,627	0.018840			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	13,793,360	901,028,329		28,367,589	334,930	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-T117) [] 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
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] IRF (14-T117) [] NF

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 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	72,416,452			28,270			50
51 RECOVERY ROOM	15,224,228			14,550			51
52 DELIVERY ROOM & LABOR ROOM	10,247,542						52
53 ANESTHESIOLOGY	21,317,438			18,817			53
54 RADIOLOGY-DIAGNOSTIC	47,684,202			315,343		2,743	54
55 RADIOLOGY-THERAPEUTIC	20,858,324			139,664			55
56 RADIOISOTOPE	26,053,366			195,692		889	56
57 COMPUTED TOMOGRAPHY (CT) SCA	44,202,961			255,813		4,056	57
58 MAGNETIC RESONANCE IMAGING (	21,158,158			93,906			58
59 CARDIAC CATHETERIZATION	39,989,191			34,272			59
60 LABORATORY	115,988,994			3,514,119		812	60
62 WHOLE BLOOD & PACKED RED BLO	9,705,121			102,028			62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	16,921,362			1,106,692		312	65
66 PHYSICAL THERAPY	21,055,344			7,156,398		551	66
66.01 RNRC PHYSICAL THERAPY	6,093,029						66.01
66.02 DAY RHABILITATION FACILITY	3,427,379						66.02
67 OCCUPATIONAL THERAPY	10,702,350			6,117,368			67
68 SPEECH PATHOLOGY	5,653,618			1,559,233		286	68
69 ELECTROCARDIOLOGY	28,436,908			106,830		4,226	69
70 ELECTROENCEPHALOGRAPHY	5,501,802			15,044		520	70
70.01 ELECTROPHYSIOLOGY	7,086,562						70.01
71 MEDICAL SUPPLIES CHRGD TO P	44,490,120			1,006,471			71
72 IMPL. DEV. CHARGED TO PATIEN	38,258,235			103,119		1,748	72
73 DRUGS CHARGED TO PATIENTS	135,673,996			6,128,932		16,274	73
73.01 WELLNESS PROGRAM	96,788						73.01
74 RENAL DIALYSIS	9,676,557			304,669			74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	20,030,786			35,738			90
91 EMERGENCY	71,494,696			14,621			91
91.01 FAMILY PRACTICE CENTER	3,561,193						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	28,021,627						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	901,028,329			28,367,589		32,417	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-T117) [] NF [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PROGRAM CHARGES				PROGRAM COSTS			
		PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.211791								50
51 RECOVERY ROOM	0.097803								51
52 DELIVERY ROOM & LABOR ROOM	0.496146								52
53 ANESTHESIOLOGY	0.036065								53
54 RADIOLOGY-DIAGNOSTIC	0.228832	2,743			628				54
55 RADIOLOGY-THERAPEUTIC	0.230344								55
56 RADIOISOTOPE	0.171433	889			152				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862	4,056			162				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855								58
59 CARDIAC CATHETERIZATION	0.085915								59
60 LABORATORY	0.135044	812			110				60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564								62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS									62.30
65 RESPIRATORY THERAPY	0.161454	312			50				65
66 PHYSICAL THERAPY	0.255679	551			141				66
66.01 RNRC PHYSICAL THERAPY	0.444735								66.01
66.02 DAY RHABILITATION FACILITY	0.437025								66.02
67 OCCUPATIONAL THERAPY	0.279963								67
68 SPEECH PATHOLOGY	0.276165	286			79				68
69 ELECTROCARDIOLOGY	0.142830	4,226			604				69
70 ELECTROENCEPHALOGRAPHY	0.229911	520			120				70
70.01 ELECTROPHYSIOLOGY	0.035482								70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446								71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918	1,748			821				72
73 DRUGS CHARGED TO PATIENTS	0.161818	16,274		655	2,633			106	73
73.01 WELLNESS PROGRAM	2.834990								73.01
74 RENAL DIALYSIS	0.218322								74
76.97 CARDIAC REHABILITATION									76.97
76.98 HYPERBARIC OXYGEN THERAPY									76.98
76.99 LITHOTRIPSY									76.99
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	0.263950								90
91 EMERGENCY	0.120341								91
91.01 FAMILY PRACTICE CENTER	0.571745								91.01
91.02 SOCIAL SERVICE-PSYCH									91.02
92 OBSERVATION BEDS	0.148211								92
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)		32,417		655	5,500			106	200
201 LESS PBP CLINIC LAB SERVICES									201
202 NET CHARGES (LINE 200 - LINE 201)		32,417		655	5,500			106	202

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5324) [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

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 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	72,416,452						50
51 RECOVERY ROOM	15,224,228						51
52 DELIVERY ROOM & LABOR ROOM	10,247,542						52
53 ANESTHESIOLOGY	21,317,438						53
54 RADIOLOGY-DIAGNOSTIC	47,684,202			5,235			54
55 RADIOLOGY-THERAPEUTIC	20,858,324						55
56 RADIOISOTOPE	26,053,366						56
57 COMPUTED TOMOGRAPHY (CT) SCA	44,202,961						57
58 MAGNETIC RESONANCE IMAGING (	21,158,158						58
59 CARDIAC CATHETERIZATION	39,989,191						59
60 LABORATORY	115,988,994			24,518			60
62 WHOLE BLOOD & PACKED RED BLO	9,705,121						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	16,921,362						65
66 PHYSICAL THERAPY	21,055,344						66
66.01 RNRC PHYSICAL THERAPY	6,093,029			2,451,487			66.01
66.02 DAY RHABILITATION FACILITY	3,427,379						66.02
67 OCCUPATIONAL THERAPY	10,702,350			1,974,456			67
68 SPEECH PATHOLOGY	5,653,618			360,372			68
69 ELECTROCARDIOLOGY	28,436,908						69
70 ELECTROENCEPHALOGRAPHY	5,501,802						70
70.01 ELECTROPHYSIOLOGY	7,086,562						70.01
71 MEDICAL SUPPLIES CHRGED TO P	44,490,120			65,999			71
72 IMPL. DEV. CHARGED TO PATIEN	38,258,235						72
73 DRUGS CHARGED TO PATIENTS	135,673,996			977,388			73
73.01 WELLNESS PROGRAM	96,788						73.01
74 RENAL DIALYSIS	9,676,557						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	20,030,786						90
91 EMERGENCY	71,494,696						91
91.01 FAMILY PRACTICE CENTER	3,561,193						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	28,021,627						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	901,028,329			5,859,455			200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [XX] SNF (14-5324) [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.211791						50
51 RECOVERY ROOM	0.097803						51
52 DELIVERY ROOM & LABOR ROOM	0.496146						52
53 ANESTHESIOLOGY	0.036065						53
54 RADIOLOGY-DIAGNOSTIC	0.228832						54
55 RADIOLOGY-THERAPEUTIC	0.230344						55
56 RADIOISOTOPE	0.171433						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855						58
59 CARDIAC CATHETERIZATION	0.085915						59
60 LABORATORY	0.135044						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.161454						65
66 PHYSICAL THERAPY	0.255679						66
66.01 RNRC PHYSICAL THERAPY	0.444735						66.01
66.02 DAY RHABILITATION FACILITY	0.437025						66.02
67 OCCUPATIONAL THERAPY	0.279963						67
68 SPEECH PATHOLOGY	0.276165						68
69 ELECTROCARDIOLOGY	0.142830						69
70 ELECTROENCEPHALOGRAPHY	0.229911						70
70.01 ELECTROPHYSIOLOGY	0.035482						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918						72
73 DRUGS CHARGED TO PATIENTS	0.161818						73
73.01 WELLNESS PROGRAM	2.834990						73.01
74 RENAL DIALYSIS	0.218322						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.263950						90
91 EMERGENCY	0.120341						91
91.01 FAMILY PRACTICE CENTER	0.571745						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	0.148211						92
OTHER REIMBURSABLE COST CENTERS							
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 [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26) 1	SWING-BED ADJUSTMENT 2	(COL.1 MINUS COL.2) 3	(COL.3 ÷ COL.4) 5	(COL.5 x COL.6) 7		
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	5,050,170		5,050,170	49,639	101.74	6,843	696,207 30
31 INTENSIVE CARE UNIT	772,534		772,534	7,994	96.64		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	1,025,508		1,025,508	15,244	67.27	443	29,801 41
42 SUBPROVIDER I							42
43 NURSERY	82,992		82,992	2,810	29.53		43
44 SKILLED NURSING FACILITY	596,714		596,714	89,317	6.68	52,156	348,402 44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	7,527,918		7,527,918	165,004		59,442	1,074,410 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,878,990	72,416,452	0.025947		50
51 RECOVERY ROOM	70,298	15,224,228	0.004618		51
52 DELIVERY ROOM & LABOR ROOM	569,990	10,247,542	0.055622		52
53 ANESTHESIOLOGY	202,583	21,317,438	0.009503		53
54 RADIOLOGY-DIAGNOSTIC	1,334,579	47,684,202	0.027988		54
55 RADIOLOGY-THERAPEUTIC	850,515	20,858,324	0.040776		55
56 RADIOISOTOPE	321,403	26,053,366	0.012336		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	94,615	44,202,961	0.002140		57
58 MAGNETIC RESONANCE IMAGING (M	569,178	21,158,158	0.026901		58
59 CARDIAC CATHETERIZATION	619,511	39,989,191	0.015492		59
60 LABORATORY	733,040	115,988,994	0.006320		60
62 WHOLE BLOOD & PACKED RED BLOO	108,117	9,705,121	0.011140		62
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	189,139	16,921,362	0.011178		65
66 PHYSICAL THERAPY	273,906	21,055,344	0.013009		66
66.01 RNRC PHYSICAL THERAPY	83,033	6,093,029	0.013628		66.01
66.02 DAY RHABILITATION FACILITY	131,119	3,427,379	0.038256		66.02
67 OCCUPATIONAL THERAPY	170,924	10,702,350	0.015971		67
68 SPEECH PATHOLOGY	72,697	5,653,618	0.012858		68
69 ELECTROCARDIOLOGY	582,754	28,436,908	0.020493		69
70 ELECTROENCEPHALOGRAPHY	277,678	5,501,802	0.050470		70
70.01 ELECTROPHYSIOLOGY	70,694	7,086,562	0.009976		70.01
71 MEDICAL SUPPLIES CHRGED TO PA	908,468	44,490,120	0.020420		71
72 IMPL. DEV. CHARGED TO PATIENT	668,190	38,258,235	0.017465		72
73 DRUGS CHARGED TO PATIENTS	800,159	135,673,996	0.005898		73
73.01 WELLNESS PROGRAM	39,325	96,788	0.406300		73.01
74 RENAL DIALYSIS	135,722	9,676,557	0.014026		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	555,876	20,030,786	0.027751		90
91 EMERGENCY	651,394	71,494,696	0.009111		91
91.01 FAMILY PRACTICE CENTER	301,547	3,561,193	0.084676		91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	527,916	28,021,627	0.018840		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	13,793,360	901,028,329			200

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/29/2012 10:41

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
 11/29/2012 10:41

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	49,639		6,843		30
31 INTENSIVE CARE UNIT	7,994				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	15,244		443		41
42 SUBPROVIDER I					42
43 NURSERY	2,810				43
44 SKILLED NURSING FACILITY	89,317		52,156		44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	165,004		59,442		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

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
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

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 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	72,416,452							50	
51 RECOVERY ROOM	15,224,228							51	
52 DELIVERY ROOM & LABOR ROOM	10,247,542							52	
53 ANESTHESIOLOGY	21,317,438							53	
54 RADIOLOGY-DIAGNOSTIC	47,684,202							54	
55 RADIOLOGY-THERAPEUTIC	20,858,324							55	
56 RADIOISOTOPE	26,053,366							56	
57 COMPUTED TOMOGRAPHY (CT) SCA	44,202,961							57	
58 MAGNETIC RESONANCE IMAGING (	21,158,158							58
59 CARDIAC CATHETERIZATION	39,989,191							59	
60 LABORATORY	115,988,994							60	
62 WHOLE BLOOD & PACKED RED BLO	9,705,121							62	
62.30 BLOOD CLOTTING FOR HEMOPHILI								62.30	
65 RESPIRATORY THERAPY	16,921,362							65	
66 PHYSICAL THERAPY	21,055,344							66	
66.01 RNRC PHYSICAL THERAPY	6,093,029							66.01	
66.02 DAY RHABILITATION FACILITY	3,427,379							66.02	
67 OCCUPATIONAL THERAPY	10,702,350							67	
68 SPEECH PATHOLOGY	5,653,618							68	
69 ELECTROCARDIOLOGY	28,436,908							69	
70 ELECTROENCEPHALOGRAPHY	5,501,802							70	
70.01 ELECTROPHYSIOLOGY	7,086,562							70.01	
71 MEDICAL SUPPLIES CHRGED TO P	44,490,120							71	
72 IMPL. DEV. CHARGED TO PATIEN	38,258,235							72	
73 DRUGS CHARGED TO PATIENTS	135,673,996							73	
73.01 WELLNESS PROGRAM	96,788							73.01	
74 RENAL DIALYSIS	9,676,557							74	
76.97 CARDIAC REHABILITATION								76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
90 CLINIC	20,030,786							90	
91 EMERGENCY	71,494,696							91	
91.01 FAMILY PRACTICE CENTER	3,561,193							91.01	
91.02 SOCIAL SERVICE-PSYCH								91.02	
92 OBSERVATION BEDS	28,021,627							92	
OTHER REIMBURSABLE COST CENTERS									
200 TOTAL (SUM OF LINES 50-199)	901,028,329							200	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	----- PROGRAM CHARGES -----				----- PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.211791						50
51 RECOVERY ROOM	0.097803						51
52 DELIVERY ROOM & LABOR ROOM	0.496146						52
53 ANESTHESIOLOGY	0.036065						53
54 RADIOLOGY-DIAGNOSTIC	0.228832						54
55 RADIOLOGY-THERAPEUTIC	0.230344						55
56 RADIOISOTOPE	0.171433						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855						58
59 CARDIAC CATHETERIZATION	0.085915						59
60 LABORATORY	0.135044						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.161454						65
66 PHYSICAL THERAPY	0.255679						66
66.01 RNRC PHYSICAL THERAPY	0.444735						66.01
66.02 DAY RHABILITATION FACILITY	0.437025						66.02
67 OCCUPATIONAL THERAPY	0.279963						67
68 SPEECH PATHOLOGY	0.276165						68
69 ELECTROCARDIOLOGY	0.142830						69
70 ELECTROENCEPHALOGRAPHY	0.229911						70
70.01 ELECTROPHYSIOLOGY	0.035482						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.287446						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918						72
73 DRUGS CHARGED TO PATIENTS	0.161818						73
73.01 WELLNESS PROGRAM	2.834990						73.01
74 RENAL DIALYSIS	0.218322						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.263950						90
91 EMERGENCY	0.120341						91
91.01 FAMILY PRACTICE CENTER	0.571745						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	0.148211						92
OTHER REIMBURSABLE COST CENTERS							
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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T117)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER					
		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	1,878,990	72,416,452	0.025947			50	
51		RECOVERY ROOM	70,298	15,224,228	0.004618			51	
52		DELIVERY ROOM & LABOR ROOM	569,990	10,247,542	0.055622			52	
53		ANESTHESIOLOGY	202,583	21,317,438	0.009503			53	
54		RADIOLOGY-DIAGNOSTIC	1,334,579	47,684,202	0.027988			54	
55		RADIOLOGY-THERAPEUTIC	850,515	20,858,324	0.040776			55	
56		RADIOISOTOPE	321,403	26,053,366	0.012336			56	
57		COMPUTED TOMOGRAPHY (CT) SCAN	94,615	44,202,961	0.002140			57	
58		MAGNETIC RESONANCE IMAGING (M	569,178	21,158,158	0.026901			58	
59		CARDIAC CATHETERIZATION	619,511	39,989,191	0.015492			59	
60		LABORATORY	733,040	115,988,994	0.006320			60	
62		WHOLE BLOOD & PACKED RED BLOO	108,117	9,705,121	0.011140			62	
62.30		BLOOD CLOTTING FOR HEMOPHILIA						62.30	
65		RESPIRATORY THERAPY	189,139	16,921,362	0.011178			65	
66		PHYSICAL THERAPY	273,906	21,055,344	0.013009			66	
66.01		RNRC PHYSICAL THERAPY	83,033	6,093,029	0.013628			66.01	
66.02		DAY RHABILITATION FACILITY	131,119	3,427,379	0.038256			66.02	
67		OCCUPATIONAL THERAPY	170,924	10,702,350	0.015971			67	
68		SPEECH PATHOLOGY	72,697	5,653,618	0.012858			68	
69		ELECTROCARDIOLOGY	582,754	28,436,908	0.020493			69	
70		ELECTROENCEPHALOGRAPHY	277,678	5,501,802	0.050470			70	
70.01		ELECTROPHYSIOLOGY	70,694	7,086,562	0.009976			70.01	
71		MEDICAL SUPPLIES CHRGED TO PA	908,468	44,490,120	0.020420			71	
72		IMPL. DEV. CHARGED TO PATIENT	668,190	38,258,235	0.017465			72	
73		DRUGS CHARGED TO PATIENTS	800,159	135,673,996	0.005898			73	
73.01		WELLNESS PROGRAM	39,325	96,788	0.406300			73.01	
74		RENAL DIALYSIS	135,722	9,676,557	0.014026			74	
76.97		CARDIAC REHABILITATION						76.97	
76.98		HYPERBARIC OXYGEN THERAPY						76.98	
76.99		LITHOTRIPSY						76.99	
		OUTPATIENT SERVICE COST CENTERS							
90		CLINIC	555,876	20,030,786	0.027751			90	
91		EMERGENCY	651,394	71,494,696	0.009111			91	
91.01		FAMILY PRACTICE CENTER	301,547	3,561,193	0.084676			91.01	
91.02		SOCIAL SERVICE-PSYCH						91.02	
92		OBSERVATION BEDS	527,916	28,021,627	0.018840			92	
		OTHER REIMBURSABLE COST CENTERS							
200		TOTAL (SUM OF LINES 50-199)	13,793,360	901,028,329				200	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [] NF [XX] OTHER

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
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62 WHOLE BLOOD & PACKED RED BLOO						62
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
66.01 RNRC PHYSICAL THERAPY						66.01
66.02 DAY RHABILITATION FACILITY						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 ELECTROPHYSIOLOGY						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
73.01 WELLNESS PROGRAM						73.01
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						
90 CLINIC						90
91 EMERGENCY						91
91.01 FAMILY PRACTICE CENTER						91.01
91.02 SOCIAL SERVICE-PSYCH						91.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [] NF [XX] OTHER

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 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	72,416,452						50
51 RECOVERY ROOM	15,224,228						51
52 DELIVERY ROOM & LABOR ROOM	10,247,542						52
53 ANESTHESIOLOGY	21,317,438						53
54 RADIOLOGY-DIAGNOSTIC	47,684,202						54
55 RADIOLOGY-THERAPEUTIC	20,858,324						55
56 RADIOISOTOPE	26,053,366						56
57 COMPUTED TOMOGRAPHY (CT) SCA	44,202,961						57
58 MAGNETIC RESONANCE IMAGING (	21,158,158						58
59 CARDIAC CATHETERIZATION	39,989,191						59
60 LABORATORY	115,988,994						60
62 WHOLE BLOOD & PACKED RED BLO	9,705,121						62
62.30 BLOOD CLOTTING FOR HEMOPHILI							62.30
65 RESPIRATORY THERAPY	16,921,362						65
66 PHYSICAL THERAPY	21,055,344						66
66.01 RNRC PHYSICAL THERAPY	6,093,029						66.01
66.02 DAY RHABILITATION FACILITY	3,427,379						66.02
67 OCCUPATIONAL THERAPY	10,702,350						67
68 SPEECH PATHOLOGY	5,653,618						68
69 ELECTROCARDIOLOGY	28,436,908						69
70 ELECTROENCEPHALOGRAPHY	5,501,802						70
70.01 ELECTROPHYSIOLOGY	7,086,562						70.01
71 MEDICAL SUPPLIES CHRGED TO P	44,490,120						71
72 IMPL. DEV. CHARGED TO PATIEN	38,258,235						72
73 DRUGS CHARGED TO PATIENTS	135,673,996						73
73.01 WELLNESS PROGRAM	96,788						73.01
74 RENAL DIALYSIS	9,676,557						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	20,030,786						90
91 EMERGENCY	71,494,696						91
91.01 FAMILY PRACTICE CENTER	3,561,193						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	28,021,627						92
OTHER REIMBURSABLE COST CENTERS							
200 TOTAL (SUM OF LINES 50-199)	901,028,329						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 [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [XX] IRF (14-T117) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.211791						50
51 RECOVERY ROOM	0.097803						51
52 DELIVERY ROOM & LABOR ROOM	0.496146						52
53 ANESTHESIOLOGY	0.036065						53
54 RADIOLOGY-DIAGNOSTIC	0.228832						54
55 RADIOLOGY-THERAPEUTIC	0.230344						55
56 RADIOISOTOPE	0.171433						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855						58
59 CARDIAC CATHETERIZATION	0.085915						59
60 LABORATORY	0.135044						60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564						62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.161454						65
66 PHYSICAL THERAPY	0.255679						66
66.01 RNRC PHYSICAL THERAPY	0.444735						66.01
66.02 DAY RHABILITATION FACILITY	0.437025						66.02
67 OCCUPATIONAL THERAPY	0.279963						67
68 SPEECH PATHOLOGY	0.276165						68
69 ELECTROCARDIOLOGY	0.142830						69
70 ELECTROENCEPHALOGRAPHY	0.229911						70
70.01 ELECTROPHYSIOLOGY	0.035482						70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446						71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918						72
73 DRUGS CHARGED TO PATIENTS	0.161818						73
73.01 WELLNESS PROGRAM	2.834990						73.01
74 RENAL DIALYSIS	0.218322						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	0.263950						90
91 EMERGENCY	0.120341						91
91.01 FAMILY PRACTICE CENTER	0.571745						91.01
91.02 SOCIAL SERVICE-PSYCH							91.02
92 OBSERVATION BEDS	0.148211						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0117) [] 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)	49,639	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	49,639	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,450	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)	29,166	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)	39,729,721	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	39,729,721	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97,825,641	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97,825,641	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.406128	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)		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)	39,729,721	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0117) [] 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) 800.37 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 23,343,591 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) 23,343,591 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	11,488,395	7,994	1,437.13	5,012	7,202,896	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)					48,942,713	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					79,489,200	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 3,451,709 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 3,482,243 51
 52 TOTAL PROGRAM EXCLUDABLE COST 6,933,952 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 72,555,248 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) 5,189 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 800.37 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 4,153,120 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	5,050,170	39,729,721	0.127113	4,153,120	527,916	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
BOXES [] TITLE XIX-INPT [XX] IRF (14-T117) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	15,244	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,244	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,244	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)	12,333	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)	10,373,072	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	10,373,072	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	10,373,072	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-T117)			[]	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)	680.47	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	8,392,237	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)	8,392,237	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	6,264,977	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	14,657,214	49

PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	829,641	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	334,930	51
52 TOTAL PROGRAM EXCLUDABLE COST	1,164,571	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	13,492,643	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 [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5324) [] 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)	89,317	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	89,317	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	89,317	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)	16,620	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)	17,565,143	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	17,565,143	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	17,565,143	37

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2012.11
11/29/2012 10:41

WORKSHEET D-1
PARTS III & IV

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5324) [] TEFRA
BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

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

70	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COSTS (LINE 37)	17,565,143	70
71	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (LINE 70 ÷ LINE 2)	196.66	71
72	PROGRAM ROUTINE SERVICE COST (LINE 9 × LINE 71)	3,268,489	72
73	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM (LINE 14 × LINE 35)		73
74	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS (LINE 72 + LINE 73)	3,268,489	74
75	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS (FROM WKST B, PART II, COL. 26, LINE 45)		75
76	PER DIEM CAPITAL-RELATED COSTS (LINE 75 ÷ LINE 2)		76
77	PROGRAM CAPITAL-RELATED COSTS (LINE 9 × LINE 76)		77
78	INPATIENT ROUTINE SERVICE COST (LINE 74 MINUS LINE 77)		78
79	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS (FROM PROVIDER RECORDS)		79
80	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION (LINE 78 MINUS LINE 79)		80
81	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		81
82	INPATIENT ROUTINE SERVICE COST LIMITATION (LINE 9 × LINE 81)		82
83	REASONABLE INPATIENT ROUTINE SERVICE COSTS (SEE INSTRUCTIONS)	3,268,489	83
84	PROGRAM INPATIENT ANCILLARY SERVICES (SEE INSTRUCTIONS)	1,924,198	84
85	UTILIZATION REVIEW--PHYSICIAN COMPENSATION (SEE INSTRUCTIONS)		85
86	TOTAL PROGRAM INPATIENT OPERATING COSTS (SUM OF LINES 83 THROUGH 85)	5,192,687	86

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] ICF/MR [] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	49,639	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	49,639	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,450	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,843	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,810	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)	39,729,721	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	39,729,721	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97,825,641	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97,825,641	29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.406128	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)		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)	39,729,721	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] 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) 800.37 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 5,476,932 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) 5,476,932 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)	1,801,437	2,810	641.08		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	11,488,395	7,994	1,437.13		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)					5,476,932 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 696,207 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 696,207 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) 5,189 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
	1	2	3	4
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST				
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 [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T117) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	15,244	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,244	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,244	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)	443	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)	10,373,072	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	10,373,072	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		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)		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)	10,373,072	37

WORKSHEET D-1
PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T117)			[XX]	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)	680.47	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	301,448	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)	301,448	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	301,448	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	29,801	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	29,801	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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		67,923,409			30
31 INTENSIVE CARE UNIT		17,019,802			31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.211791	22,597,501	4,785,947		50
51 RECOVERY ROOM	0.097803	4,554,979	445,491		51
52 DELIVERY ROOM & LABOR ROOM	0.496146	10,922	5,419		52
53 ANESTHESIOLOGY	0.036065	6,247,497	225,316		53
54 RADIOLOGY-DIAGNOSTIC	0.228832	10,886,119	2,491,092		54
55 RADIOLOGY-THERAPEUTIC	0.230344	785,832	181,012		55
56 RADIOISOTOPE	0.171433	5,338,799	915,246		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862	11,346,208	452,283		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855	3,499,766	387,967		58
59 CARDIAC CATHETERIZATION	0.085915	12,301,797	1,056,909		59
60 LABORATORY	0.136105	43,169,858	5,875,634		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564	4,599,759	1,782,701		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.161454	9,877,781	1,594,807		65
66 PHYSICAL THERAPY	0.255679	3,026,229	773,743		66
66.01 RNRC PHYSICAL THERAPY	0.444735				66.01
66.02 DAY RHABILITATION FACILITY	0.437025				66.02
67 OCCUPATIONAL THERAPY	0.279963	934,466	261,616		67
68 SPEECH PATHOLOGY	0.276165	927,333	256,097		68
69 ELECTROCARDIOLOGY	0.142830	10,896,413	1,556,335		69
70 ELECTROENCEPHALOGRAPHY	0.229911	1,513,184	347,898		70
70.01 ELECTROPHYSIOLOGY	0.035482	2,339,537	83,011		70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446	19,613,466	5,637,812		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918	16,695,445	7,845,490		72
73 DRUGS CHARGED TO PATIENTS	0.161818	55,009,276	8,901,491		73
73.01 WELLNESS PROGRAM	2.834990	295	836		73.01
74 RENAL DIALYSIS	0.218322	1,437,520	313,842		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.263950	3,053,514	805,975		90
91 EMERGENCY	0.120341	14,703,204	1,769,398		91
91.01 FAMILY PRACTICE CENTER	0.575197				91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	0.148211	1,277,540	189,345		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		266,644,240	48,942,713		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		266,644,240			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-T117) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF		20,937,097			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.211791	28,270	5,987		50
51 RECOVERY ROOM	0.097803	14,550	1,423		51
52 DELIVERY ROOM & LABOR ROOM	0.496146				52
53 ANESTHESIOLOGY	0.036065	18,817	679		53
54 RADIOLOGY-DIAGNOSTIC	0.228832	315,343	72,161		54
55 RADIOLOGY-THERAPEUTIC	0.230344	139,664	32,171		55
56 RADIOISOTOPE	0.171433	195,692	33,548		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862	255,813	10,197		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855	93,906	10,410		58
59 CARDIAC CATHETERIZATION	0.085915	34,272	2,944		59
60 LABORATORY	0.136105	3,514,119	478,289		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564	102,028	39,542		62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.161454	1,106,692	178,680		65
66 PHYSICAL THERAPY	0.255679	7,156,398	1,829,741		66
66.01 RNRC PHYSICAL THERAPY	0.444735				66.01
66.02 DAY RHABILITATION FACILITY	0.437025				66.02
67 OCCUPATIONAL THERAPY	0.279963	6,117,368	1,712,637		67
68 SPEECH PATHOLOGY	0.276165	1,559,233	430,606		68
69 ELECTROCARDIOLOGY	0.142830	106,830	15,259		69
70 ELECTROENCEPHALOGRAPHY	0.229911	15,044	3,459		70
70.01 ELECTROPHYSIOLOGY	0.035482				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446	1,006,471	289,306		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918	103,119	48,457		72
73 DRUGS CHARGED TO PATIENTS	0.161818	6,128,932	991,772		73
73.01 WELLNESS PROGRAM	2.834990				73.01
74 RENAL DIALYSIS	0.218322	304,669	66,516		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.263950	35,738	9,433		90
91 EMERGENCY	0.120341	14,621	1,760		91
91.01 FAMILY PRACTICE CENTER	0.575197				91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	0.148211				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		28,367,589	6,264,977		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		28,367,589			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [XX] SNF (14-5324) [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.211791				50
51 RECOVERY ROOM	0.097803				51
52 DELIVERY ROOM & LABOR ROOM	0.496146				52
53 ANESTHESIOLOGY	0.036065				53
54 RADIOLOGY-DIAGNOSTIC	0.228832	5,235	1,198		54
55 RADIOLOGY-THERAPEUTIC	0.230344				55
56 RADIOISOTOPE	0.171433				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862				57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855				58
59 CARDIAC CATHETERIZATION	0.085915				59
60 LABORATORY	0.135044	24,518	3,311		60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564				62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.161454				65
66 PHYSICAL THERAPY	0.255679				66
66.01 RNRC PHYSICAL THERAPY	0.444735	2,451,487	1,090,262		66.01
66.02 DAY RHABILITATION FACILITY	0.437025				66.02
67 OCCUPATIONAL THERAPY	0.279963	1,974,456	552,775		67
68 SPEECH PATHOLOGY	0.276165	360,372	99,522		68
69 ELECTROCARDIOLOGY	0.142830				69
70 ELECTROENCEPHALOGRAPHY	0.229911				70
70.01 ELECTROPHYSIOLOGY	0.035482				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446	65,999	18,971		71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918				72
73 DRUGS CHARGED TO PATIENTS	0.161818	977,388	158,159		73
73.01 WELLNESS PROGRAM	2.834990				73.01
74 RENAL DIALYSIS	0.218322				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	0.263950				90
91 EMERGENCY	0.120341				91
91.01 FAMILY PRACTICE CENTER	0.571745				91.01
91.02 SOCIAL SERVICE-PSYCH					91.02
92 OBSERVATION BEDS	0.148211				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,859,455	1,924,198		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,859,455			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] 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
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.211791			50
51 RECOVERY ROOM	0.097803			51
52 DELIVERY ROOM & LABOR ROOM	0.496146			52
53 ANESTHESIOLOGY	0.036065			53
54 RADIOLOGY-DIAGNOSTIC	0.228832			54
55 RADIOLOGY-THERAPEUTIC	0.230344			55
56 RADIOISOTOPE	0.171433			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855			58
59 CARDIAC CATHETERIZATION	0.085915			59
60 LABORATORY	0.135044			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.161454			65
66 PHYSICAL THERAPY	0.255679			66
66.01 RNRC PHYSICAL THERAPY	0.444735			66.01
66.02 DAY RHABILITATION FACILITY	0.437025			66.02
67 OCCUPATIONAL THERAPY	0.279963			67
68 SPEECH PATHOLOGY	0.276165			68
69 ELECTROCARDIOLOGY	0.142830			69
70 ELECTROENCEPHALOGRAPHY	0.229911			70
70.01 ELECTROPHYSIOLOGY	0.035482			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446			71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918			72
73 DRUGS CHARGED TO PATIENTS	0.161818			73
73.01 WELLNESS PROGRAM	2.834990			73.01
74 RENAL DIALYSIS	0.218322			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.263950			90
91 EMERGENCY	0.120341			91
91.01 FAMILY PRACTICE CENTER	0.571745			91.01
91.02 SOCIAL SERVICE-PSYCH				91.02
92 OBSERVATION BEDS	0.148211			92
OTHER REIMBURSABLE COST CENTERS				
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 [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T117) [] 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	0.211791			50
51 RECOVERY ROOM	0.097803			51
52 DELIVERY ROOM & LABOR ROOM	0.496146			52
53 ANESTHESIOLOGY	0.036065			53
54 RADIOLOGY-DIAGNOSTIC	0.228832			54
55 RADIOLOGY-THERAPEUTIC	0.230344			55
56 RADIOISOTOPE	0.171433			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.039862			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.110855			58
59 CARDIAC CATHETERIZATION	0.085915			59
60 LABORATORY	0.135044			60
62 WHOLE BLOOD & PACKED RED BLOOD	0.387564			62
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.161454			65
66 PHYSICAL THERAPY	0.255679			66
66.01 RNRC PHYSICAL THERAPY	0.444735			66.01
66.02 DAY RHABILITATION FACILITY	0.437025			66.02
67 OCCUPATIONAL THERAPY	0.279963			67
68 SPEECH PATHOLOGY	0.276165			68
69 ELECTROCARDIOLOGY	0.142830			69
70 ELECTROENCEPHALOGRAPHY	0.229911			70
70.01 ELECTROPHYSIOLOGY	0.035482			70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.287446			71
72 IMPL. DEV. CHARGED TO PATIENT	0.469918			72
73 DRUGS CHARGED TO PATIENTS	0.161818			73
73.01 WELLNESS PROGRAM	2.834990			73.01
74 RENAL DIALYSIS	0.218322			74
76.97 CARDIAC REHABILITATION				76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90 CLINIC	0.263950			90
91 EMERGENCY	0.120341			91
91.01 FAMILY PRACTICE CENTER	0.571745			91.01
91.02 SOCIAL SERVICE-PSYCH				91.02
92 OBSERVATION BEDS	0.148211			92
OTHER REIMBURSABLE COST CENTERS				
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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0117)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	62,121,559	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	1,646,019	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	4,821,078	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	274.82	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)	46.92	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)	18.00	6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.	6.21	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)	71.13	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	68.19	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	68.19	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	67.94	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	68.91	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	68.35	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	68.35	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.248708	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.209570	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.209570	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	7,239,177	22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-2.94	24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)	7,239,177	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)		31
32	SUM OF LINES 30 AND 31		32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)		33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		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)	71,006,755	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)	71,006,755	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,000,690	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0117)
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)	3,614,399	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)	80,621,844	59
60	PRIMARY PAYER PAYMENTS	19,745	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	80,602,099	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,222,332	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	308,397	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	531,940	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	372,358	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	427,616	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	75,443,728	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	75,443,728	71
72	INTERIM PAYMENTS	75,472,657	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	-28,929	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF
 SUB (OTHER) SNF (14-5324)

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-T117) [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		16,441,875		3,292	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 .02 04/13/2012 .03 PROGRAM .04 TO .05 PROVIDER .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99	14,421		NONE	3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		14,421		NONE	
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		16,456,296		3,292	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.	.01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 PROVIDER .50 TO .51 PROGRAM .52 .53 .54 .55 .56 .57 .58 .59 .99	NONE		NONE	5.01 5.02 5.03 5.04 5.05 5.06 5.07 5.08 5.09 5.50 5.51 5.52 5.53 5.54 5.55 5.56 5.57 5.58 5.59 5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)		NONE		NONE	
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	.01 PROGRAM TO PROVIDER PROVIDER TO .02 PROGRAM	21,151		987	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		16,477,447		4,279	7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:		8

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0117) [] 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	11,882	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	34,178	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	2,799	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	52,444	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	1,080,760,658	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	3,549,269	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-T117)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	16,231,287	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.005800	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	258,613	3
4	OUTLIER PAYMENTS	84,132	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)	41.650273	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)	16,574,032	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)	16,574,032	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	16,574,032	19
20	DEDUCTIBLES	56,044	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	16,517,988	21
22	COINSURANCE	50,674	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	16,467,314	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	14,475	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,133	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	14,475	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	16,477,447	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)	16,477,447	32
33	INTERIM PAYMENTS	16,456,296	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	21,151	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART VI

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

PROSPECTIVE PAYMENT AMOUNT		
1	RESOURCE UTILIZATION GROUP (RUGS) PAYMENT	7,792,563 1
2	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2
3	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3
4	SUBTOTAL (SUM OF LINES 1-3)	7,792,563 4
COMPUTATION OF NET COST OF COVERED SERVICES		
5	MEDICAL AND OTHER SERVICES	5
6	DEDUCTIBLES	6
7	COINSURANCE	1,515,197 7
8	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	145,236 8
9	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	145,236 9
10	ALLOWABLE REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	145,236 10
11	UTILIZATION REVIEW	11
12	SUBTOTAL (SUM OF LINES 4, 5 MINUS 6 & 7 PLUS 10 AND 11) (SEE INSTRUCTIONS)	6,422,602 12
13	INPATIENT PRIMARY PAYER PAYMENTS	13
14	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	14
15	SUBTOTAL (LINE 12 MINUS 13 ± LINE 14)	6,422,602 15
16	INTERIM PAYMENTS	6,277,367 16
17	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)	17
18	BALANCE DUE PROVIDER/PROGRAM (LINE 15 MINUS THE SUM OF LINES 16 AND 17)	145,235 18
19	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2	19

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0117) [] SNF [] PPS
 APPLICABLE [XX] 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	5,476,932		1
2			2
3			3
4	5,476,932		4
5			5
6			6
7	5,476,932		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	5,476,932		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T117) [] 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	301,448		1
2			2
3			3
4	301,448		4
5			5
6			6
7	301,448		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	301,448		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

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			50.48 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			18.00 2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3 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 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))			3.50 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 4.01
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 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)			71.98 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			69.85 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			69.85 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	20.50	47.69	68.19 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	20.50	47.69	68.19 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	20.50	47.69	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	19.67	47.82	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	19.52	50.81	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	19.90	48.77	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	19.90	48.77	17
18	PER RESIDENT AMOUNT	88,349.94	88,349.94	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,758,164	4,308,827	6,066,991 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)			6,066,991 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	46,511	3,029	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	67,688	67,688	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.687138	0.044749	28
29	PROGRAM DIRECT GME AMOUNT	4,168,860	271,492	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		38,362	30
31	NET PROGRAM DIRECT GME AMOUNT			4,401,990 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)			9,676,557 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)			105,207,466 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)			19,745 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			105,187,721 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			22,922,070 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			1,337 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			22,920,733 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			128,108,454 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.821083 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.178917 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,401,990 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,614,399 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			787,591 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
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
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	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	7,286		26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	67,688		27
29	PROGRAM DIRECT GME AMOUNT	0.107641		28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
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

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	-2,588,770			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	35,312,748			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	6,728,594			7
8	PREPAID EXPENSES	543,961			8
9	OTHER CURRENT ASSETS	834,866			9
10	DUE FROM OTHER FUNDS	416,657,690			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	457,489,089			11
FIXED ASSETS					
12	LAND				12
13	LAND IMPROVEMENTS				13
14	ACCUMULATED DEPRECIATION				14
15	BUILDINGS				15
16	ACCUMULATED DEPRECIATION				16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	113,769,906			19
20	ACCUMULATED DEPRECIATION	-90,923,176			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT				23
24	ACCUMULATED DEPRECIATION				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)	22,846,730			30
OTHER ASSETS					
31	INVESTMENTS	102,766,712			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	3,132,527			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	105,899,239			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	586,235,058			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	26,111,243			37
38	SALARIES, WAGES & FEES PAYABLE	57,932,022			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	22,186,928			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	106,230,193			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	242,810,779			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	242,810,779			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	349,040,972			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	237,194,086			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)	237,194,086			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	586,235,058			60

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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		271,306,104							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		13,842,188							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		285,148,292							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN MIN PENSION LIABIL									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		285,148,292							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)		4							12
13 TRANSFERS		47,954,202							13
14 OTHER									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		47,954,206							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		237,194,086							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	164,429,450		164,429,450	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				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)	164,429,450		164,429,450	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	164,429,450		164,429,450	18
19 ANCILLARY SERVICES	474,321,013	425,675,355	899,996,368	19
20 OUTPATIENT SERVICES				20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	638,750,463	425,675,355	1,064,425,818	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		266,678,085	29
30 ADD (SPECIFY)			30
31 BAD DEBTS - RMC	14,460,863		31
32 0			32
33 MEDICAID ASSESSMENT RMC	6,818,916		33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		21,279,779	36
37 DEDUCT (SPECIFY)			37
38 RNRC EXPENSES	-22,684,085		38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-22,684,085	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		265,273,779	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,064,425,818	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	798,975,805	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	265,450,013	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	265,273,779	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	176,234	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	8,433,298	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,152,040	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	12,759	15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISC DIETARY INCOME)		24
24.01	OTHER (CONTRACTED SERVICE REVENUE)		24.01
24.02	OTHER (FITNESS CENTER)	51,702	24.02
24.03	OTHER (RENTAL OF SPACE)	621,036	24.03
24.04	OTHER (PHASE 3 CARDIAC REHAB)	90,489	24.04
24.05	OTHER (NET ASSETS RELEASED)		24.05
24.06	OTHER (CHILD CARE CENTER)	875,148	24.06
24.07	OTHER (MISC)	2,429,482	24.07
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	13,665,954	25
26	TOTAL (LINE 5 PLUS LINE 25)	13,842,188	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	13,842,188	29

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 14-2335

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	857,152	HOURS OF SERVICE	20,126.00	9.68	1
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE			2
3 NURSES AIDES		HOURS OF SERVICE			3
4 TECHNICIANS	123,003	HOURS OF SERVICE	6,534.00	3.14	4
5 SOCIAL WORKERS	31,706	HOURS OF SERVICE	1,248.00	0.60	5
6 DIETICIANS	33,463	HOURS OF SERVICE	1,252.00	0.60	6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	47,988	ACCUMULATED COST			8
9 SUBTOTAL (SUM OF LINES 1-8)	1,093,312				9
10 EMPLOYEE BENEFITS		SALARY			10
11 CAPITAL RELATED COSTS-BLDGS. & FIXTURES		SQUARE FEET			11
12 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES		REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	363,386	ACCUMULATED COST			16
17 SUBTOTAL (SUM OF LINES 9-16)	1,456,698				17
18 CAPITAL RELATED COSTS-BLDGS. & FIXTURES	35,684	SQUARE FEET			18
19 CAPITAL RELATED COSTS-MOVABLE EQUIPMENT	24,471	PERCENTAGE OF TIME			19
20 EMPLOYEE BENEFITS	5,855	SALARY			20
21 ADMINISTRATIVE AND GENERAL	435,271	ACCUMULATED COST			21
22 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	114,678	SQUARE FEET			22
23 MEDICAL EDUCATION PROGRAM COSTS					23
24 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			24
25 PHARMACY		REQUISITIONS			25
26 OTHER ALLOCATED COSTS	39,952	ACCUMULATED COST			26
27 SUBTOTAL (SUM OF LINES 17-26)	2,112,609				27
28 LABORATORY		CHARGES			28
29 RESPIRATORY THERAPY		CHARGES			29
30 OTHER ANCILLARY (SPECIFY)		CHARGES			30
30.97 CARDIAC REHABILITATION		CHARGES			30.97
30.98 HYPERBARIC OXYGEN THERAPY		CHARGES			30.98
30.99 LITHOTRIPSY		CHARGES			30.99
31 TOTAL COSTS (SUM OF LINES 27-30)	2,112,609				31

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2

CHECK APPLICABLE BOX:

RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE RNs	SALARY OTHER	EMPLOYEE BENEFITS	DRUGS	
	BUILDING 1	EQUIPMENT 2					
1 TOTAL RENAL DEPT COSTS MAINTENANCE	150,362	24,471	857,152	188,172	5,855		1
2 HEMODIALYSIS	125,548	20,433	715,697	157,125	4,889		2
3 INTERMITTENT PERITONEAL TRAINING							3
4 HEMODIALYSIS							4
5 INTERMITTENT PERITONEAL							5
6 CAPD							6
7 CCPD							7
8 HOME HEMODIALYSIS							8
9 INTERMITTENT PERITONEAL							9
10 CAPD							10
11 CCPD							11
12 OTHER BILLABLE SERVICES INPATIENT DIALYSIS	24,814	4,038	141,455	31,047	966		12
13 METHOD II HOME PATIENT							13
14 EPO (INCL IN RENAL DEPT)							14
15 ARANESP (INCL IN RENAL DEPT)							15
16 OTHER							16
17 TOTAL (SUM OF LINES 2-16)	150,362	24,471	857,152	188,172	5,855		17
18 MEDICAL EDUC PGM COSTS							18
19 TOTAL RENAL COSTS (LINES 17+18)							19

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ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 14-2335

WORKSHEET I-2
 (CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	MEDICAL SUPPLIES 7	ROUTINE ANCILLARY SERVICES 8	SUBTOTAL (SUM OF COLS.1-8) 9	OVERHEAD 10	TOTAL (COL. 9 + COL.10) 11	
1 TOTAL RENAL DEPT COSTS MAINTENANCE			1,226,012	886,597	2,112,609	1
2 HEMODIALYSIS			1,023,692	740,288	1,763,980	2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
HOME						
8 HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
OTHER BILLABLE SERVICES						
12 INPATIENT DIALYSIS			202,320	146,309	348,629	12
13 METHOD II HOME PATIENT						13
14 EPO (INCL IN RENAL DEPT)						14
15 ARANESP (INCL IN RENAL DEPT)						15
16 OTHER						16
17 TOTAL (SUM OF LINES 2-16)			1,226,012	886,597	2,112,609	17
18 MEDICAL EDUC PGM COSTS						18
19 TOTAL RENAL COSTS (LINES 17+18)					2,112,609	19

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE	SALARY	EMPLOYEE	
		BUILDING	EQUIPMENT	RNs	OTHER	BENEFITS	
		(SQUARE	(% OF	(HOURS)	(HOURS)	(SALARY)	
		FEET)	TIME)				
		1	2	3	4	5	
1	TOTAL RENAL DEPT COSTS	150,362	24,471	857,152	188,172	5,855	1
	MAINTENANCE						
2	HEMODIALYSIS	3,137	17,835.00	15,725.00	10,324.00	913,207	2
3	INTERMITTENT PERITONEAL						3
	TRAINING						
4	HEMODIALYSIS						4
5	INTERMITTENT PERITONEAL						5
6	CAPD						6
7	CCPD						7
	HOME						
8	HEMODIALYSIS						8
9	INTERMITTENT PERITONEAL						9
10	CAPD						10
11	CCPD						11
	OTHER BILLABLE SERVICES						
12	INPT DIAL TRTMNTS 1,736	620	3,525.00	3,108.00	2,040.00	180,479	
13	METHOD II HOME PATIENT						13
14	EPO						14
15	ARANESP						15
16	OTHER						16
17	TOTAL STATISTICAL BASIS	3,757	21,360.00	18,833.00	12,364.00	1,093,686	17
18	UNIT COST MULTIPLIER	40.021826	1.145646	45.513301	15.219346	0.005353	18
	(LINE 1 ÷ LINE 17)						

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DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 14-2335

WORKSHEET I-3
 (CONTINUED)

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	DRUGS (REQUIST.) 6	MEDICAL SUPPLIES (REQUIST.) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUBTOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS MAINTENANCE				1,226,012	886,597	1
2 HEMODIALYSIS	432,492	276,378				2
3 INTERMITTENT PERITONEAL TRAINING						3
4 HEMODIALYSIS						4
5 INTERMITTENT PERITONEAL						5
6 CAPD						6
7 CCPD						7
8 HOME HEMODIALYSIS						8
9 INTERMITTENT PERITONEAL						9
10 CAPD						10
11 CCPD						11
12 OTHER BILLABLE SERVICES INPT DIAL TRTMNTS 1,736	85,474	54,621				13
13 METHOD II HOME PATIENT						13
14 EPO						14
15 ARANESP						15
16 OTHER						16
17 TOTAL STATISTICAL BASIS	517,966	330,999			1,226,012	17
18 UNIT COST MULTIPLIER (LINE 1 ÷ LINE 17)					0.723155	18

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 14-2335

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST (FROM WKST 1-2, COL. 11) 2	AVG COST OF PROGRAM TREATMENTS (COL. 2 ÷ COL. 1) 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES (COL. 4 x COL. 3) 5	TOTAL PROGRAM PAYMENT 6	AVERAGE PAYMENT RATE (COL. 6 ÷ COL. 4) 7	
1 MAINTENANCE - HEMODIALYSIS	8,636	1,763,980	204.26	7,584	1,549,108	1,860,999	245.38	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS (SUM OF LINES 1-8, COLS. 1 & 4) (SUM OF LINES 1-10, COLS. 2, 5 & 7)	8,636	1,763,980		7,584	1,549,108	1,860,999		11

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
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CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 14-2335

WORKSHEET I-5

DESCRIPTION

1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,549,108	1
2	TOTAL PAYMENT (FROM I-4, COLUMN 6, LINE 11)	1,860,999	2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	2,629	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	371,675	4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	3,304	5
6			6
7	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	3,304	7
8	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 AND 4 LESS LINE 5)	371,000	8
9	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80 PERCENT)	1,486,696	9
10	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LINE 1 MINUS THE SUM OF LINES 8 AND 9) (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 11)		10
11	REIMBURSABLE BAD DEBTS (LESSER OF LINE 10 OR LINE 5) (TRANSFER TO WKST E, PART B, LINE 33)		11

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	5,030,423	1
2	CAPITAL DRG OUTLIER PAYMENTS	96,986	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	143.29	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	68.35	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1441	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	724,884	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0198	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.1238	8
9	SUM OF LINES 7 AND 8	0.1436	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0295	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	148,397	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,000,690	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.10 NON PATIENT PHONES					5.10
5.20 DATA PROCESSING					5.20
5.30 PURCHASING AND STORES					5.30
5.50 CASHIERS AR AND COLLECTIONS					5.50
5.60 ADMINISTRATION & GENERAL					5.60
5.90 RNP ADMINISTRATION					5.90
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 ELECTRICITY					7.01
7.02 RNP OPERATION OF PLANT					7.02
8 LAUNDRY & LINEN SERVICE					8
8.01 RNP LAUNDRY					8.01
9 HOUSEKEEPING					9
9.01 RNP HOSUEKEEPING					9.01
10 DIETARY					10
10.01 RNP DIETARY					10.01
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
17.01 RNP SOCIAL SERVICE					17.01
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
51 RECOVERY ROOM					51
52 DELIVERY ROOM & LABOR ROOM					52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62 WHOLE BLOOD & PACKED RED BLOOD					62
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
66.01 RNRC PHYSICAL THERAPY					66.01
66.02 DAY RHABILITATION FACILITY					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
70 ELECTROENCEPHALOGRAPHY					70
70.01 ELECTROPHYSIOLOGY					70.01
71 MEDICAL SUPPLIES CHRGED TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
73.01 WELLNESS PROGRAM					73.01
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					
90 CLINIC					90
91 EMERGENCY					91
91.01 FAMILY PRACTICE CENTER					91.01
91.02 SOCIAL SERVICE-PSYCH					91.02

PROVIDER CCN: 14-0117 RESURRECTION MEDICAL CENTER
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4) 2A	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
92	OBSERVATION BEDS					92
	OTHER REIMBURSABLE COST CENTERS					
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (SUM OF LINES 1-117)					118
	NONREIMBURSABLE COST CENTERS					
190	GIFT, FLOWER, COFFEE SHOP & CA					190
192	PHYSICIANS' PRIVATE OFFICES					192
193	NONPAID WORKERS					193
194	OTHER					194
194.05	NON EMPLOYEE CHILD CARE					194.05
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