

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- PROVIDER USE ONLY
1. ELECTRONICALLY FILED COST REPORT
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.
- DATE: _____ TIME: _____
- CONTRACTOR USE ONLY
5. COST REPORT STATUS
 6. DATE RECEIVED: _____
 10. NPR DATE: _____
 11. CONTRACTOR'S VENDOR CODE: _____
 7. CONTRACTOR NO: _____
 12. IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
 8. INITIAL REPORT FOR THIS PROVIDER CCN
 9. FINAL REPORT FOR THIS PROVIDER CCN
- 1 - AS SUBMITTED
 - 2 - SETTLED WITHOUT AUDIT
 - 3 - SETTLED WITH AUDIT
 - 4 - REOPENED
 - 5 - AMENDED

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY HOLY CROSS HOSPITAL (14-0133) (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		1,492,139	-26,150			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		39,872				3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		1,532,011	-26,150			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: 2701 WEST 68TH STREET
 2 CITY: CHICAGO

STATE: IL

P.O.BOX:

ZIP CODE: 60629

COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	HOLY CROSS HOSPITAL	14-0133	16974	1	07/01/1966	N	P	P	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	REHAB UNIT	14-T133	16974	5	07/01/2000	N	P	P	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2011 TO: 06/30/2012									20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE		OUT-OF-STATE		OTHER			
		IN-STATE	IN-STATE	OUT-OF-STATE	OUT-OF-STATE	MEDICAID	MEDICAID		
		MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID PAID	MEDICAID ELIGIBLE UNPAID	MEDICAID HMO	MEDICAID OTHER		
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS		
		1	2	3	4	5	6		
24	IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.	11,484	1,850						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 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.	995	92						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	XVIII	XIX
		1	2	3
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	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 1	PROGRAM CODE 2	UNWEIGHTED FTES NONPROVIDER SITE 3	UNWEIGHTED FTES IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
INPATIENT REHABILITATION FACILITY PPS				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			Y 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			N 76
LONG TERM CARE HOSPITAL PPS				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
TEFRA PROVIDERS				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
TITLE V AND XIX INPATIENT SERVICES				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			V 1 1 2 N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 N 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N N N	RESPI- RATORY 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 N	2	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:	CONTRACTOR'S NAME:	CONTRACTOR'S NUMBER:	141
142	STREET:	P.O. BOX:		142
143	CITY:	STATE:	ZIP CODE:	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13)

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

MULTICAMPUS

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

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

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

(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE	
PROVIDER ORGANIZATION AND OPERATION				
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	N	2	1
		Y/N	DATE	V/I
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	N	2	3 2
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3
FINANCIAL DATA AND REPORTS				
		Y/N	TYPE	DATE
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	Y	A	3 4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	N		5
APPROVED EDUCATIONAL ACTIVITIES				
		Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	N	2	6
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14
BED COMPLEMENT				
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.		N	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	16
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	Y	11/02/2012	Y	11/02/2012 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 RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS.	22
23	HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	23
24	WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	24
25	HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	25
26	WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	26
27	HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	27

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

36	WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT?	Y/N	DATE	
37	IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS.	1	2	36
38	IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE.	N		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: JANE	LAST NAME: BACHMANN	TITLE: CONSULTANT	41
42	EMPLOYER: BACHMANN ASSOCIATES			42
43	PHONE NUMBER: 7083831860	E-MAIL ADDRESS: JBOPIL@ATT.NET		43

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	45,198,348		45,198,348	1,593,592.00	28.36	1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10		2,333,454	6,517	2,339,971	77,957.00	30.02	10
11		4,524,878		4,524,878	60,630.00	74.63	11
12							12
13		111,828		111,828	2,028.00	55.14	13
14							14
15							15
16							16
17		7,012,932		7,012,932			17
18							18
19		371,760		371,760			19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
26		644,877	-154,722	490,155	15,974.00	30.68	26
27		5,868,332	154,722	6,023,054	201,427.00	29.90	27
28		293,995		293,995	971.12	302.74	28
29							29
30		1,943,804		1,943,804	87,485.00	22.22	30
31							31
32		914,841		914,841	70,658.00	12.95	32
33							33
34		744,138	-345,072	399,066	30,162.00	13.23	34
35							35
36			338,555	338,555	25,588.00	13.23	36
37							37
38		644,075		644,075	15,018.00	42.89	38
39		191,098		191,098	12,251.00	15.60	39
40							40
41		1,455,877		1,455,877	58,635.00	24.83	41
42							42
43							43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	45,492,343		45,492,343	1,594,563.1	28.53	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	2,333,454	6,517	2,339,971	77,957.00	30.02	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	43,158,889	-6,517	43,152,372	1,516,606.1	28.45	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	4,636,706		4,636,706	62,658.00	74.00	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	7,012,932		7,012,932		16.25%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	54,808,527	-6,517	54,802,010	1,579,264.1	34.70	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	12,701,037	-6,517	12,694,520	518,169.12	24.50	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)	-453,865	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	57,693	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	3,878,663	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	93,024	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	99,697	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	178,913	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	207,149	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	3,211,717	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	86,413	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	27,597	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	7,387,001	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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: 2011.10
11/29/2012 14:54

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	4,524,878	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 OLTIC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

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)				0.241524	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				16,992,784	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?				N	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID				15,659,938	5
6	MEDICAID CHARGES				106,122,634	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				25,631,163	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.					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				510,792	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)					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		49,577,497		49,577,497	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)		11,974,155		11,974,155	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE				0	22
23	COST OF CHARITY CARE		11,974,155		11,974,155	23
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)					N 24
25	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)				9,660,422	26
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				1,437,020	27
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				8,223,402	28
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				1,986,149	29
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				13,960,304	30
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				13,960,304	31

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL (COL. 1 + COL. 2)	RECLASSIFI- CATIONS	
		1	2	3	4	
GENERAL SERVICE COST CENTERS						
1	00100		2,077,817	2,077,817	128,174	1
2	00200		3,116,770	3,116,770	27,974	2
3	00300					3
4	00400	644,877	4,446,706	5,091,583	-402,278	4
5.01	00540	232,971	208,618	441,589		5.01
5.02	00550	459,756	809,858	1,269,614		5.02
5.03	00560	294,560	23,615	318,175		5.03
5.04	00580	1,410,799	768,359	2,179,158		5.04
5.05	00590	3,470,246	14,387,823	17,858,069	162,276	5.05
6	00600					6
7	00700	1,943,804	3,526,632	5,470,436		7
8	00800		922,269	922,269		8
9	00900	914,841	603,273	1,518,114		9
10	01000	744,138	1,088,230	1,832,368	-849,707	10
11	01100				833,660	11
12	01200					12
13	01300	644,075	196,382	840,457	-88,740	13
14	01400	191,098	105,588	296,686		14
15	01500					15
16	01600	1,455,877	1,116,066	2,571,943		16
17	01700					17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	9,048,000	2,176,224	11,224,224	68,283	30
31	03100	3,271,966	1,330,465	4,602,431	76,875	31
41	04100	1,315,026	2,679,863	3,994,889	-1,378,068	41
43	04300					43
ANCILLARY SERVICE COST CENTERS						
50	05000	1,833,764	3,002,261	4,836,025	-1,567,314	50
51	05100	385,978	35,699	421,677	-3,910	51
52	05200	2,136,438	1,061,877	3,198,315	-76,535	52
53	05300		1,527,093	1,527,093		53
54	05400	1,612,960	384,216	1,997,176	-12,896	54
54.02	03630	584,641	48,749	633,390	-3,029	54.02
56	05600	264,985	274,805	539,790		56
57	05700	494,589	558,222	1,052,811	-52,588	57
59	05900	251,484	568,171	819,655	-386,185	59
60	06000	1,861,423	2,793,321	4,654,744	-13,053	60
62.30	06250					62.30
65	06500	1,163,860	405,056	1,568,916	-174,706	65
66	06600	129,101	358,346	487,447	615,264	66
67	06700				635,721	67
68	06800	55,873	4,863	60,736	124,931	68
69	06900	493,297	191,634	684,931		69
70	07000	34,836	5,227	40,063		70
70.01	03950					70.01
71	07100				1,382,806	71
72	07200				1,680,424	72
73	07300	1,452,167	3,083,562	4,535,729		73
74	07400	349,544	158,056	507,600	-54,234	74
76.97	07697					76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	656,276	382,705	1,038,981	-661,218	90
91	09100	4,376,670	3,579,165	7,955,835		91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
99.10	09910					99.10
99.20	09920					99.20
99.30	09930					99.30
99.40	09940					99.40
113	11300		27,974	27,974	-27,974	113
118		44,179,920	58,035,560	102,215,480	-16,047	118
NONREIMBURSABLE COST CENTERS						
190	19000					190
190.01	19001				16,047	190.01
192	19200	1,018,428	257,071	1,275,499		192
194	07950					194
200		45,198,348	58,292,631	103,490,979		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	2,205,991		2,205,991	1
2	00200	3,144,744	-88,538	3,056,206	2
3	00300				3
4	00400	4,689,305	-72,040	4,617,265	4
5.01	00540	441,589	-14,874	426,715	5.01
5.02	00550	1,269,614		1,269,614	5.02
5.03	00560	318,175		318,175	5.03
5.04	00580	2,179,158	-12,324	2,166,834	5.04
5.05	00590	18,020,345	-2,615,748	15,404,597	5.05
6	00600				6
7	00700	5,470,436	-6,500	5,463,936	7
8	00800	922,269		922,269	8
9	00900	1,518,114		1,518,114	9
10	01000	982,661	-78,887	903,774	10
11	01100	833,660	-274,865	558,795	11
12	01200				12
13	01300	751,717		751,717	13
14	01400	296,686		296,686	14
15	01500				15
16	01600	2,571,943	-9,284	2,562,659	16
17	01700				17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	11,292,507	-280	11,292,227	30
31	03100	4,679,306		4,679,306	31
41	04100	2,616,821		2,616,821	41
43	04300				43
ANCILLARY SERVICE COST CENTERS					
50	05000	3,268,711		3,268,711	50
51	05100	417,767		417,767	51
52	05200	3,121,780	-713,337	2,408,443	52
53	05300	1,527,093	-1,527,093		53
54	05400	1,984,280	-287,229	1,697,051	54
54.02	03630	630,361		630,361	54.02
56	05600	539,790		539,790	56
57	05700	1,000,223		1,000,223	57
59	05900	433,470		433,470	59
60	06000	4,641,691	-670	4,641,021	60
62.30	06250				62.30
65	06500	1,394,210		1,394,210	65
66	06600	1,102,711		1,102,711	66
67	06700	635,721		635,721	67
68	06800	185,667		185,667	68
69	06900	684,931		684,931	69
70	07000	40,063		40,063	70
70.01	03950				70.01
71	07100	1,382,806		1,382,806	71
72	07200	1,680,424		1,680,424	72
73	07300	4,535,729		4,535,729	73
74	07400	453,366		453,366	74
76.97	07697				76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	377,763		377,763	90
91	09100	7,955,835	-870,012	7,085,823	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
99.10	09910				99.10
99.20	09920				99.20
99.30	09930				99.30
99.40	09940				99.40
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		102,199,433	-6,571,681	95,627,752	118
NONREIMBURSABLE COST CENTERS					
190	19000				190
190.01	19001	16,047		16,047	190.01
192	19200	1,275,499		1,275,499	192
194	07950				194
200		103,490,979	-6,571,681	96,919,298	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 TO RECLASS CAFETERIA COSTS	B	CAFETERIA	11		338,555	495,105	1
2		SISTERS & PRIESTS MAINTENANCE	190.01		6,517	9,530	2
500 TOTAL RECLASSIFICATIONS					345,072	504,635	500
CODE LETTER - B							
1 TO RECLASS CLINITRON BEDS EXP	C	ADULTS & PEDIATRICS	30			88,740	1
500 TOTAL RECLASSIFICATIONS						88,740	500
CODE LETTER - C							
1 TO RECLASS INTEREST EXPENSE	D	CAP REL COSTS-MVBLE EQUIP	2			27,974	1
500 TOTAL RECLASSIFICATIONS						27,974	500
CODE LETTER - D							
1 TO RECLASS INSURANCE COSTS	E	CAP REL COSTS-BLDG & FIXT	1			128,174	1
500 TOTAL RECLASSIFICATIONS						128,174	500
CODE LETTER - E							
1 MEDICAL SUPPLY RECLASS	F	MEDICAL SUPPLIES CHRGED TO PA	71			1,382,806	1
2		IMPL. DEV. CHARGED TO PATIENT	72			1,680,424	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
500 TOTAL RECLASSIFICATIONS						3,063,230	500
CODE LETTER - F							
1 RECLASS A&G EXPENSES	G	OTHER ADMINISTRATIVE & GENERA	5.05		154,722	247,556	1
500 TOTAL RECLASSIFICATIONS					154,722	247,556	500
CODE LETTER - G							
1 RECLASS ONE DAY SURGERY COSTS	J	OPERATING ROOM	50		505,662	90,960	1
500 TOTAL RECLASSIFICATIONS					505,662	90,960	500
CODE LETTER - J							
1 RECLASS THERAPY COSTS	K	PHYSICAL THERAPY	66			617,198	1
2		OCCUPATIONAL THERAPY	67			635,721	2
3		SPEECH PATHOLOGY	68			125,149	3
500 TOTAL RECLASSIFICATIONS						1,378,068	500
CODE LETTER - K							
1 RECLASS DIRECTORSHIP COSTS	L	ADULTS & PEDIATRICS	30			34,953	1
2		INTENSIVE CARE UNIT	31			76,875	2
500 TOTAL RECLASSIFICATIONS						111,828	500
CODE LETTER - L							
GRAND TOTAL (INCREASES)					1,005,456	5,641,165	

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 TO RECLASS CAFETERIA COSTS	B	DIETARY	10	338,555	495,105	1
2		DIETARY	10	6,517	9,530	2
500 TOTAL RECLASSIFICATIONS				345,072	504,635	500
CODE LETTER - B						
1 TO RECLASS CLINITRON BEDS EXP	C	NURSING ADMINISTRATION	13		88,740	1
500 TOTAL RECLASSIFICATIONS					88,740	500
CODE LETTER - C						
1 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	113		27,974	11 1
500 TOTAL RECLASSIFICATIONS					27,974	500
CODE LETTER - D						
1 TO RECLASS INSURANCE COSTS	E	OTHER ADMINISTRATIVE & GENERA	5.05		128,174	12 1
500 TOTAL RECLASSIFICATIONS					128,174	500
CODE LETTER - E						
1 MEDICAL SUPPLY RECLASS	F	RENAL DIALYSIS	74		54,234	1
2		RESPIRATORY THERAPY	65		174,706	2
3		OPERATING ROOM	50		2,163,936	3
4		RECOVERY ROOM	51		3,910	4
5		CLINIC	90		64,596	5
6		CARDIAC CATHETERIZATION	59		386,185	6
7		RADIOLOGY-DIAGNOSTIC	54		12,896	7
8		COMPUTED TOMOGRAPHY (CT) SCAN	57		52,588	8
9		PHYSICAL THERAPY	66		1,934	9
10		DELIVERY ROOM & LABOR ROOM	52		76,535	10
11		ADULTS & PEDIATRICS	30		55,410	11
12		SPEECH PATHOLOGY	68		218	12
13		LABORATORY	60		13,053	13
14		ULTRASOUND	54.02		3,029	14
500 TOTAL RECLASSIFICATIONS					3,063,230	500
CODE LETTER - F						
1 RECLASS A&G EXPENSES	G	EMPLOYEE BENEFITS	4	154,722	247,556	1
500 TOTAL RECLASSIFICATIONS				154,722	247,556	500
CODE LETTER - G						
1 RECLASS ONE DAY SURGERY COSTS	J	CLINIC	90	505,662	90,960	1
500 TOTAL RECLASSIFICATIONS				505,662	90,960	500
CODE LETTER - J						
1 RECLASS THERAPY COSTS	K	SUBPROVIDER - IRF	41		1,378,068	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					1,378,068	500
CODE LETTER - K						
1 RECLASS DIRECTORSHIP COSTS	L	OTHER ADMINISTRATIVE & GENERA	5.05		34,953	1
2		OTHER ADMINISTRATIVE & GENERA	5.05		76,875	2
500 TOTAL RECLASSIFICATIONS					111,828	500
CODE LETTER - L						
GRAND TOTAL (DECREASES)				1,005,456	5,641,165	

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	1,337,233					1,337,233	1
2 LAND IMPROVEMENTS	1,530,991					1,530,991	2
3 BUILDINGS AND FIXTURES	52,957,624	45,000		45,000	600	53,002,024	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	25,059,880	529,633		529,633	50,206	25,539,307	5
6 MOVABLE EQUIPMENT	50,678,285	395,416		395,416	273,151	50,800,550	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	131,564,013	970,049		970,049	323,957	132,210,105	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	131,564,013	970,049		970,049	323,957	132,210,105	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	2,077,817						2,077,817 1
2 CAP REL COSTS-MVBLE EQUIP	3,116,770						3,116,770 2
3 TOTAL (SUM OF LINES 1-2)	5,194,587						5,194,587 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS 1	CAPITALIZED LEASES 2	RATIOS		INSURANCE 5	TAXES 6	OTHER CAPITAL- RELATED COSTS 7	TOTAL (SUM OF COLS. 5-7) 8
			FOR RATIO (COL. 1 - COL. 2) 3	RATIO (SEE INSTR.) 4				
1 CAP REL COSTS-BLDG & FIXT	81,409,555		81,409,555	0.615759				1
2 CAP REL COSTS-MVBLE EQUIP	50,800,550		50,800,550	0.384241				2
3 TOTAL (SUM OF LINES 1-2)	132,210,105		132,210,105	1.000000				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	2,077,817			128,174			2,205,991 1
2 CAP REL COSTS-MVBLE EQUIP	3,056,206						3,056,206 2
3 TOTAL	5,134,023			128,174			5,262,197 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)	B	-27,974	CAP REL COSTS-MVBLE EQUIP	2	11 2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)	B	-14,874	COMMUNICATIONS	5.01	7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)	B	-98,931	OTHER ADMINISTRATIVE & GENERAL	5.05	9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-3,607,525			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)	B	-21,563	RADIOLOGY-DIAGNOSTIC	54	11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1				12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-274,865	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-9,284	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					19
20 VENDING MACHINES	B	-78,887	DIETARY	10	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 OFFSET OTHER REVENUE TO ADMIN	B	-137,206	OTHER ADMINISTRATIVE & GENERAL	5.05	33
34 OFFSET MISC INCOME	B	-12,324	BUSINESS OFFICE	5.04	34
35 OFFSET HCHP SVC ALLOCATION	B	-72,000	EMPLOYEE BENEFITS	4	35
36 EMPLOYEE HEALTH	B	-40	EMPLOYEE BENEFITS	4	36
37 OFFSET MARKETING EXPENSES	A	-35,027	OTHER ADMINISTRATIVE & GENERAL	5.05	37
38 OFFSET DOJ EXPENSES	A	-74,418	OTHER ADMINISTRATIVE & GENERAL	5.05	38
39 REMOVE LOBBYING FEES	A	-214,584	OTHER ADMINISTRATIVE & GENERAL	5.05	39
40 OFFSET GRANT EXPENSES	A	-310,161	OTHER ADMINISTRATIVE & GENERAL	5.05	40
41					41
42					42
43 REMOVE VOLUNTEER MEAL EXP	A	-1,068	OTHER ADMINISTRATIVE & GENERAL	5.05	43
43.01 OFFSET LAB INCOME	B	-670	LABORATORY	60	43.01
43.02 REMOVE PHYSICIAN CALL CENTER EXP	A	-34,795	OTHER ADMINISTRATIVE & GENERAL	5.05	43.02
43.03 OFFSET STEAM INCOME	B	-6,500	OPERATION OF PLANT	7	43.03
43.04 OFFSET GRANT INCOME	B	-65,338	OTHER ADMINISTRATIVE & GENERAL	5.05	43.04
43.05 OFFSET FILMING INCOME	B	-46,013	OTHER ADMINISTRATIVE & GENERAL	5.05	43.05
43.06 OFFSET ARCHER BLDG EXPENSES	A	-82,094	OTHER ADMINISTRATIVE & GENERAL	5.05	43.06
43.08 OFFSET AHA PORTION OF LOBBYING DUE	A	-22,831	OTHER ADMINISTRATIVE & GENERAL	5.05	43.08
43.09 OFFSET CONTRIBUTIONS MADE	A	-11,350	OTHER ADMINISTRATIVE & GENERAL	5.05	43.09
43.10 OFFSET NONALLOWABLE EXPENSES	A	-13,100	OTHER ADMINISTRATIVE & GENERAL	5.05	43.10
43.12 OFFSET TELEMETRY DEPR EX	A	-60,564	CAP REL COSTS-MVBLE EQUIP	2	9 43.12
44 REMOVE PHYSICIAN MALP COSTS	A	-103,400	OTHER ADMINISTRATIVE & GENERAL	5.05	44
45 REMOVE HOUSE PHYSICIANS	A	-1,058,920	OTHER ADMINISTRATIVE & GENERAL	5.05	45
46 OFFSET LEGAL FEES	A	-75,375	OTHER ADMINISTRATIVE & GENERAL	5.05	46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49) TRANSFER TO WKST A, COL. 6, LINE 200)		-6,571,681			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						
2						
3						
4						
5	TOTALS (SUM OF LINES 1-4)					
	TRANSFER COL. 6, LINE 5 TO					
	WKST A-8, COL. 2, LINE 12.					

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9	
2	60	LABORATORY	12,000		12,000	215,700	208	21,570	1,079	2
3	53	ANESTHESIOLOGY	1,527,093	1,527,093						3
4	91	EMERGENCY	870,012	870,012						4
5	52	DELIVERY ROOM & LABOR RO	713,337	713,337						5
6	54	RADIOLOGY-DIAGNOSTIC	265,666	265,666						6
7	5.05	OTHER ADMINISTRATIVE & G	36,600	36,600						7
8	5.05	OTHER ADMINISTRATIVE & G	194,537	194,537						8
9	30	ADULTS & PEDIATRICS	34,953		34,953	177,200	407	34,673	1,734	9
10	31	INTENSIVE CARE UNIT	76,875		76,875	177,200	1,622	138,182	6,909	10
200		TOTAL	3,731,073	3,607,245	123,828		2,237	194,425	9,722	200

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
 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: 2011.10
 11/29/2012 14:54

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
2	60 LABORATORY					21,570		2
3	53 ANESTHESIOLOGY	AGGREGATE						1,527,093
4	91 EMERGENCY	AGGREGATE						870,012
5	52 DELIVERY ROOM & LABOR RO	AGGREGATE						713,337
6	54 RADIOLOGY-DIAGNOSTIC	AGGREGATE						265,666
7	5.05 OTHER ADMINISTRATIVE & G	AGGREGATE						36,600
8	5.05 OTHER ADMINISTRATIVE & G	AGGREGATE						194,537
9	30 ADULTS & PEDIATRICS					34,673	280	280
10	31 INTENSIVE CARE UNIT					138,182		
200	TOTAL					194,425	280	3,607,525

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	COMMUNI- CATIONS 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,205,991	2,205,991				1
2 CAP REL COSTS-MVBLE EQUIP	3,056,206		3,056,206			2
4 EMPLOYEE BENEFITS	4,617,265	18,842	369	4,636,476		4
5.01 COMMUNICATIONS	426,715	2,325	71,931	24,160	525,131	5.01
5.02 DATA PROCESSING	1,269,614	13,233	633,560	47,679	12,091	5.02
5.03 PURCHASING	318,175	9,162		30,547	7,254	5.03
5.04 BUSINESS OFFICE	2,166,834	19,275	232	146,307	29,823	5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	15,404,597	325,723	13,703	375,927	137,027	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,463,936	127,835	38,294	201,582	19,748	7
8 LAUNDRY & LINEN SERVICE	922,269	138,639				8
9 HOUSEKEEPING	1,518,114			94,874		9
10 DIETARY	903,774	85,716	12,256	41,385	9,269	10
11 CAFETERIA	558,795	64,937		35,110		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	751,717	10,026	145,313	66,794	806	13
14 CENTRAL SERVICES & SUPPLY	296,686	52,119	197,989	19,818	4,433	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,562,659	20,139	4,285	150,982	33,047	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	11,292,227	385,778	89,193	938,338	92,291	30
31 INTENSIVE CARE UNIT	4,679,306	107,436	41,376	339,319	8,463	31
41 SUBPROVIDER - IRF	2,616,821	58,083	10,939	136,375	12,494	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,268,711	109,364	237,036	242,610	35,062	50
51 RECOVERY ROOM	417,767	9,499	24,280	40,028		51
52 DELIVERY ROOM & LABOR ROOM	2,408,443	85,223	117,916	221,559		52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	1,697,051	117,938	608,584	167,272	37,078	54
54.02 ULTRASOUND	630,361	4,581	3,379	60,630		54.02
56 RADIOISOTOPE	539,790	9,940	65,611	27,480		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,000,223	8,816	118,090	51,291		57
59 CARDIAC CATHETERIZATION	433,470		97,719	26,080	2,821	59
60 LABORATORY	4,641,021	75,197	59,787	193,039	16,927	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,394,210	13,743	46,090	120,698	4,433	65
66 PHYSICAL THERAPY	1,102,711	38,549	1,638	13,388		66
67 OCCUPATIONAL THERAPY	635,721	16,249				67
68 SPEECH PATHOLOGY	185,667	12,965		5,794		68
69 ELECTROCARDIOLOGY	684,931	13,397	107,572	51,157		69
70 ELECTROENCEPHALOGRAPHY	40,063	16,267	2,902	3,613		70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,382,806					71
72 IMPL. DEV. CHARGED TO PATIENT	1,680,424					72
73 DRUGS CHARGED TO PATIENTS	4,535,729	19,447	171,271	150,597	8,866	73
74 RENAL DIALYSIS	453,366		17,832	36,249		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	377,763	26,034	44,365	15,619	806	90
91 EMERGENCY	7,085,823	124,032	61,321	453,883	23,375	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	95,627,752	2,140,509	3,044,833	4,530,184	496,114	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,541			806	190
190.01 SISTERS & PRIESTS MAINTENANCE	16,047			676		190.01
192 PHYSICIANS' PRIVATE OFFICES	1,275,499	32,412	11,373	105,616	28,211	192
194 SEASON HOSPICE		17,529				194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	96,919,298	2,205,991	3,056,206	4,636,476	525,131	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING 5.02	PURCHASING 5.03	BUSINESS OFFICE 5.04	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN AND GENERAL 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING	1,976,177					5.02
5.03 PURCHASING	22,383	387,521				5.03
5.04 BUSINESS OFFICE	375,695	251	2,738,417			5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	483,322	7,565		16,747,864	16,747,864	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	20,424	15,346		5,887,165	1,229,835	7
8 LAUNDRY & LINEN SERVICE				1,060,908	221,625	8
9 HOUSEKEEPING				1,612,988	336,955	9
10 DIETARY	3,949	63,967		1,120,316	234,035	10
11 CAFETERIA				658,842	137,633	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,413	136		976,205	203,930	13
14 CENTRAL SERVICES & SUPPLY	12,292	1,147		584,484	122,099	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	120,196			2,891,308	603,997	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	239,347	42,742	299,944	13,379,860	2,795,035	30
31 INTENSIVE CARE UNIT	50,327	22,969	86,251	5,335,447	1,114,580	31
41 SUBPROVIDER - IRF	18,924	4,931	54,656	2,913,223	608,575	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,627	70,569	95,341	4,071,320	850,503	50
51 RECOVERY ROOM		760	14,738	507,072	105,928	51
52 DELIVERY ROOM & LABOR ROOM	25,724	10,101	41,253	2,910,219	607,948	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	56,507	2,855	127,521	2,814,806	588,016	54
54.02 ULTRASOUND		299	71,009	770,259	160,908	54.02
56 RADIOISOTOPE	8,995	16,397	48,216	716,429	149,663	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,567	211,975	1,394,962	291,409	57
59 CARDIAC CATHETERIZATION		2,384	42,657	605,131	126,412	59
60 LABORATORY		3,225	611,189	5,600,385	1,169,926	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	11,935	18,789	143,548	1,753,446	366,297	65
66 PHYSICAL THERAPY	6,165	182	37,770	1,200,403	250,765	66
67 OCCUPATIONAL THERAPY	1,557		18,369	671,896	140,360	67
68 SPEECH PATHOLOGY	3,247	36	4,504	212,213	44,332	68
69 ELECTROCARDIOLOGY	33,113	2,243	108,507	1,000,920	209,093	69
70 ELECTROENCEPHALOGRAPHY		172	4,455	67,472	14,095	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			54,845	1,437,651	300,327	71
72 IMPL. DEV. CHARGED TO PATIENT			44,822	1,725,246	360,406	72
73 DRUGS CHARGED TO PATIENTS	84,997	1,502	187,196	5,159,605	1,077,847	73
74 RENAL DIALYSIS	3,382	5,753	11,776	528,358	110,375	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	63,010	21,435	71,343	620,375	129,597	90
91 EMERGENCY	115,886	66,227	346,532	8,277,079	1,729,090	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,775,417	386,550	2,738,417	95,213,857	16,391,596	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	200,760			217,107	45,354	190
190.01 SISTERS & PRIESTS MAINTENANCE				16,723	3,493	190.01
192 PHYSICIANS' PRIVATE OFFICES		971		1,454,082	303,759	192
194 SEASON HOSPICE				17,529	3,662	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,976,177	387,521	2,738,417	96,919,298	16,747,864	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	7,117,000					7
8 LAUNDRY & LINEN SERVICE	583,981	1,866,514				8
9 HOUSEKEEPING			1,949,943			9
10 DIETARY	361,056		107,766	1,823,173		10
11 CAFETERIA	273,532		81,642		1,151,649	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	42,233		12,606		14,325	13
14 CENTRAL SERVICES & SUPPLY	219,539		65,527		13,677	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	84,830		25,320		63,005	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,624,991	561,071	485,018	1,326,225	343,411	30
31 INTENSIVE CARE UNIT	452,549	174,871	135,075	229,659	82,671	31
41 SUBPROVIDER - IRF	244,661	113,079	73,025	267,289	35,893	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	460,668	469,259	137,498		56,429	50
51 RECOVERY ROOM	40,012	35,364	11,943		8,194	51
52 DELIVERY ROOM & LABOR ROOM	358,981	66,011	107,147		59,929	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	496,785	128,959	148,278		48,053	54
54.02 ULTRASOUND	19,296		5,759		13,374	54.02
56 RADIOISOTOPE	41,869		12,497		4,350	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	37,136		11,084		13,354	57
59 CARDIAC CATHETERIZATION					5,463	59
60 LABORATORY	316,748		94,541		70,815	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	57,888		17,278		38,584	65
66 PHYSICAL THERAPY	162,379	25,082	48,466		4,613	66
67 OCCUPATIONAL THERAPY	68,447		20,430			67
68 SPEECH PATHOLOGY	54,612		16,300		1,700	68
69 ELECTROCARDIOLOGY	56,432		16,844		20,415	69
70 ELECTROENCEPHALOGRAPHY	68,520		20,451		1,598	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	81,918		24,450		36,581	73
74 RENAL DIALYSIS					8,963	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	109,660		32,731		22,377	90
91 EMERGENCY	522,452	292,818	155,939		150,734	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	6,841,175	1,866,514	1,867,615	1,823,173	1,118,508	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,461		19,539			190
190.01 SISTERS & PRIESTS MAINTENANCE						190.01
192 PHYSICIANS' PRIVATE OFFICES	136,529		40,751		33,141	192
194 SEASON HOSPICE	73,835		22,038			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,117,000	1,866,514	1,949,943	1,823,173	1,151,649	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	1,249,299				13
14 CENTRAL SERVICES & SUPPLY		1,005,326			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY			3,668,460		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	555,483		401,810	21,472,904	30
31 INTENSIVE CARE UNIT	134,901		115,543	7,775,296	31
41 SUBPROVIDER - IRF	58,569		73,218	4,387,532	41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	92,079		127,721	6,265,477	50
51 RECOVERY ROOM	13,371		19,743	741,627	51
52 DELIVERY ROOM & LABOR ROOM	97,792		55,263	4,263,290	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC			170,830	4,395,727	54
54.02 ULTRASOUND			95,126	1,064,722	54.02
56 RADIOISOTOPE			64,591	989,399	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			283,965	2,031,910	57
59 CARDIAC CATHETERIZATION			57,144	794,150	59
60 LABORATORY			818,792	8,071,207	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY			192,299	2,425,792	65
66 PHYSICAL THERAPY			50,597	1,742,305	66
67 OCCUPATIONAL THERAPY			24,607	925,740	67
68 SPEECH PATHOLOGY			6,033	335,190	68
69 ELECTROCARDIOLOGY			145,357	1,449,061	69
70 ELECTROENCEPHALOGRAPHY			5,967	178,103	70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		453,447	73,471	2,264,896	71
72 IMPL. DEV. CHARGED TO PATIENT		548,948	60,045	2,694,645	72
73 DRUGS CHARGED TO PATIENTS			250,771	6,631,172	73
74 RENAL DIALYSIS	14,625		15,775	678,096	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	36,515		95,572	1,046,827	90
91 EMERGENCY	245,964		464,220	11,838,296	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	1,249,299	1,002,395	3,668,460	94,463,364	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				347,461	190
190.01 SISTERS & PRIESTS MAINTENANCE				20,216	190.01
192 PHYSICIANS' PRIVATE OFFICES		2,931		1,971,193	192
194 SEASON HOSPICE				117,064	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	1,249,299	1,005,326	3,668,460	96,919,298	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	BUSINESS OFFICE		5.04
5.05	OTHER ADMINISTRATIVE & GENERAL		5.05
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
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	21,472,904	30
31	INTENSIVE CARE UNIT	7,775,296	31
41	SUBPROVIDER - IRF	4,387,532	41
43	NURSERY		43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	6,265,477	50
51	RECOVERY ROOM	741,627	51
52	DELIVERY ROOM & LABOR ROOM	4,263,290	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	4,395,727	54
54.02	ULTRASOUND	1,064,722	54.02
56	RADIOISOTOPE	989,399	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	2,031,910	57
59	CARDIAC CATHETERIZATION	794,150	59
60	LABORATORY	8,071,207	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	2,425,792	65
66	PHYSICAL THERAPY	1,742,305	66
67	OCCUPATIONAL THERAPY	925,740	67
68	SPEECH PATHOLOGY	335,190	68
69	ELECTROCARDIOLOGY	1,449,061	69
70	ELECTROENCEPHALOGRAPHY	178,103	70
70.01	SLEEP LAB		70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,264,896	71
72	IMPL. DEV. CHARGED TO PATIENT	2,694,645	72
73	DRUGS CHARGED TO PATIENTS	6,631,172	73
74	RENAL DIALYSIS	678,096	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	1,046,827	90
91	EMERGENCY	11,838,296	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	94,463,364	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	347,461	190
190.01	SISTERS & PRIESTS MAINTENANCE	20,216	190.01
192	PHYSICIANS' PRIVATE OFFICES	1,971,193	192
194	SEASON HOSPICE	117,064	194
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	96,919,298	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 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					19,211	4
5.01 COMMUNICATIONS		18,842	369	19,211	100	5.01
5.02 DATA PROCESSING		2,325	71,931	74,256	198	5.02
5.03 PURCHASING		13,233	633,560	646,793	127	5.03
5.04 BUSINESS OFFICE		9,162		9,162	607	5.04
5.05 OTHER ADMINISTRATIVE & GENERAL		19,275	232	19,507	1,559	5.05
6 MAINTENANCE & REPAIRS		325,723	13,703	339,426		6
7 OPERATION OF PLANT					836	7
8 LAUNDRY & LINEN SERVICE		127,835	38,294	166,129		8
9 HOUSEKEEPING		138,639		138,639	393	9
10 DIETARY		85,716	12,256	97,972	172	10
11 CAFETERIA		64,937		64,937	146	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		10,026	145,313	155,339	277	13
14 CENTRAL SERVICES & SUPPLY		52,119	197,989	250,108	82	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		20,139	4,285	24,424	626	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		385,778	89,193	474,971	3,876	30
31 INTENSIVE CARE UNIT		107,436	41,376	148,812	1,407	31
41 SUBPROVIDER - IRF		58,083	10,939	69,022	565	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		109,364	237,036	346,400	1,006	50
51 RECOVERY ROOM		9,499	24,280	33,779	166	51
52 DELIVERY ROOM & LABOR ROOM		85,223	117,916	203,139	919	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC		117,938	608,584	726,522	694	54
54.02 ULTRASOUND		4,581	3,379	7,960	251	54.02
56 RADIOISOTOPE		9,940	65,611	75,551	114	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		8,816	118,090	126,906	213	57
59 CARDIAC CATHETERIZATION			97,719	97,719	108	59
60 LABORATORY		75,197	59,787	134,984	800	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		13,743	46,090	59,833	500	65
66 PHYSICAL THERAPY		38,549	1,638	40,187	56	66
67 OCCUPATIONAL THERAPY		16,249		16,249		67
68 SPEECH PATHOLOGY		12,965		12,965	24	68
69 ELECTROCARDIOLOGY		13,397	107,572	120,969	212	69
70 ELECTROENCEPHALOGRAPHY		16,267	2,902	19,169	15	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		19,447	171,271	190,718	624	73
74 RENAL DIALYSIS			17,832	17,832	150	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		26,034	44,365	70,399	65	90
91 EMERGENCY		124,032	61,321	185,353	1,882	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		2,140,509	3,044,833	5,185,342	18,770	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,541		15,541		190
190.01 SISTERS & PRIESTS MAINTENANCE					3	190.01
192 PHYSICIANS' PRIVATE OFFICES		32,412	11,373	43,785	438	192
194 SEASON HOSPICE		17,529		17,529		194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		2,205,991	3,056,206	5,262,197	19,211	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	COMMUNI-	DATA	PURCHASING	BUSINESS	OTHER	
	CATIONS	PROCESSING		OFFICE	ADMIN AND GENERAL	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	74,356					5.01
5.02 DATA PROCESSING	1,712	648,703				5.02
5.03 PURCHASING	1,027	7,347	17,663			5.03
5.04 BUSINESS OFFICE	4,223	123,326	11	147,674		5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	19,402	158,656	345		519,388	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	2,796	6,704	699		38,137	7
8 LAUNDRY & LINEN SERVICE					6,873	8
9 HOUSEKEEPING					10,449	9
10 DIETARY	1,313	1,296	2,916		7,257	10
11 CAFETERIA					4,268	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	114	464	6		6,324	13
14 CENTRAL SERVICES & SUPPLY	628	4,035	52		3,786	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	4,679	39,456			18,730	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	13,068	78,568	1,948	16,192	86,711	30
31 INTENSIVE CARE UNIT	1,198	16,521	1,047	4,656	34,563	31
41 SUBPROVIDER - IRF	1,769	6,212	225	2,951	18,872	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,965	4,145	3,218	5,147	26,374	50
51 RECOVERY ROOM			35	796	3,285	51
52 DELIVERY ROOM & LABOR ROOM		8,444	460	2,227	18,852	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	5,250	18,549	130	6,884	18,234	54
54.02 ULTRASOUND			14	3,833	4,990	54.02
56 RADIOISOTOPE		2,953	747	2,603	4,641	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			208	11,443	9,037	57
59 CARDIAC CATHETERIZATION	399		109	2,303	3,920	59
60 LABORATORY	2,397		147	32,837	36,279	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	628	3,918	856	7,749	11,359	65
66 PHYSICAL THERAPY		2,024	8	2,039	7,776	66
67 OCCUPATIONAL THERAPY		511		992	4,353	67
68 SPEECH PATHOLOGY		1,066	2	243	1,375	68
69 ELECTROCARDIOLOGY		10,870	102	5,858	6,484	69
70 ELECTROENCEPHALOGRAPHY			8	240	437	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				2,961	9,313	71
72 IMPL. DEV. CHARGED TO PATIENT				2,420	11,176	72
73 DRUGS CHARGED TO PATIENTS	1,255	27,901	68	10,106	33,424	73
74 RENAL DIALYSIS		1,110	262	636	3,423	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	114	20,684	977	3,851	4,019	90
91 EMERGENCY	3,310	38,041	3,019	18,707	53,619	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	70,247	582,801	17,619	147,674	508,340	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	114	65,902			1,406	190
190.01 SISTERS & PRIESTS MAINTENANCE					108	190.01
192 PHYSICIANS' PRIVATE OFFICES	3,995		44		9,420	192
194 SEASON HOSPICE					114	194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	74,356	648,703	17,663	147,674	519,388	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	& LINEN	KEEPING			
	7	8	9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	215,301					7
8 LAUNDRY & LINEN SERVICE	17,666	163,178				8
9 HOUSEKEEPING			10,842			9
10 DIETARY	10,923		599	122,448		10
11 CAFETERIA	8,275		454		78,080	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,278		70		971	13
14 CENTRAL SERVICES & SUPPLY	6,641		364		927	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,566		141		4,272	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	49,160	49,051	2,695	89,072	23,283	30
31 INTENSIVE CARE UNIT	13,690	15,288	751	15,424	5,605	31
41 SUBPROVIDER - IRF	7,401	9,886	406	17,952	2,433	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	13,936	41,024	765		3,826	50
51 RECOVERY ROOM	1,210	3,092	66		556	51
52 DELIVERY ROOM & LABOR ROOM	10,860	5,771	596		4,063	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	15,029	11,274	824		3,258	54
54.02 ULTRASOUND	584		32		907	54.02
56 RADIOISOTOPE	1,267		69		295	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,123		62		905	57
59 CARDIAC CATHETERIZATION					370	59
60 LABORATORY	9,582		526		4,801	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,751		96		2,616	65
66 PHYSICAL THERAPY	4,912	2,193	269		313	66
67 OCCUPATIONAL THERAPY	2,071		114			67
68 SPEECH PATHOLOGY	1,652		91		115	68
69 ELECTROCARDIOLOGY	1,707		94		1,384	69
70 ELECTROENCEPHALOGRAPHY	2,073		114		108	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,478		136		2,480	73
74 RENAL DIALYSIS					608	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	3,317		182		1,517	90
91 EMERGENCY	15,805	25,599	867		10,220	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	206,957	163,178	10,383	122,448	75,833	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,980		109			190
190.01 SISTERS & PRIESTS MAINTENANCE						190.01
192 PHYSICIANS' PRIVATE OFFICES	4,130		227		2,247	192
194 SEASON HOSPICE	2,234		123			194
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	215,301	163,178	10,842	122,448	78,080	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	MEDICAL RECORDS & LIBRARY 16	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	164,843				13
14 CENTRAL SERVICES & SUPPLY		266,623			14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY			94,894		16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	73,295		10,409	972,299	30
31 INTENSIVE CARE UNIT	17,800		2,993	279,755	31
41 SUBPROVIDER - IRF	7,728		1,897	147,319	41
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	12,150		3,309	466,265	50
51 RECOVERY ROOM	1,764		511	45,260	51
52 DELIVERY ROOM & LABOR ROOM	12,903		1,432	269,666	52
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC			4,426	811,074	54
54.02 ULTRASOUND			2,464	21,035	54.02
56 RADIOISOTOPE			1,673	89,913	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			7,356	157,253	57
59 CARDIAC CATHETERIZATION			1,480	106,408	59
60 LABORATORY			21,070	243,423	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY			4,982	94,288	65
66 PHYSICAL THERAPY			1,311	61,088	66
67 OCCUPATIONAL THERAPY			637	24,927	67
68 SPEECH PATHOLOGY			156	17,689	68
69 ELECTROCARDIOLOGY			3,766	151,446	69
70 ELECTROENCEPHALOGRAPHY			155	22,319	70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		120,259	1,903	134,436	71
72 IMPL. DEV. CHARGED TO PATIENT		145,587	1,556	160,739	72
73 DRUGS CHARGED TO PATIENTS			6,497	275,687	73
74 RENAL DIALYSIS	1,930		409	26,360	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	4,818		2,476	112,419	90
91 EMERGENCY	32,455		12,026	400,903	91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	164,843	265,846	94,894	5,091,971	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				85,052	190
190.01 SISTERS & PRIESTS MAINTENANCE				111	190.01
192 PHYSICIANS' PRIVATE OFFICES		777		65,063	192
194 SEASON HOSPICE				20,000	194
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	164,843	266,623	94,894	5,262,197	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
2	CAP REL COSTS-MVBLE EQUIP		2
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING		5.03
5.04	BUSINESS OFFICE		5.04
5.05	OTHER ADMINISTRATIVE & GENERAL		5.05
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
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	972,299	30
31	INTENSIVE CARE UNIT	279,755	31
41	SUBPROVIDER - IRF	147,319	41
43	NURSERY		43
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	466,265	50
51	RECOVERY ROOM	45,260	51
52	DELIVERY ROOM & LABOR ROOM	269,666	52
53	ANESTHESIOLOGY		53
54	RADIOLOGY-DIAGNOSTIC	811,074	54
54.02	ULTRASOUND	21,035	54.02
56	RADIOISOTOPE	89,913	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	157,253	57
59	CARDIAC CATHETERIZATION	106,408	59
60	LABORATORY	243,423	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	94,288	65
66	PHYSICAL THERAPY	61,088	66
67	OCCUPATIONAL THERAPY	24,927	67
68	SPEECH PATHOLOGY	17,689	68
69	ELECTROCARDIOLOGY	151,446	69
70	ELECTROENCEPHALOGRAPHY	22,319	70
70.01	SLEEP LAB		70.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	134,436	71
72	IMPL. DEV. CHARGED TO PATIENT	160,739	72
73	DRUGS CHARGED TO PATIENTS	275,687	73
74	RENAL DIALYSIS	26,360	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	112,419	90
91	EMERGENCY	400,903	91
92	OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF		99.10
99.20	OUTPATIENT PHYSICAL THERAPY		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		99.40
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	5,091,971	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	85,052	190
190.01	SISTERS & PRIESTS MAINTENANCE	111	190.01
192	PHYSICIANS' PRIVATE OFFICES	65,063	192
194	SEASON HOSPICE	20,000	194
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	5,262,197	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	COMMUNI-CATIONS NUMBER OF PHONES	DATA PROCESSING MACHINE TIME	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	255,225					1
2 CAP REL COSTS-MVBLE EQUIP		3,116,770				2
4 EMPLOYEE BENEFITS	2,180	376	44,708,193			4
5.01 COMMUNICATIONS	269	73,356	232,971	1,303		5.01
5.02 DATA PROCESSING	1,531	646,115	459,756	30	1,316,487	5.02
5.03 PURCHASING	1,060		294,560	18	14,911	5.03
5.04 BUSINESS OFFICE	2,230	237	1,410,799	74	250,280	5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	37,685	13,975	3,624,968	340	321,978	5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	14,790	39,053	1,943,804	49	13,606	7
8 LAUNDRY & LINEN SERVICE	16,040					8
9 HOUSEKEEPING			914,841			9
10 DIETARY	9,917	12,499	399,066	23	2,631	10
11 CAFETERIA	7,513		338,555			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,160	148,193	644,075	2	941	13
14 CENTRAL SERVICES & SUPPLY	6,030	201,913	191,098	11	8,189	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,330	4,370	1,455,877	82	80,072	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	44,633	90,961	9,048,000	229	159,448	30
31 INTENSIVE CARE UNIT	12,430	42,196	3,271,966	21	33,527	31
41 SUBPROVIDER - IRF	6,720	11,156	1,315,026	31	12,607	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,653	241,733	2,339,426	87	8,412	50
51 RECOVERY ROOM	1,099	24,761	385,978			51
52 DELIVERY ROOM & LABOR ROOM	9,860	120,253	2,136,438		17,137	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	13,645	620,644	1,612,960	92	37,644	54
54.02 ULTRASOUND	530	3,446	584,641			54.02
56 RADIOISOTOPE	1,150	66,911	264,985		5,992	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,020	120,430	494,589			57
59 CARDIAC CATHETERIZATION		99,656	251,484	7		59
60 LABORATORY	8,700	60,972	1,861,423	42		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,590	47,003	1,163,860	11	7,951	65
66 PHYSICAL THERAPY	4,460	1,670	129,101		4,107	66
67 OCCUPATIONAL THERAPY	1,880				1,037	67
68 SPEECH PATHOLOGY	1,500		55,873		2,163	68
69 ELECTROCARDIOLOGY	1,550	109,704	493,297		22,059	69
70 ELECTROENCEPHALOGRAPHY	1,882	2,959	34,836			70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	2,250	174,665	1,452,167	22	56,623	73
74 RENAL DIALYSIS		18,185	349,544		2,253	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	3,012	45,244	150,614	2	41,976	90
91 EMERGENCY	14,350	62,536	4,376,670	58	77,201	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	247,649	3,105,172	43,683,248	1,231	1,182,745	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,798			2	133,742	190
190.01 SISTERS & PRIESTS MAINTENANCE			6,517			190.01
192 PHYSICIANS' PRIVATE OFFICES	3,750	11,598	1,018,428	70		192
194 SEASON HOSPICE	2,028					194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	EMPLOYEE BENEFITS GROSS SALARIES 4	COMMUNI- CATIONS NUMBER OF PHONES 5.01	DATA PROCESSING MACHINE TIME 5.02	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,205,991	3,056,206	4,636,476	525,131	1,976,177	202
203	UNIT COST MULT-WS B PT I	8.643319	0.980568	0.103705	403.016884	1.501099	203
204	COST TO BE ALLOC PER B PT II			19,211	74,356	648,703	204
205	UNIT COST MULT-WS B PT II			0.000430	57.065234	0.492753	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	BUSINESS OFFICE	RECON-CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT	SQUARE FEET
	COSTED REQUISITN 5.03	GROSS REVENUE 5.04	5A.05	5.05	7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING	4,544,123					5.03
5.04 BUSINESS OFFICE	2,938	391,114,164				5.04
5.05 OTHER ADMINISTRATIVE & GENERAL	88,708		-16,747,864	80,171,434		5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	179,950			5,887,165	195,480	7
8 LAUNDRY & LINEN SERVICE				1,060,908	16,040	8
9 HOUSEKEEPING				1,612,988		9
10 DIETARY	750,080			1,120,316	9,917	10
11 CAFETERIA				658,842	7,513	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,595			976,205	1,160	13
14 CENTRAL SERVICES & SUPPLY	13,455			584,484	6,030	14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY				2,891,308	2,330	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	501,200	42,836,919		13,379,860	44,633	30
31 INTENSIVE CARE UNIT	269,341	12,317,992		5,335,447	12,430	31
41 SUBPROVIDER - IRF	57,820	7,805,744		2,913,223	6,720	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	827,531	13,616,319		4,071,320	12,653	50
51 RECOVERY ROOM	8,915	2,104,800		507,072	1,099	51
52 DELIVERY ROOM & LABOR ROOM	118,450	5,891,615		2,910,219	9,860	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	33,474	18,212,128		2,814,806	13,645	54
54.02 ULTRASOUND	3,503	10,141,314		770,259	530	54.02
56 RADIOISOTOPE	192,271	6,885,989		716,429	1,150	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	53,550	30,273,464		1,394,962	1,020	57
59 CARDIAC CATHETERIZATION	27,950	6,092,119		605,131		59
60 LABORATORY	37,819	87,311,424		5,600,385	8,700	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	220,316	20,500,989		1,753,446	1,590	65
66 PHYSICAL THERAPY	2,139	5,394,182		1,200,403	4,460	66
67 OCCUPATIONAL THERAPY		2,623,400		671,896	1,880	67
68 SPEECH PATHOLOGY	421	643,216		212,213	1,500	68
69 ELECTROCARDIOLOGY	26,302	15,496,518		1,000,920	1,550	69
70 ELECTROENCEPHALOGRAPHY	2,013	636,193		67,472	1,882	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		7,832,739		1,437,651		71
72 IMPL. DEV. CHARGED TO PATIENT		6,401,341		1,725,246		72
73 DRUGS CHARGED TO PATIENTS	17,610	26,734,638		5,159,605	2,250	73
74 RENAL DIALYSIS	67,458	1,681,799		528,358		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	251,347	10,188,894		620,375	3,012	90
91 EMERGENCY	776,579	49,490,428		8,277,079	14,350	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	4,532,735	391,114,164	-16,747,864	78,465,993	187,904	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				217,107	1,798	190
190.01 SISTERS & PRIESTS MAINTENANCE				16,723		190.01
192 PHYSICIANS' PRIVATE OFFICES	11,388			1,454,082	3,750	192
194 SEASON HOSPICE				17,529	2,028	194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		PURCHASING	BUSINESS OFFICE	RECON-CILIATION	OTHER ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT	
		COSTED REQUISITN	GROSS REVENUE			SQUARE FEET	
		5.03	5.04	5A.05	5.05	7	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	387,521	2,738,417		16,747,864	7,117,000	202
203	UNIT COST MULT-WS B PT I	0.085280	0.007002		0.208901	36.407817	203
204	COST TO BE ALLOC PER B PT II	17,663	147,674		519,388	215,301	204
205	UNIT COST MULT-WS B PT II	0.003887	0.000378		0.006478	1.101397	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	NURSING ADMINISTRATION DIRECT NRSNG HRS 13
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING					5.03
5.04 BUSINESS OFFICE					5.04
5.05 OTHER ADMINISTRATIVE & GENERAL					5.05
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE	1,159,050				8
9 HOUSEKEEPING		179,440			9
10 DIETARY		9,917	158,240		10
11 CAFETERIA		7,513		56,920	11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION		1,160		708	787,072
14 CENTRAL SERVICES & SUPPLY		6,030		676	14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		2,330		3,114	16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	348,408	44,633	115,108	16,973	349,960
31 INTENSIVE CARE UNIT	108,590	12,430	19,933	4,086	84,989
41 SUBPROVIDER - IRF	70,219	6,720	23,199	1,774	36,899
43 NURSERY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	291,396	12,653		2,789	58,011
51 RECOVERY ROOM	21,960	1,099		405	8,424
52 DELIVERY ROOM & LABOR ROOM	40,991	9,860		2,962	61,610
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC	80,080	13,645		2,375	54
54.02 ULTRASOUND		530		661	54.02
56 RADIOISOTOPE		1,150		215	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		1,020		660	57
59 CARDIAC CATHETERIZATION				270	59
60 LABORATORY		8,700		3,500	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		1,590		1,907	65
66 PHYSICAL THERAPY	15,575	4,460		228	66
67 OCCUPATIONAL THERAPY		1,880			67
68 SPEECH PATHOLOGY		1,500		84	68
69 ELECTROCARDIOLOGY		1,550		1,009	69
70 ELECTROENCEPHALOGRAPHY		1,882		79	70
70.01 SLEEP LAB					70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS		2,250		1,808	73
74 RENAL DIALYSIS				443	9,214
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		3,012		1,106	23,005
91 EMERGENCY	181,831	14,350		7,450	154,960
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF					99.10
99.20 OUTPATIENT PHYSICAL THERAPY					99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					99.40
SPECIAL PURPOSE COST CENTERS					
118 SUBTOTALS (SUM OF LINES 1-117)	1,159,050	171,864	158,240	55,282	787,072
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,798			190
190.01 SISTERS & PRIESTS MAINTENANCE					190.01
192 PHYSICIANS' PRIVATE OFFICES		3,750		1,638	192
194 SEASON HOSPICE		2,028			194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE- KEEPING SQUARE FEET 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	NURSING ADMINIS- TRATION DIRECT NRSING HRS 13	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	1,866,514	1,949,943	1,823,173	1,151,649	1,249,299	202
203	UNIT COST MULT-WS B PT I	1.610383	10.866825	11.521569	20.232765	1.587274	203
204	COST TO BE ALLOC PER B PT II	163,178	10,842	122,448	78,080	164,843	204
205	UNIT COST MULT-WS B PT II	0.140786	0.060421	0.773812	1.371750	0.209438	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING			5.03
5.04 BUSINESS OFFICE			5.04
5.05 OTHER ADMINISTRATIVE & GENERAL			5.05
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY	3,160,549		14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY		391,114,164	16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS		42,836,919	30
31 INTENSIVE CARE UNIT		12,317,992	31
41 SUBPROVIDER - IRF		7,805,744	41
43 NURSERY			43
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM		13,616,319	50
51 RECOVERY ROOM		2,104,800	51
52 DELIVERY ROOM & LABOR ROOM		5,891,615	52
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC		18,212,128	54
54.02 ULTRASOUND		10,141,314	54.02
56 RADIOISOTOPE		6,885,989	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		30,273,464	57
59 CARDIAC CATHETERIZATION		6,092,119	59
60 LABORATORY		87,311,424	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY		20,500,989	65
66 PHYSICAL THERAPY		5,394,182	66
67 OCCUPATIONAL THERAPY		2,623,400	67
68 SPEECH PATHOLOGY		643,216	68
69 ELECTROCARDIOLOGY		15,496,518	69
70 ELECTROENCEPHALOGRAPHY		636,193	70
70.01 SLEEP LAB			70.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,425,549	7,832,739	71
72 IMPL. DEV. CHARGED TO PATIENT	1,725,784	6,401,341	72
73 DRUGS CHARGED TO PATIENTS		26,734,638	73
74 RENAL DIALYSIS		1,681,799	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		10,188,894	90
91 EMERGENCY		49,490,428	91
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
99.10 CORF			99.10
99.20 OUTPATIENT PHYSICAL THERAPY			99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40 OUTPATIENT SPEECH PATHOLOGY			99.40
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	3,151,333	391,114,164	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
190.01 SISTERS & PRIESTS MAINTENANCE			190.01
192 PHYSICIANS' PRIVATE OFFICES	9,216		192
194 SEASON HOSPICE			194

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 14	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	1,005,326	3,668,460	202
203 UNIT COST MULT-WS B PT I	0.318086	0.009380	203
204 COST TO BE ALLOC PER B PT II	266,623	94,894	204
205 UNIT COST MULT-WS B PT II	0.084360	0.000243	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 26)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,472,904		21,472,904	280	21,473,184	30
31 INTENSIVE CARE UNIT	7,775,296		7,775,296		7,775,296	31
41 SUBPROVIDER - IRF	4,387,532		4,387,532		4,387,532	41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,265,477		6,265,477		6,265,477	50
51 RECOVERY ROOM	741,627		741,627		741,627	51
52 DELIVERY ROOM & LABOR ROOM	4,263,290		4,263,290		4,263,290	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	4,395,727		4,395,727		4,395,727	54
54.02 ULTRASOUND	1,064,722		1,064,722		1,064,722	54.02
56 RADIOISOTOPE	989,399		989,399		989,399	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,031,910		2,031,910		2,031,910	57
59 CARDIAC CATHETERIZATION	794,150		794,150		794,150	59
60 LABORATORY	8,071,207		8,071,207		8,071,207	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	2,425,792		2,425,792		2,425,792	65
66 PHYSICAL THERAPY	1,742,305		1,742,305		1,742,305	66
67 OCCUPATIONAL THERAPY	925,740		925,740		925,740	67
68 SPEECH PATHOLOGY	335,190		335,190		335,190	68
69 ELECTROCARDIOLOGY	1,449,061		1,449,061		1,449,061	69
70 ELECTROENCEPHALOGRAPHY	178,103		178,103		178,103	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO	2,264,896		2,264,896		2,264,896	71
72 IMPL. DEV. CHARGED TO PATIE	2,694,645		2,694,645		2,694,645	72
73 DRUGS CHARGED TO PATIENTS	6,631,172		6,631,172		6,631,172	73
74 RENAL DIALYSIS	678,096		678,096		678,096	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	1,046,827		1,046,827		1,046,827	90
91 EMERGENCY	11,838,296		11,838,296		11,838,296	91
92 OBSERVATION BEDS	2,397,982		2,397,982		2,397,982	92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	96,861,346		96,861,346	280	96,861,626	200
201 LESS OBSERVATION BEDS	2,397,982		2,397,982		2,397,982	201
202 TOTAL (SEE INSTRUCTIONS)	94,463,364		94,463,364		94,463,644	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	37,680,456		37,680,456			30
31 INTENSIVE CARE UNIT	12,317,992		12,317,992			31
41 SUBPROVIDER - IRF	7,805,744		7,805,744			41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	6,208,748	7,407,571	13,616,319	0.460145	0.460145	0.460145 50
51 RECOVERY ROOM	947,628	1,157,172	2,104,800	0.352350	0.352350	0.352350 51
52 DELIVERY ROOM & LABOR ROOM	4,783,236	1,108,379	5,891,615	0.723620	0.723620	0.723620 52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	6,024,561	12,187,567	18,212,128	0.241363	0.241363	0.241363 54
54.02 ULTRASOUND	4,140,984	6,000,330	10,141,314	0.104989	0.104989	0.104989 54.02
56 RADIOISOTOPE	4,062,739	2,823,250	6,885,989	0.143683	0.143683	0.143683 56
57 COMPUTED TOMOGRAPHY (CT) SC	10,425,755	19,847,709	30,273,464	0.067119	0.067119	0.067119 57
59 CARDIAC CATHETERIZATION	5,092,594	999,525	6,092,119	0.130357	0.130357	0.130357 59
60 LABORATORY	51,455,174	35,856,250	87,311,424	0.092442	0.092442	0.092442 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	18,804,292	1,696,697	20,500,989	0.118326	0.118326	0.118326 65
66 PHYSICAL THERAPY	3,460,344	1,933,838	5,394,182	0.322997	0.322997	0.322997 66
67 OCCUPATIONAL THERAPY	2,623,163	237	2,623,400	0.352878	0.352878	0.352878 67
68 SPEECH PATHOLOGY	611,296	31,920	643,216	0.521116	0.521116	0.521116 68
69 ELECTROCARDIOLOGY	9,354,102	6,142,416	15,496,518	0.093509	0.093509	0.093509 69
70 ELECTROENCEPHALOGRAPHY	533,926	102,267	636,193	0.279951	0.279951	0.279951 70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO	4,393,950	3,438,789	7,832,739	0.289158	0.289158	0.289158 71
72 IMPL. DEV. CHARGED TO PATIE	4,831,502	1,569,839	6,401,341	0.420950	0.420950	0.420950 72
73 DRUGS CHARGED TO PATIENTS	21,743,140	4,991,498	26,734,638	0.248037	0.248037	0.248037 73
74 RENAL DIALYSIS	1,479,700	202,099	1,681,799	0.403197	0.403197	0.403197 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	4,591,611	5,597,283	10,188,894	0.102742	0.102742	0.102742 90
91 EMERGENCY	12,926,447	36,563,981	49,490,428	0.239204	0.239204	0.239204 91
92 OBSERVATION BEDS	26,888	5,129,575	5,156,463	0.465044	0.465044	0.465044 92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THE						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	236,325,972	154,788,192	391,114,164			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	236,325,972	154,788,192	391,114,164			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	972,299		972,299	29.07	13,194	383,550	30
31 INTENSIVE CARE UNIT	279,755		279,755	54.37	2,710	147,343	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	147,319		147,319	24.60	4,505	110,823	41
42 SUBPROVIDER I							42
43 NURSERY							43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,399,373		1,399,373		20,409	641,716	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] HOSPITAL (14-0133) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA						
					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					466,265	13,616,319	0.034243	3,015,575	103,262	50
51					45,260	2,104,800	0.021503	492,314	10,586	51
52					269,666	5,891,615	0.045771	38,939	1,782	52
53										53
54					811,074	18,212,128	0.044535	3,743,923	166,736	54
54.02					21,035	10,141,314	0.002074	1,986,199	4,119	54.02
56					89,913	6,885,989	0.013057	2,001,208	26,130	56
57					157,253	30,273,464	0.005194	5,320,013	27,632	57
59					106,408	6,092,119	0.017467	2,463,377	43,028	59
60					243,423	87,311,424	0.002788	23,826,732	66,429	60
62.30										62.30
65					94,288	20,500,989	0.004599	8,892,586	40,897	65
66					61,088	5,394,182	0.011325	739,545	8,375	66
67					24,927	2,623,400	0.009502	3,587	34	67
68					17,689	643,216	0.027501	144,785	3,982	68
69					151,446	15,496,518	0.009773	5,136,458	50,199	69
70					22,319	636,193	0.035082	335,278	11,762	70
70.01										70.01
71					134,436	7,832,739	0.017163	2,431,813	41,737	71
72					160,739	6,401,341	0.025110	2,683,416	67,381	72
73					275,687	26,734,638	0.010312	9,760,975	100,655	73
74					26,360	1,681,799	0.015674	843,407	13,220	74
76.97										76.97
76.98										76.98
76.99										76.99
	OUTPATIENT SERVICE COST CENTERS									
90					112,419	10,188,894	0.011033	2,628,354	28,999	90
91					400,903	49,490,428	0.008101	5,831,686	47,242	91
92					108,581	5,156,463	0.021057			92
	OTHER REIMBURSABLE COST CENTERS									
200					3,801,179	333,309,972		82,320,170	864,187	200

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

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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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	33,446		13,194		30
31 INTENSIVE CARE UNIT	5,145		2,710		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	5,988		4,505		41
42 SUBPROVIDER I					42
43 NURSERY	1,025				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	45,604		20,409		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0133)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	IPF	[]	SNF	[]		[]	TEFRA
BOXES	[]	TITLE XIX	[]	IRF	[]	NF	[]		[]	

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.02	ULTRASOUND					54.02
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	SLEEP LAB					70.01
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0133)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	13,616,319		3,015,575		2,786,872	50
51	RECOVERY ROOM	2,104,800		492,314		414,107	51
52	DELIVERY ROOM & LABOR ROOM	5,891,615		38,939		26,433	52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	18,212,128		3,743,923		2,373,311	54
54.02	ULTRASOUND	10,141,314		1,986,199		842,165	54.02
56	RADIOISOTOPE	6,885,989		2,001,208		988,205	56
57	COMPUTED TOMOGRAPHY (CT) SCA	30,273,464		5,320,013		3,825,080	57
59	CARDIAC CATHETERIZATION	6,092,119		2,463,377		452,897	59
60	LABORATORY	87,311,424		23,826,732			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	20,500,989		8,892,586		300,539	65
66	PHYSICAL THERAPY	5,394,182		739,545			66
67	OCCUPATIONAL THERAPY	2,623,400		3,587			67
68	SPEECH PATHOLOGY	643,216		144,785			68
69	ELECTROCARDIOLOGY	15,496,518		5,136,458		2,022,783	69
70	ELECTROENCEPHALOGRAPHY	636,193		335,278		31,912	70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGED TO P	7,832,739		2,431,813		1,514,395	71
72	IMPL. DEV. CHARGED TO PATIEN	6,401,341		2,683,416		999,520	72
73	DRUGS CHARGED TO PATIENTS	26,734,638		9,760,975		1,160,862	73
74	RENAL DIALYSIS	1,681,799		843,407		87,959	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	10,188,894		2,628,354		2,340,030	90
91	EMERGENCY	49,490,428		5,831,686		4,439,489	91
92	OBSERVATION BEDS	5,156,463				1,583,252	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	333,309,972		82,320,170		26,189,811	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.460145	2,786,872			1,282,365		50
51 RECOVERY ROOM	0.352350	414,107			145,911		51
52 DELIVERY ROOM & LABOR ROOM	0.723620	26,433			19,127		52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.241363	2,373,311			572,829		54
54.02 ULTRASOUND	0.104989	842,165			88,418		54.02
56 RADIOISOTOPE	0.143683	988,205			141,988		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119	3,825,080			256,736		57
59 CARDIAC CATHETERIZATION	0.130357	452,897			59,038		59
60 LABORATORY	0.092442						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.118326	300,539			35,562		65
66 PHYSICAL THERAPY	0.322997						66
67 OCCUPATIONAL THERAPY	0.352878						67
68 SPEECH PATHOLOGY	0.521116						68
69 ELECTROCARDIOLOGY	0.093509	2,022,783			189,148		69
70 ELECTROENCEPHALOGRAPHY	0.279951	31,912			8,934		70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.289158	1,514,395			437,899		71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950	999,520			420,748		72
73 DRUGS CHARGED TO PATIENTS	0.248037	1,160,862		42,258	287,937	10,482	73
74 RENAL DIALYSIS	0.403197	87,959			35,465		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	0.102742	2,340,030			240,419		90
91 EMERGENCY	0.239204	4,439,489			1,061,944		91
92 OBSERVATION BEDS	0.465044	1,583,252			736,282		92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		26,189,811		42,258	6,020,750	10,482	200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		26,189,811		42,258	6,020,750	10,482	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-T133)	[] 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	466,265	13,616,319	0.034243	63,303	2,168		50
51	RECOVERY ROOM	45,260	2,104,800	0.021503	11,465	247		51
52	DELIVERY ROOM & LABOR ROOM	269,666	5,891,615	0.045771				52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	811,074	18,212,128	0.044535	171,130	7,621		54
54.02	ULTRASOUND	21,035	10,141,314	0.002074	88,069	183		54.02
56	RADIOISOTOPE	89,913	6,885,989	0.013057	21,371	279		56
57	COMPUTED TOMOGRAPHY (CT) SCAN	157,253	30,273,464	0.005194	121,116	629		57
59	CARDIAC CATHETERIZATION	106,408	6,092,119	0.017467	9,427	165		59
60	LABORATORY	243,423	87,311,424	0.002788	2,247,916	6,267		60
62.30	BLOOD CLOTTING FOR HEMOPHILIA							62.30
65	RESPIRATORY THERAPY	94,288	20,500,989	0.004599	743,689	3,420		65
66	PHYSICAL THERAPY	61,088	5,394,182	0.011325	1,716,097	19,435		66
67	OCCUPATIONAL THERAPY	24,927	2,623,400	0.009502	1,973,523	18,752		67
68	SPEECH PATHOLOGY	17,689	643,216	0.027501	269,298	7,406		68
69	ELECTROCARDIOLOGY	151,446	15,496,518	0.009773	121,266	1,185		69
70	ELECTROENCEPHALOGRAPHY	22,319	636,193	0.035082	3,097	109		70
70.01	SLEEP LAB							70.01
71	MEDICAL SUPPLIES CHRGD TO PA	134,436	7,832,739	0.017163	184,715	3,170		71
72	IMPL. DEV. CHARGED TO PATIENT	160,739	6,401,341	0.025110	6,375	160		72
73	DRUGS CHARGED TO PATIENTS	275,687	26,734,638	0.010312	747,405	7,707		73
74	RENAL DIALYSIS	26,360	1,681,799	0.015674	137,186	2,150		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	112,419	10,188,894	0.011033	94,956	1,048		90
91	EMERGENCY	400,903	49,490,428	0.008101	11,988	97		91
92	OBSERVATION BEDS	108,581	5,156,463	0.021057				92
OTHER REIMBURSABLE COST CENTERS								
200	TOTAL (SUM OF LINES 50-199)	3,801,179	333,309,972		8,743,392	82,198		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	<input type="checkbox"/>	TITLE V	<input type="checkbox"/>	HOSPITAL	<input type="checkbox"/>	SUB (OTHER)	<input type="checkbox"/>	ICF/MR	<input checked="" type="checkbox"/>	PPS
APPLICABLE	<input checked="" type="checkbox"/>	TITLE XVIII-PT A	<input type="checkbox"/>	IPF	<input type="checkbox"/>	SNF	<input type="checkbox"/>		<input type="checkbox"/>	TEFRA
BOXES	<input type="checkbox"/>	TITLE XIX	<input checked="" type="checkbox"/>	IRF (14-T133)	<input type="checkbox"/>	NF	<input type="checkbox"/>			

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
54.02 ULTRASOUND						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[XX] IRF (14-T133)	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	13,616,319		63,303			50
51	RECOVERY ROOM	2,104,800		11,465			51
52	DELIVERY ROOM & LABOR ROOM	5,891,615					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	18,212,128		171,130		3,577	54
54.02	ULTRASOUND	10,141,314		88,069		7,526	54.02
56	RADIOISOTOPE	6,885,989		21,371		1,325	56
57	COMPUTED TOMOGRAPHY (CT) SCA	30,273,464		121,116		7,343	57
59	CARDIAC CATHETERIZATION	6,092,119		9,427			59
60	LABORATORY	87,311,424		2,247,916		1,453	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	20,500,989		743,689		109	65
66	PHYSICAL THERAPY	5,394,182		1,716,097			66
67	OCCUPATIONAL THERAPY	2,623,400		1,973,523			67
68	SPEECH PATHOLOGY	643,216		269,298			68
69	ELECTROCARDIOLOGY	15,496,518		121,266		2,840	69
70	ELECTROENCEPHALOGRAPHY	636,193		3,097			70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGED TO P	7,832,739		184,715			71
72	IMPL. DEV. CHARGED TO PATIEN	6,401,341		6,375			72
73	DRUGS CHARGED TO PATIENTS	26,734,638		747,405			73
74	RENAL DIALYSIS	1,681,799		137,186		3,670	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	10,188,894		94,956			90
91	EMERGENCY	49,490,428		11,988		503	91
92	OBSERVATION BEDS	5,156,463					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	333,309,972		8,743,392		28,346	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-T133) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	PPS	COST SERVICES	COST SVCS NOT
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.460145						50
51 RECOVERY ROOM	0.352350						51
52 DELIVERY ROOM & LABOR ROOM	0.723620						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.241363	3,577			863		54
54.02 ULTRASOUND	0.104989	7,526			790		54.02
56 RADIOISOTOPE	0.143683	1,325			190		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119	7,343			493		57
59 CARDIAC CATHETERIZATION	0.130357						59
60 LABORATORY	0.092442	1,453			134		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.118326	109			13		65
66 PHYSICAL THERAPY	0.322997						66
67 OCCUPATIONAL THERAPY	0.352878						67
68 SPEECH PATHOLOGY	0.521116						68
69 ELECTROCARDIOLOGY	0.093509	2,840			266		69
70 ELECTROENCEPHALOGRAPHY	0.279951						70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.289158						71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950						72
73 DRUGS CHARGED TO PATIENTS	0.248037						73
74 RENAL DIALYSIS	0.403197	3,670			1,480		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	0.102742						90
91 EMERGENCY	0.239204	503			120		91
92 OBSERVATION BEDS	0.465044						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		28,346			4,349		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		28,346			4,349		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	PGM DAYS	(COL.5 x COL.6)	
	1	2	3	5	6	7	
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	972,299		972,299	29.07	11,445	332,706	30
31 INTENSIVE CARE UNIT	279,755		279,755	54.37	991	53,881	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	147,319		147,319	24.60	1,087	26,740	41
42 SUBPROVIDER I							42
43 NURSERY					898		43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	1,399,373		1,399,373		14,421	413,327	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0133) [] IPF [] IRF	[] SUB (OTHER)	[XX] PPS [] TEFRA [] 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					466,265	13,616,319	0.034243	1,480,809	50,707	50
51					45,260	2,104,800	0.021503	207,544	4,463	51
52					269,666	5,891,615	0.045771	1,315,294	60,202	52
53										53
54					811,074	18,212,128	0.044535	1,246,364	55,507	54
54.02					21,035	10,141,314	0.002074	926,130	1,921	54.02
56					89,913	6,885,989	0.013057	722,043	9,428	56
57					157,253	30,273,464	0.005194	2,393,729	12,433	57
59					106,408	6,092,119	0.017467	939,579	16,412	59
60					243,423	87,311,424	0.002788	13,186,023	36,763	60
62.30										62.30
65					94,288	20,500,989	0.004599	4,402,078	20,245	65
66					61,088	5,394,182	0.011325	195,625	2,215	66
67					24,927	2,623,400	0.009502	116	1	67
68					17,689	643,216	0.027501	45,017	1,238	68
69					151,446	15,496,518	0.009773	1,839,294	17,975	69
70					22,319	636,193	0.035082	92,073	3,230	70
70.01										70.01
71					134,436	7,832,739	0.017163	967,395	16,603	71
72					160,739	6,401,341	0.025110	881,277	22,129	72
73					275,687	26,734,638	0.010312	5,518,715	56,909	73
74					26,360	1,681,799	0.015674	369,269	5,788	74
76.97										76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90					112,419	10,188,894	0.011033	807,776	8,912	90
91					400,903	49,490,428	0.008101	3,351,135	27,148	91
92					108,581	5,156,463	0.021057			92
OTHER REIMBURSABLE COST CENTERS										
200					3,801,179	333,309,972		40,887,285	430,229	200

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
 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: 2011.10
 11/29/2012 14:54

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

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
 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: 2011.10
 11/29/2012 14:54

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	33,446		11,445		30
31 INTENSIVE CARE UNIT	5,145		991		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF	5,988		1,087		41
42 SUBPROVIDER I					42
43 NURSERY	1,025		898		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	45,604		14,421		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0133)	[]	SUB (OTHER)	[]	ICF/MR	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	IRF	[]	NF			[]	OTHER
COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P				
	PHYSICIAN						SCHOOL	HEALTH	MEDICAL	COST
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF				
	COST			COST	COLS.1-4)	COLS.2-4)				
	1	2	3	4	5	6				
ANCILLARY SERVICE COST CENTERS										
50	OPERATING ROOM					50				
51	RECOVERY ROOM					51				
52	DELIVERY ROOM & LABOR ROOM					52				
53	ANESTHESIOLOGY					53				
54	RADIOLOGY-DIAGNOSTIC					54				
54.02	ULTRASOUND					54.02				
56	RADIOISOTOPE					56				
57	COMPUTED TOMOGRAPHY (CT) SCAN					57				
59	CARDIAC CATHETERIZATION					59				
60	LABORATORY					60				
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30				
65	RESPIRATORY THERAPY					65				
66	PHYSICAL THERAPY					66				
67	OCCUPATIONAL THERAPY					67				
68	SPEECH PATHOLOGY					68				
69	ELECTROCARDIOLOGY					69				
70	ELECTROENCEPHALOGRAPHY					70				
70.01	SLEEP LAB					70.01				
71	MEDICAL SUPPLIES CHRGED TO PA					71				
72	IMPL. DEV. CHARGED TO PATIENT					72				
73	DRUGS CHARGED TO PATIENTS					73				
74	RENAL DIALYSIS					74				
76.97	CARDIAC REHABILITATION					76.97				
76.98	HYPERBARIC OXYGEN THERAPY					76.98				
76.99	LITHOTRIPSY					76.99				
OUTPATIENT SERVICE COST CENTERS										
90	CLINIC					90				
91	EMERGENCY					91				
92	OBSERVATION BEDS					92				
OTHER REIMBURSABLE COST CENTERS										
200	TOTAL (SUM OF LINES 50-199)					200				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-0133)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	13,616,319			1,480,809		50
51	RECOVERY ROOM	2,104,800			207,544		51
52	DELIVERY ROOM & LABOR ROOM	5,891,615			1,315,294		52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	18,212,128			1,246,364		54
54.02	ULTRASOUND	10,141,314			926,130		54.02
56	RADIOISOTOPE	6,885,989			722,043		56
57	COMPUTED TOMOGRAPHY (CT) SCA	30,273,464			2,393,729		57
59	CARDIAC CATHETERIZATION	6,092,119			939,579		59
60	LABORATORY	87,311,424			13,186,023		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	20,500,989			4,402,078		65
66	PHYSICAL THERAPY	5,394,182			195,625		66
67	OCCUPATIONAL THERAPY	2,623,400			116		67
68	SPEECH PATHOLOGY	643,216			45,017		68
69	ELECTROCARDIOLOGY	15,496,518			1,839,294		69
70	ELECTROENCEPHALOGRAPHY	636,193			92,073		70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGED TO P	7,832,739			967,395		71
72	IMPL. DEV. CHARGED TO PATIEN	6,401,341			881,277		72
73	DRUGS CHARGED TO PATIENTS	26,734,638			5,518,715		73
74	RENAL DIALYSIS	1,681,799			369,269		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	10,188,894			807,776		90
91	EMERGENCY	49,490,428			3,351,135		91
92	OBSERVATION BEDS	5,156,463					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	333,309,972			40,887,285		200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0133) [] 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	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.460145						50
51 RECOVERY ROOM	0.352350						51
52 DELIVERY ROOM & LABOR ROOM	0.723620						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.241363						54
54.02 ULTRASOUND	0.104989						54.02
56 RADIOISOTOPE	0.143683						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119						57
59 CARDIAC CATHETERIZATION	0.130357						59
60 LABORATORY	0.092442						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.118326						65
66 PHYSICAL THERAPY	0.322997						66
67 OCCUPATIONAL THERAPY	0.352878						67
68 SPEECH PATHOLOGY	0.521116						68
69 ELECTROCARDIOLOGY	0.093509						69
70 ELECTROENCEPHALOGRAPHY	0.279951						70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.289158						71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950						72
73 DRUGS CHARGED TO PATIENTS	0.248037						73
74 RENAL DIALYSIS	0.403197						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	0.102742						90
91 EMERGENCY	0.239204						91
92 OBSERVATION BEDS	0.465044						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-T133)	[] SUB (OTHER)	[XX] PPS [] TEFRA [] 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					466,265	13,616,319	0.034243	6,225	213	50
51					45,260	2,104,800	0.021503	872	19	51
52					269,666	5,891,615	0.045771			52
53										53
54					811,074	18,212,128	0.044535	27,766	1,237	54
54.02					21,035	10,141,314	0.002074	14,000	29	54.02
56					89,913	6,885,989	0.013057	9,118	119	56
57					157,253	30,273,464	0.005194	21,671	113	57
59					106,408	6,092,119	0.017467			59
60					243,423	87,311,424	0.002788	488,139	1,361	60
62.30										62.30
65					94,288	20,500,989	0.004599	79,630	366	65
66					61,088	5,394,182	0.011325	372,603	4,220	66
67					24,927	2,623,400	0.009502	426,843	4,056	67
68					17,689	643,216	0.027501	68,333	1,879	68
69					151,446	15,496,518	0.009773	20,696	202	69
70					22,319	636,193	0.035082	1,325	46	70
70.01										70.01
71					134,436	7,832,739	0.017163	21,851	375	71
72					160,739	6,401,341	0.025110	3,834	96	72
73					275,687	26,734,638	0.010312	193,024	1,990	73
74					26,360	1,681,799	0.015674	12,236	192	74
76.97										76.97
76.98										76.98
76.99										76.99
OUTPATIENT SERVICE COST CENTERS										
90					112,419	10,188,894	0.011033	19,523	215	90
91					400,903	49,490,428	0.008101			91
92					108,581	5,156,463	0.021057			92
OTHER REIMBURSABLE COST CENTERS										
200					3,801,179	333,309,972		1,787,689	16,728	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	[]	TITLE XVIII-PT A	[]	IPF	[]	SNF			[]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	IRF (14-T133)	[]	NF			[]	OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN					
	ANESTHETIST			EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50	OPERATING ROOM					50
51	RECOVERY ROOM					51
52	DELIVERY ROOM & LABOR ROOM					52
53	ANESTHESIOLOGY					53
54	RADIOLOGY-DIAGNOSTIC					54
54.02	ULTRASOUND					54.02
56	RADIOISOTOPE					56
57	COMPUTED TOMOGRAPHY (CT) SCAN					57
59	CARDIAC CATHETERIZATION					59
60	LABORATORY					60
62.30	BLOOD CLOTTING FOR HEMOPHILIA					62.30
65	RESPIRATORY THERAPY					65
66	PHYSICAL THERAPY					66
67	OCCUPATIONAL THERAPY					67
68	SPEECH PATHOLOGY					68
69	ELECTROCARDIOLOGY					69
70	ELECTROENCEPHALOGRAPHY					70
70.01	SLEEP LAB					70.01
71	MEDICAL SUPPLIES CHRGED TO PA					71
72	IMPL. DEV. CHARGED TO PATIENT					72
73	DRUGS CHARGED TO PATIENTS					73
74	RENAL DIALYSIS					74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS						
90	CLINIC					90
91	EMERGENCY					91
92	OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS						
200	TOTAL (SUM OF LINES 50-199)					200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[] HOSPITAL	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[XX] IRF (14-T133)	[] NF		[] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	13,616,319		6,225			50
51	RECOVERY ROOM	2,104,800		872			51
52	DELIVERY ROOM & LABOR ROOM	5,891,615					52
53	ANESTHESIOLOGY						53
54	RADIOLOGY-DIAGNOSTIC	18,212,128		27,766			54
54.02	ULTRASOUND	10,141,314		14,000			54.02
56	RADIOISOTOPE	6,885,989		9,118			56
57	COMPUTED TOMOGRAPHY (CT) SCA	30,273,464		21,671			57
59	CARDIAC CATHETERIZATION	6,092,119					59
60	LABORATORY	87,311,424		488,139			60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	20,500,989		79,630			65
66	PHYSICAL THERAPY	5,394,182		372,603			66
67	OCCUPATIONAL THERAPY	2,623,400		426,843			67
68	SPEECH PATHOLOGY	643,216		68,333			68
69	ELECTROCARDIOLOGY	15,496,518		20,696			69
70	ELECTROENCEPHALOGRAPHY	636,193		1,325			70
70.01	SLEEP LAB						70.01
71	MEDICAL SUPPLIES CHRGED TO P	7,832,739		21,851			71
72	IMPL. DEV. CHARGED TO PATIEN	6,401,341		3,834			72
73	DRUGS CHARGED TO PATIENTS	26,734,638		193,024			73
74	RENAL DIALYSIS	1,681,799		12,236			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	10,188,894		19,523			90
91	EMERGENCY	49,490,428					91
92	OBSERVATION BEDS	5,156,463					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	333,309,972		1,787,689			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-T133) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS				
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.460145						50
51 RECOVERY ROOM	0.352350						51
52 DELIVERY ROOM & LABOR ROOM	0.723620						52
53 ANESTHESIOLOGY							53
54 RADIOLOGY-DIAGNOSTIC	0.241363						54
54.02 ULTRASOUND	0.104989						54.02
56 RADIOISOTOPE	0.143683						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119						57
59 CARDIAC CATHETERIZATION	0.130357						59
60 LABORATORY	0.092442						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.118326						65
66 PHYSICAL THERAPY	0.322997						66
67 OCCUPATIONAL THERAPY	0.352878						67
68 SPEECH PATHOLOGY	0.521116						68
69 ELECTROCARDIOLOGY	0.093509						69
70 ELECTROENCEPHALOGRAPHY	0.279951						70
70.01 SLEEP LAB							70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.289158						71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950						72
73 DRUGS CHARGED TO PATIENTS	0.248037						73
74 RENAL DIALYSIS	0.403197						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	0.102742						90
91 EMERGENCY	0.239204						91
92 OBSERVATION BEDS	0.465044						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 (14-0133) [] 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)	33,446	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	33,446	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,711	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,194	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)	21,473,184	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	21,473,184	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37,680,456	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,680,456	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.569876	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,268.23	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)	21,473,184	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0133) [] 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) 642.03 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 8,470,944 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) 8,470,944 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,775,296	5,145	1,511.23	2,710	4,095,433	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)					14,070,628	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					26,637,005	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 530,893 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 864,187 51
 52 TOTAL PROGRAM EXCLUDABLE COST 1,395,080 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 25,241,925 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) 3,735 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 642.03 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 2,397,982 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	972,299	21,473,184	0.045280	2,397,982	108,581	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-T133) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,988	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,988	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,988	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)	4,505	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,387,532	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,387,532	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,744	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,744	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.562090	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,303.56	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,387,532	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-T133) [] 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)	732.72 38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,300,904 39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)	40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)	3,300,904 41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,104,613 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,405,517 49
PASS-THROUGH COST ADJUSTMENTS	
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	110,823 50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	82,198 51
52 TOTAL PROGRAM EXCLUDABLE COST	193,021 52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	5,212,496 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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	33,446	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	33,446	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,711	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)	11,445	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	1,025	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	898	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)	21,473,184	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	21,473,184	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37,680,456	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37,680,456	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.569876	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,268.23	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)	21,473,184	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0133) [] SUB (OTHER) [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 642.03 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 7,348,033 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) 7,348,033 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)		1,025		898		42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	7,775,296	5,145	1,511.23	991	1,497,629	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)					7,568,549	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					16,414,211	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 386,587 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 430,229 51
 52 TOTAL PROGRAM EXCLUDABLE COST 816,816 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 15,597,395 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) 3,735 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

	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						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 TITLE XIX-INPT IRF (14-T133) NF OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,988	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,988	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,988	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,087	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,387,532	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,387,532	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,744	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,744	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	0.562090	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)	1,303.56	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	4,387,532	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[XX]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T133)			[]	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)	732.72 38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	796,467 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)	796,467 41
48	PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	440,293 48
49	TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	1,236,760 49

PASS-THROUGH COST ADJUSTMENTS		
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	26,740 50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	16,728 51
52	TOTAL PROGRAM EXCLUDABLE COST	43,468 52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	1,193,292 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 (14-0133) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		18,193,514		30
31 INTENSIVE CARE UNIT		6,312,056		31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.460145	3,015,575	1,387,602	50
51 RECOVERY ROOM	0.352350	492,314	173,467	51
52 DELIVERY ROOM & LABOR ROOM	0.723620	38,939	28,177	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.241363	3,743,923	903,644	54
54.02 ULTRASOUND	0.104989	1,986,199	208,529	54.02
56 RADIOISOTOPE	0.143683	2,001,208	287,540	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119	5,320,013	357,074	57
59 CARDIAC CATHETERIZATION	0.130357	2,463,377	321,118	59
60 LABORATORY	0.092442	23,826,732	2,202,591	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.118326	8,892,586	1,052,224	65
66 PHYSICAL THERAPY	0.322997	739,545	238,871	66
67 OCCUPATIONAL THERAPY	0.352878	3,587	1,266	67
68 SPEECH PATHOLOGY	0.521116	144,785	75,450	68
69 ELECTROCARDIOLOGY	0.093509	5,136,458	480,305	69
70 ELECTROENCEPHALOGRAPHY	0.279951	335,278	93,861	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.289158	2,431,813	703,178	71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950	2,683,416	1,129,584	72
73 DRUGS CHARGED TO PATIENTS	0.248037	9,760,975	2,421,083	73
74 RENAL DIALYSIS	0.403197	843,407	340,059	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	0.102742	2,628,354	270,042	90
91 EMERGENCY	0.239204	5,831,686	1,394,963	91
92 OBSERVATION BEDS	0.465044			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		82,320,170	14,070,628	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		82,320,170		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-T133) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		5,870,100		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.460145	63,303	29,129	50
51 RECOVERY ROOM	0.352350	11,465	4,040	51
52 DELIVERY ROOM & LABOR ROOM	0.723620			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.241363	171,130	41,304	54
54.02 ULTRASOUND	0.104989	88,069	9,246	54.02
56 RADIOISOTOPE	0.143683	21,371	3,071	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119	121,116	8,129	57
59 CARDIAC CATHETERIZATION	0.130357	9,427	1,229	59
60 LABORATORY	0.092442	2,247,916	207,802	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.118326	743,689	87,998	65
66 PHYSICAL THERAPY	0.322997	1,716,097	554,294	66
67 OCCUPATIONAL THERAPY	0.352878	1,973,523	696,413	67
68 SPEECH PATHOLOGY	0.521116	269,298	140,335	68
69 ELECTROCARDIOLOGY	0.093509	121,266	11,339	69
70 ELECTROENCEPHALOGRAPHY	0.279951	3,097	867	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.289158	184,715	53,412	71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950	6,375	2,684	72
73 DRUGS CHARGED TO PATIENTS	0.248037	747,405	185,384	73
74 RENAL DIALYSIS	0.403197	137,186	55,313	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	0.102742	94,956	9,756	90
91 EMERGENCY	0.239204	11,988	2,868	91
92 OBSERVATION BEDS	0.465044			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		8,743,392	2,104,613	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		8,743,392		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		12,980,750		30
31 INTENSIVE CARE UNIT		2,373,159		31
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.460145	1,480,809	681,387	50
51 RECOVERY ROOM	0.352350	207,544	73,128	51
52 DELIVERY ROOM & LABOR ROOM	0.723620	1,315,294	951,773	52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.241363	1,246,364	300,826	54
54.02 ULTRASOUND	0.104989	926,130	97,233	54.02
56 RADIOISOTOPE	0.143683	722,043	103,745	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119	2,393,729	160,665	57
59 CARDIAC CATHETERIZATION	0.130357	939,579	122,481	59
60 LABORATORY	0.092442	13,186,023	1,218,942	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.118326	4,402,078	520,880	65
66 PHYSICAL THERAPY	0.322997	195,625	63,186	66
67 OCCUPATIONAL THERAPY	0.352878	116	41	67
68 SPEECH PATHOLOGY	0.521116	45,017	23,459	68
69 ELECTROCARDIOLOGY	0.093509	1,839,294	171,991	69
70 ELECTROENCEPHALOGRAPHY	0.279951	92,073	25,776	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.289158	967,395	279,730	71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950	881,277	370,974	72
73 DRUGS CHARGED TO PATIENTS	0.248037	5,518,715	1,368,846	73
74 RENAL DIALYSIS	0.403197	369,269	148,888	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	0.102742	807,776	82,993	90
91 EMERGENCY	0.239204	3,351,135	801,605	91
92 OBSERVATION BEDS	0.465044			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		40,887,285	7,568,549	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		40,887,285		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T133) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF		1,297,480		41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.460145	6,225	2,864	50
51 RECOVERY ROOM	0.352350	872	307	51
52 DELIVERY ROOM & LABOR ROOM	0.723620			52
53 ANESTHESIOLOGY				53
54 RADIOLOGY-DIAGNOSTIC	0.241363	27,766	6,702	54
54.02 ULTRASOUND	0.104989	14,000	1,470	54.02
56 RADIOISOTOPE	0.143683	9,118	1,310	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.067119	21,671	1,455	57
59 CARDIAC CATHETERIZATION	0.130357			59
60 LABORATORY	0.092442	488,139	45,125	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.118326	79,630	9,422	65
66 PHYSICAL THERAPY	0.322997	372,603	120,350	66
67 OCCUPATIONAL THERAPY	0.352878	426,843	150,624	67
68 SPEECH PATHOLOGY	0.521116	68,333	35,609	68
69 ELECTROCARDIOLOGY	0.093509	20,696	1,935	69
70 ELECTROENCEPHALOGRAPHY	0.279951	1,325	371	70
70.01 SLEEP LAB				70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.289158	21,851	6,318	71
72 IMPL. DEV. CHARGED TO PATIENT	0.420950	3,834	1,614	72
73 DRUGS CHARGED TO PATIENTS	0.248037	193,024	47,877	73
74 RENAL DIALYSIS	0.403197	12,236	4,934	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	0.102742	19,523	2,006	90
91 EMERGENCY	0.239204			91
92 OBSERVATION BEDS	0.465044			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,787,689	440,293	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,787,689		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0133)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	26,042,932	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	80,803	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS		3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	218.80	4
INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS			
5	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS)		5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)		7
7.01	ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS.		7.01
8	ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002.		8
8.01	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS.		8.01
8.02	THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS)		8.02
9	SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS)		9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR		13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO		14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3		15
16	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM		16
17	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE		17
18	ADJUSTED ROLLING AVERAGE FTE COUNT		18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)		19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)		21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)		22
INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON			
23	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C)		23
24	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		24
25	IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS)		25
26	RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4)		26
27	IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS)		27
28	IME ADJUSTMENT (SEE INSTRUCTIONS)		28
29	TOTAL IME PAYMENT (SUM OF LINES 22 AND 28)		29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.1466	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.3716	31
32	SUM OF LINES 30 AND 31	0.5182	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.3197	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	8,325,925	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)	3,596	40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	452	41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	12.57	42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)	2,588	43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)	0.817952	44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	405.45	45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)	149,901	46
47	SUBTOTAL (SEE INSTRUCTIONS)	34,599,561	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)	34,599,561	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	2,345,745	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0133)
 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)		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)	36,945,306	59
60	PRIMARY PAYER PAYMENTS	3,868	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	36,941,438	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,498,112	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	238,115	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	1,543,451	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,080,416	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,052,173	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	35,285,627	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)	13,247	70
70.96	LOW VOLUME PAYMENT ADJUSTMENT - 1	-2,482	70.96
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	35,296,392	71
72	INTERIM PAYMENTS	33,804,253	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	1,492,139	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL (14-0133) IPF IRF
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,482	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)	6,020,750	2
3	PPS PAYMENTS	4,829,994	3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)	4,096	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)	10,482	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES	42,258	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)	42,258	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)	42,258	18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))	31,776	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)	10,482	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)	4,834,090	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,178,458	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	3,666,114	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)	3,666,114	30
31	PRIMARY PAYER PAYMENTS	877	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	3,665,237	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)	494,008	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	345,806	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	363,124	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	4,011,043	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	4,011,043	40
41	INTERIM PAYMENTS	4,037,193	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-26,150	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T133)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPS (SEE INSTRUCTIONS)	4,349	2
3	PPS PAYMENTS	5,669	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)	5,669	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,531	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	4,138	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	4,138	30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	4,138	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	4,138	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	4,138	40
41	INTERIM PAYMENTS	4,138	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0133) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		32,484,457		3,656,733
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.		1,094,439		354,840
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 03/02/2012	225,357	03/02/2012	25,620
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51		NONE	3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		225,357		25,620
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		33,804,253		4,037,193

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [XX] IRF (14-T133) [] SWING BED SNF

INPATIENT
 PART A PART B

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,278,034		4,138
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
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 03/02/2012	82,476		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.50	NONE		3.09
	.51			3.50
	.52			3.51
	.53			3.52
	.54			3.53
	.55			3.54
	.56			3.55
	.57			3.56
	.58			3.57
	.59			3.58
	.99			3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		82,476		3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		7,360,510		4,138

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			6.02
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)				7

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

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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: 2011.10
11/29/2012 14:54

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0133) [] 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	9,297	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	15,904	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	1,134	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	34,856	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	391,114,164	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	49,577,497	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-T133)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	6,685,691	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.080100	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	756,593	3
4	OUTLIER PAYMENTS	24,472	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)	16.360656	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)	7,466,756	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)	7,466,756	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	7,466,756	19
20	DEDUCTIBLES	56,116	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	7,410,640	21
22	COINSURANCE	21,056	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	7,389,584	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	15,426	24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,798	25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	15,426	26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	7,400,382	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)	7,400,382	32
33	INTERIM PAYMENTS	7,360,510	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	39,872	35
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		36

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-0133) [] SNF [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8	15,367,830	8
9	40,887,285	9
10		10
11		11
12	56,255,115	12
CUSTOMARY CHARGES		
13		13
14		14
15	1.000000	1.000000 15
16	56,255,115	16
17	56,255,115	17
18		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 [XX] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T133) [] ICF/MR [] OTHER
 [] SUB (OTHER)

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

	INPATIENT	OUTPATIENT
	TITLE V OR	TITLE V OR
	TITLE XIX	TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES		1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)		4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)		7
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	1,297,480	8
9 ANCILLARY SERVICE CHARGES	1,787,689	9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	3,085,169	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,085,169	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))	3,085,169	17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))		18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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	18,335,613			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	37,034,056			4
5	OTHER RECEIVABLES	447,888			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-25,221,186			6
7	INVENTORY	1,555,118			7
8	PREPAID EXPENSES	342,194			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	1,019,881			10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	33,513,564			11
FIXED ASSETS					
12	LAND	1,337,233			12
13	LAND IMPROVEMENTS	1,530,991			13
14	ACCUMULATED DEPRECIATION	-1,392,661			14
15	BUILDINGS	53,002,024			15
16	ACCUMULATED DEPRECIATION	-32,978,399			16
17	LEASEHOLD IMPROVEMENTS	373,057			17
18	ACCUMULATED AMORTIZATION	-356,702			18
19	FIXED EQUIPMENT	25,166,251			19
20	ACCUMULATED DEPRECIATION	-21,206,295			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	50,800,550			23
24	ACCUMULATED DEPRECIATION	-43,695,390			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE	894,919			29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	33,475,578			30
OTHER ASSETS					
31	INVESTMENTS	7,645,948			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	4,039,031			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	11,684,979			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	78,674,121			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	4,945,552			37
38	SALARIES, WAGES & FEES PAYABLE	6,036,941			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)				40
41	DEFERRED INCOME	8,277			41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	6,793,470			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	17,784,240			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE				47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	40,129,276			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	40,129,276			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	57,913,516			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	20,760,605			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)	20,760,605			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	78,674,121			60

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4	ENDOWMENT FUND 5	6	PLANT FUND 7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		33,921,633							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		1,194,613							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		35,116,246							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CONTRIBUTIONS		4,529,639							5
6 PENSION PLAN ADJUSTMENT									6
7 GAINS AND ADJUSTMENTS POST R		469,069							7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		4,998,708							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		40,114,954							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 EXPENDITURES		278,909							13
14 LOSS POSTRETIREMENT PLAN		19,075,440							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		19,354,349							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		20,760,605							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	37,680,456		37,680,456	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	7,805,744		7,805,744	5
6 SWING BED - SNF				6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	45,486,200		45,486,200	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	12,317,992		12,317,992	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	12,317,992		12,317,992	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	57,804,192		57,804,192	17
18 ANCILLARY SERVICES	178,521,780		178,521,780	18
19 OUTPATIENT SERVICES		154,788,192	154,788,192	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 PHYSICIAN REVENUE		2,792,596	2,792,596	27
27.01 NUTRITIONAL REVENUE		2,003	2,003	27.01
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	236,325,972	157,582,791	393,908,763	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		103,490,979	29
30 BAD DEBTS	9,660,422		30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		9,660,422	36
37 DEDUCT (SPECIFY)	-1		37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-1	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		113,151,400	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	393,908,763	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	299,979,078	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	93,929,685	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	113,151,400	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-19,221,715	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	76,657	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	19,375	11
12	PARKING LOT RECEIPTS	98,931	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	333,014	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	9,284	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	20,738	21
22	RENTAL OF HOSPITAL SPACE	612,969	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (OTHER REVENUE)	350,173	24
24.01	OTHER (SALE OF SCRAP)	1,501	24.01
24.02	OTHER (CAPITATION REVENUE)	617,228	24.02
24.03	OTHER (HCHP BONUS)	372,000	24.03
24.04	OTHER (PROVIDER TAX)	12,889,822	24.04
24.05	OTHER (SNAP)	2,700,180	24.05
24.06	OTHER (GRANT INCOME)	509,959	24.06
24.07	OTHER (NET ASSETS RELEASED FROM RESTRICTIO)		24.07
24.08	OTHER (CHAP INCOME)	900,060	24.08
24.09	OTHER (UNREALIZED GAIN ON INVESTMENTS)	71,975	24.09
24.10	OTHER (INSURANCE PROCEEDS)	832,462	24.10
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	20,416,328	25
26	TOTAL (LINE 5 PLUS LINE 25)	1,194,613	26
27	OTHER EXPENSES (ROUNDING)		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)	1,194,613	29

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-013) [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	2,108,753	1
2	CAPITAL DRG OUTLIER PAYMENTS	3,764	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	95.23	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)		4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)		6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.1466	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.3716	8
9	SUM OF LINES 7 AND 8	0.5182	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1106	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	233,228	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	2,345,745	12

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-013) [XX] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
BOXES [XX] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

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

PART II - PAYMENT UNDER REASONABLE COST

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

PART III - COMPUTATION OF EXCEPTION PAYMENTS

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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING						5.03
5.04 BUSINESS OFFICE						5.04
5.05 OTHER ADMINISTRATIVE & GENERAL						5.05
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES AP						21
22 I&R SRVCES-OTHER PRGM COSTS AP						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS						30
31 INTENSIVE CARE UNIT						31
41 SUBPROVIDER - IRF						41
43 NURSERY						43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
51 RECOVERY ROOM						51
52 DELIVERY ROOM & LABOR ROOM						52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.02 ULTRASOUND						54.02
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIC						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGED TO PAT						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
91 EMERGENCY						91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF						99.10
99.20 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 OUTPATIENT OCCUPATIONAL THERAP						99.30
99.40 OUTPATIENT SPEECH PATHOLOGY						99.40
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)						118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CA						190
190.01 SISTERS & PRIESTS MAINTENANCE						190.01
192 PHYSICIANS' PRIVATE OFFICES						192
194 SEASON HOSPICE						194

PROVIDER CCN: 14-0133 HOLY CROSS HOSPITAL
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)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	2A	24	25	26	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)						202
203 TOTAL STATISTICAL BASIS						203
204 UNIT COST MULTIPLIER						204
204 UNIT COST MULTIPLIER						204

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
30 ADULTS & PEDIATRICS	39.45		34.22				73.67 30
31 INTENSIVE CARE UNIT	52.67		19.26				71.93 31
43 NURSERY			87.61				87.61 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	22.15	20.47	10.88				53.50 50
51 RECOVERY ROOM	23.39	19.67	9.86				52.92 51
52 DELIVERY ROOM & LABOR ROOM	0.66	0.45	22.32				23.43 52
54 RADIOLOGY-DIAGNOSTIC	20.56	13.03	6.84				40.43 54
54.02 ULTRASOUND	19.59	8.30	9.13				37.02 54.02
56 RADIOISOTOPE	29.06	14.35	10.49				53.90 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	17.57	12.64	7.91				38.12 57
59 CARDIAC CATHETERIZATION	40.44	7.43	15.42				63.29 59
60 LABORATORY	27.29		15.10				42.39 60
65 RESPIRATORY THERAPY	43.38	1.47	21.47				66.32 65
66 PHYSICAL THERAPY	13.71		3.63				17.34 66
67 OCCUPATIONAL THERAPY	0.14						0.14 67
68 SPEECH PATHOLOGY	22.51		7.00				29.51 68
69 ELECTROCARDIOLOGY	33.15	13.05	11.87				58.07 69
70 ELECTROENCEPHALOGRAPHY	52.70	5.02	14.47				72.19 70
71 MEDICAL SUPPLIES CHRGD TO PATI	31.05	19.33	12.35				62.73 71
72 IMPL. DEV. CHARGED TO PATIENT	41.92	15.61	13.77				71.30 72
73 DRUGS CHARGED TO PATIENTS	36.51	4.50	20.64				61.65 73
74 RENAL DIALYSIS	50.15	5.23	21.96				77.34 74
90 CLINIC	25.80	22.97	7.93				56.70 90
91 EMERGENCY	11.78	8.97	6.77				27.52 91
92 OBSERVATION BEDS		30.70					30.70 92
200 TOTAL CHARGES	24.70	7.87	12.27				44.84 200

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

SUBPROVIDER-IRF

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
41 SUBPROVIDER - IRF	75.23		18.15				93.38 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.46		0.05				0.51 50
51 RECOVERY ROOM	0.54		0.04				0.58 51
54 RADIOLOGY-DIAGNOSTIC	0.94	0.02	0.15				1.11 54
54.02 ULTRASOUND	0.87	0.07	0.14				1.08 54.02
56 RADIOISOTOPE	0.31	0.02	0.13				0.46 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.40	0.02	0.07				0.49 57
59 CARDIAC CATHETERIZATION	0.15						0.15 59
60 LABORATORY	2.57		0.56				3.13 60
65 RESPIRATORY THERAPY	3.63		0.39				4.02 65
66 PHYSICAL THERAPY	31.81		6.91				38.72 66
67 OCCUPATIONAL THERAPY	75.23		16.27				91.50 67
68 SPEECH PATHOLOGY	41.87		10.62				52.49 68
69 ELECTROCARDIOLOGY	0.78	0.02	0.13				0.93 69
70 ELECTROENCEPHALOGRAPHY	0.49		0.21				0.70 70
71 MEDICAL SUPPLIES CHRGD TO PATI	2.36		0.28				2.64 71
72 IMPL. DEV. CHARGED TO PATIENT	0.10		0.06				0.16 72
73 DRUGS CHARGED TO PATIENTS	2.80		0.72				3.52 73
74 RENAL DIALYSIS	8.16	0.22	0.73				9.11 74
90 CLINIC	0.93		0.19				1.12 90
91 EMERGENCY	0.02						0.02 91
200 TOTAL CHARGES	2.62	0.01	0.54				3.17 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	2,205,991	2.28	-2,205,991	-5.20			1
2	CAP REL COSTS-MVBLE EQUIP	3,056,206	3.15	-3,056,206	-7.20			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	4,617,265	4.76	-4,617,265	-10.88			4
5.01	COMMUNICATIONS	426,715	0.44	-426,715	-1.01			5.01
5.02	DATA PROCESSING	1,269,614	1.31	-1,269,614	-2.99			5.02
5.03	PURCHASING	318,175	0.33	-318,175	-0.75			5.03
5.04	BUSINESS OFFICE	2,166,834	2.24	-2,166,834	-5.11			5.04
5.05	OTHER ADMINISTRATIVE & GENERAL	15,404,597	15.89	-15,404,597	-36.29			5.05
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	5,463,936	5.64	-5,463,936	-12.87			7
8	LAUNDRY & LINEN SERVICE	922,269	0.95	-922,269	-2.17			8
9	HOUSEKEEPING	1,518,114	1.57	-1,518,114	-3.58			9
10	DIETARY	903,774	0.93	-903,774	-2.13			10
11	CAFETERIA	558,795	0.58	-558,795	-1.32			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	751,717	0.78	-751,717	-1.77			13
14	CENTRAL SERVICES & SUPPLY	296,686	0.31	-296,686	-0.70			14
15	PHARMACY							15
16	MEDICAL RECORDS & LIBRARY	2,562,659	2.64	-2,562,659	-6.04			16
17	SOCIAL SERVICE							17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP							21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED ED PRGM-(SPECIFY)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	11,292,227	11.65	10,180,677	23.99	21,472,904	22.16	30
31	INTENSIVE CARE UNIT	4,679,306	4.83	3,095,990	7.29	7,775,296	8.02	31
41	SUBPROVIDER - IRF	2,616,821	2.70	1,770,711	4.17	4,387,532	4.53	41
43	NURSERY							43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	3,268,711	3.37	2,996,766	7.06	6,265,477	6.46	50
51	RECOVERY ROOM	417,767	0.43	323,860	0.76	741,627	0.77	51
52	DELIVERY ROOM & LABOR ROOM	2,408,443	2.48	1,854,847	4.37	4,263,290	4.40	52
53	ANESTHESIOLOGY							53
54	RADIOLOGY-DIAGNOSTIC	1,697,051	1.75	2,698,676	6.36	4,395,727	4.54	54
54.02	ULTRASOUND	630,361	0.65	434,361	1.02	1,064,722	1.10	54.02
56	RADIOISOTOPE	539,790	0.56	449,609	1.06	989,399	1.02	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,000,223	1.03	1,031,687	2.43	2,031,910	2.10	57
59	CARDIAC CATHETERIZATION	433,470	0.45	360,680	0.85	794,150	0.82	59
60	LABORATORY	4,641,021	4.79	3,430,186	8.08	8,071,207	8.33	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	1,394,210	1.44	1,031,582	2.43	2,425,792	2.50	65
66	PHYSICAL THERAPY	1,102,711	1.14	639,594	1.51	1,742,305	1.80	66
67	OCCUPATIONAL THERAPY	635,721	0.66	290,019	0.68	925,740	0.96	67
68	SPEECH PATHOLOGY	185,667	0.19	149,523	0.35	335,190	0.35	68
69	ELECTROCARDIOLOGY	684,931	0.71	764,130	1.80	1,449,061	1.50	69
70	ELECTROENCEPHALOGRAPHY	40,063	0.04	138,040	0.33	178,103	0.18	70
70.01	SLEEP LAB							70.01
71	MEDICAL SUPPLIES CHRGD TO PATI	1,382,806	1.43	882,090	2.08	2,264,896	2.34	71
72	IMPL. DEV. CHARGED TO PATIENT	1,680,424	1.73	1,014,221	2.39	2,694,645	2.78	72
73	DRUGS CHARGED TO PATIENTS	4,535,729	4.68	2,095,443	4.94	6,631,172	6.84	73
74	RENAL DIALYSIS	453,366	0.47	224,730	0.53	678,096	0.70	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90	CLINIC	377,763	0.39	669,064	1.58	1,046,827	1.08	90
91	EMERGENCY	7,085,823	7.31	4,752,473	11.20	11,838,296	12.21	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS								
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN			347,461	0.82	347,461	0.36	190
190.01	SISTERS & PRIESTS MAINTENANCE	16,047	0.02	4,169	0.01	20,216	0.02	190.01
192	PHYSICIANS' PRIVATE OFFICES	1,275,499	1.32	695,694	1.64	1,971,193	2.03	192
194	SEASON HOSPICE			117,064	0.28	117,064	0.12	194
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	96,919,298	100.00			96,919,298	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	466,265	13,616,319	0.034243	3,015,575	103,262	50
51 RECOVERY ROOM	45,260	2,104,800	0.021503	492,314	10,586	51
52 DELIVERY ROOM & LABOR ROOM	269,666	5,891,615	0.045771	38,939	1,782	52
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC	811,074	18,212,128	0.044535	3,743,923	166,736	54
54.02 ULTRASOUND	21,035	10,141,314	0.002074	1,986,199	4,119	54.02
56 RADIOISOTOPE	89,913	6,885,989	0.013057	2,001,208	26,130	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	157,253	30,273,464	0.005194	5,320,013	27,632	57
59 CARDIAC CATHETERIZATION	106,408	6,092,119	0.017467	2,463,377	43,028	59
60 LABORATORY	243,423	87,311,424	0.002788	23,826,732	66,429	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	94,288	20,500,989	0.004599	8,892,586	40,897	65
66 PHYSICAL THERAPY	61,088	5,394,182	0.011325	739,545	8,375	66
67 OCCUPATIONAL THERAPY	24,927	2,623,400	0.009502	3,587	34	67
68 SPEECH PATHOLOGY	17,689	643,216	0.027501	144,785	3,982	68
69 ELECTROCARDIOLOGY	151,446	15,496,518	0.009773	5,136,458	50,199	69
70 ELECTROENCEPHALOGRAPHY	22,319	636,193	0.035082	335,278	11,762	70
70.01 SLEEP LAB						70.01
71 MEDICAL SUPPLIES CHRGD TO PATI	134,436	7,832,739	0.017163	2,431,813	41,737	71
72 IMPL. DEV. CHARGED TO PATIENT	160,739	6,401,341	0.025110	2,683,416	67,381	72
73 DRUGS CHARGED TO PATIENTS	275,687	26,734,638	0.010312	9,760,975	100,655	73
74 RENAL DIALYSIS	26,360	1,681,799	0.015674	843,407	13,220	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	112,419	10,188,894	0.011033	2,628,354	28,999	90
91 EMERGENCY	400,903	49,490,428	0.008101	5,831,686	47,242	91
92 OBSERVATION BEDS	108,581	5,156,463	0.021057			92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	3,801,179	333,309,972		82,320,170	864,187	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	REDUCED CAPITAL RELATED COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
30	ADULTS & PEDIATRICS	972,299		972,299	33,446	29.07	13,194	383,550 30
31	INTENSIVE CARE UNIT	279,755		279,755	5,145	54.37	2,710	147,343 31
200	TOTAL	1,252,054		1,252,054	38,591		15,904	530,893 200
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								530,893
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								864,187
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								1,395,080
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)								3,671
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)								15,904
PER DISCHARGE CAPITAL COSTS								380.03
PER DIEM CAPITAL COSTS								87.72

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	25,241,925
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	106,825,740
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.236

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINE 41 + WKST D PART IV COL 11 LINE 200))	5,405,517
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 41 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-3 COLUMN 2 LINE 202	14,615,946
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.370

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5)	1,395,080
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.013

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96)	5,985,285
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96)	26,101,852
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.229