

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY FRANCISCAN ST. JAMES HEALTH (14-0172) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2012 AND ENDING 12/31/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		206,746	111,882		2,459,906	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF		-33,689				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		173,057	111,882		2,459,906	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: 20201 SOUTH CRAWFORD AVE P.O.BOX:
 2 CITY: OLYMPIA FIELDS STATE: IL ZIP CODE: 60461 COUNTY: COOK

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	FRANCISCAN ST. JAMES HEALTH	14-0172	16974	1	07/01/1966	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF	FRANCISCAN ST. JAMES HEALTH RE	14-T172	16974	5	07/01/1985	N	P	O	5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA	FRANCISCAN ST. JAMES HEALTH HH	14-7267	16974		05/24/1984	N	P	N	12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2012			TO: 12/31/2012					20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

22	DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2)(PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO.								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		OUT-OF-STATE		MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
		MEDICAID PAID DAYS 1	ELIGIBLE UNPAID DAYS 2	MEDICAID PAID DAYS 3	ELIGIBLE UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 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.	8,075	3,460	106			4,648		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.	147	45				198		25	
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				1				26	
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.				1				27	
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35	
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:			ENDING:		36	
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37	
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:			ENDING:		38	
39	DOES THE FACILITY POTENTIALLY QUALIFY FOR THE INPATIENT HOSPITAL ADJUSTMENT FOR LOW VOLUME HOSPITALS AS DEEMED BY CMS ACCORDING TO THE FEDERAL REGISTER? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. ADDITIONALLY, DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)								1 N	2 N 39

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V 1	XVIII 2	XIX 3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	Y	N	45
46	IS THIS FACILITY ELIGIBLE FOR ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III.	N	N	N	46
47	IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	47
48	IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	N	N	48

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS		1	2	3				
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y			56			
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57			
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58			
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59			
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60			
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61			
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)								
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62			
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01			
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS								
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	Y			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	8.05	UNWEIGHTED FTEs IN HOSPITAL	54.29	RATIO (COL.1/ (COL.1+COL.2))	0.129131	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)								
65	INTERNAL MEDICINE	PROGRAM NAME 1	PROGRAM CODE 2 1400	UNWEIGHTED FTEs NONPROVIDER SITE 3 3.84	UNWEIGHTED FTEs IN HOSPITAL 4 15.54	RATIO (COL.1/ (COL.3+COL.4)) 5 0.198142	65	
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	8.05	UNWEIGHTED FTEs IN HOSPITAL	54.29	RATIO (COL.1+COL.2)) 0.129131	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.		Y 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 N	XIX 2 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	N 92	
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	N 93	
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	N 94	
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95	
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.		N	N 96	
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97	
RURAL PROVIDERS					
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?		N	105	
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			106	
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			107	
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.		N	108	
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- SICAL Y	OCCUP- ATIONAL Y	RESPI- RATORY Y N

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-18 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	1		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: SELF INSURANCE:			118.01
118.02	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N		118.02
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

125	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.	N		125
126	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			126
127	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			127
128	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			128
129	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			129
130	IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			130
131	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			131
132	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			132
133	IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			133
134	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.			134

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2	140
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.				
141	NAME: 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	161

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/31/2013 15:21

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
PROVIDER ORGANIZATION AND OPERATION					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	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.	1 N	2	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
APPROVED EDUCATIONAL ACTIVITIES					
			Y/N	Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?		1 N	2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	Y		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
				Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y 12	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
PS&R REPORT DATA					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
		1	2	3	4
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	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)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

- | | Y/N | DATE | |
|---|-----|------|----|
| | 1 | 2 | |
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 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: MICHAEL | LAST NAME: CADDICK | TITLE: VICE PRESIDENT | 41 |
| 42 EMPLOYER: STRATEGIC REIMBURSEMENT, INC. | | | 42 |
| 43 PHONE NUMBER: 708 466-7240 | E-MAIL ADDRESS: MICHAEL.CADDICK@SRINC.ORG | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4 5	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)	
	1	2	3	4	5	6	
SALARIES							
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	99,611,747	103,240	99,714,987	3,549,449.00	28.09 1
2	NON-PHYSICIAN ANESTHETIST PART A						2
3	NON-PHYSICIAN ANESTHETIST PART B						3
4	PHYSICIAN-PART A ADMINISTRATIVE		75,005		75,005	2,080.00	36.06 4
4.01	PHYSICIAN-PART A - TEACHING						4.01
5	PHYSICIAN-PART B						5
6	NON-PHYSICIAN-PART B						6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21	193,447		193,447	6,803.00	28.44 7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)		6,210,158		6,210,158	168,126.00	36.94 7.01
8	HOME OFFICE PERSONNEL						8
9	SNF	44					9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		8,637,104	-133,790	8,503,314	222,804.00	38.16 10
OTHER WAGES & RELATED COSTS							
11	CONTRACT LABOR (SEE INSTRUCTIONS)		14,316,835		14,316,835	325,179.00	44.03 11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES						12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE		274,350		274,350	2,126.00	129.05 13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		12,962,718		12,962,718	252,491.00	51.34 14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE						15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING						16
WAGE-RELATED COSTS							
17	WAGE-RELATED COSTS (CORE)		27,872,705		27,872,705		17
18	WAGE-RELATED COSTS (OTHER)						18
19	EXCLUDED AREAS		2,479,798		2,479,798		19
20	NON-PHYSICIAN ANESTHETIST PART A						20
21	NON-PHYSICIAN ANESTHETIST PART B						21
22	PHYSICIAN PART A - ADMINISTRATIVE		22,939		22,939		22
22.01	PHYSICIAN PART A - TEACHING						22.01
23	PHYSICIAN PART B						23
24	WAGE-RELATED COSTS (RHC/FQHC)						24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)						25
OVERHEAD COSTS - DIRECT SALARIES							
26	EMPLOYEE BENEFITS		550,810		550,810	29,184.00	18.87 26
27	ADMINISTRATIVE & GENERAL		12,395,890	-399,598	11,996,292	397,933.00	30.15 27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)		386,578		386,578	1,577.00	245.14 28
29	MAINTENANCE & REPAIRS						29
30	OPERATION OF PLANT		3,591,925		3,591,925	154,526.00	23.24 30
31	LAUNDRY & LINEN SERVICE		225,905		225,905	15,250.00	14.81 31
32	HOUSEKEEPING		2,168,370		2,168,370	172,492.00	12.57 32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)						33
34	DIETARY		2,404,556	-1,625,638	778,918	53,803.00	14.48 34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)						35
36	CAFETERIA			1,621,484	1,621,484	112,002.00	14.48 36
37	MAINTENANCE OF PERSONNEL						37
38	NURSING ADMINISTRATION		1,367,525		1,367,525	35,089.00	38.97 38
39	CENTRAL SERVICES AND SUPPLY		795,770		795,770	51,139.00	15.56 39
40	PHARMACY		2,166,774		2,166,774	61,430.00	35.27 40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		2,004,332		2,004,332	92,775.00	21.60 41
42	SOCIAL SERVICE			640,782	640,782	26,346.00	24.32 42
43	OTHER GENERAL SERVICE						43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	93,594,720	103,240	93,697,960	3,376,097.00	27.75 1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	8,637,104	-133,790	8,503,314	222,804.00	38.16 2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	84,957,616	237,030	85,194,646	3,153,293.00	27.02 3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	27,553,903		27,553,903	579,796.00	47.52 4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	27,895,644		27,895,644		32.74 5
6	TOTAL (SUM OF LINES 3 THRU 5)	140,407,163	237,030	140,644,193	3,733,089.00	37.68 6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	28,058,435	237,030	28,295,465	1,203,546.00	23.51 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)	11,013,205	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)		4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)		
5 401K/TSA PLAN ADMINISTRATION FEES		5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		7
HEALTH AND INSURANCE COST		
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	8,482,671	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	1,110,837	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	61,985	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	517,214	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	1,513,160	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	7,257,578	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	254,575	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	164,216	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	30,375,441	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL	6,617,597	165,464	2
3	SUBPROVIDER - IPF	6,617,597	165,464	3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTC			10
11	HOSPITAL-BASED HHA			11
12	SEPARATELY CERTIFIED ASC			12
13	HOSPITAL-BASED HOSPICE			13
14	HOSPITAL-BASED HEALTH CLINIC - RHC			14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC			15
16	HOSPITAL-BASED (CMHC)			16
17	RENAL DIALYSIS			17
18	OTHER			18

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		8,024		1,714	9,738	1
2 UNDUPLICATED CENSUS COUNT (SEE INSTRUCTION)		1,051.00		773.00	1,832.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK: 40.00	----- NUMBER OF EMPLOYEES ----- (FULL TIME EQUIVALENT)			
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		0.96	0.96	4
5 OTHER ADMINISTRATIVE PERSONNEL		6.29	6.29	5
6 DIRECT NURSING SERVICE		23.85	23.85	6
7 NURSING SUPERVISOR		1.93	1.93	7
8 PHYSICAL THERAPY SERVICE			6.08	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE			1.95	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		0.13	0.29	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE			0.22	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		4.57	4.57	16
17 HOME HEALTH AIDE SUPERVISOR		0.97	0.97	17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY CBSA CODES

19 ENTER IN COLUMN 1 THE NUMBER OF CBSAs WHERE YOU PROVIDED SERVICES DURING THE COST REPORTING PERIOD.	1	19
20 LIST THOSE CBSA CODE(S) IN COLUMN 1 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE).	16974	20

PPS ACTIVITY

	FULL EPISODES				TOTAL (COLS. 1-4) 5	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4		
21 SKILLED NURSING VISITS	12,484	300	335	137	13,256	21
22 SKILLED NURSING VISIT CHARGES	2,309,540	55,500	61,975	25,345	2,452,360	22
23 PHYSICAL THERAPY VISITS	6,046	41	30	73	6,190	23
24 PHYSICAL THERAPY VISIT CHARGES	1,146,840	7,790	5,700	13,870	1,174,200	24
25 OCCUPATIONAL THERAPY VISITS	1,978	13	6	16	2,013	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	363,895	2,405	1,110	2,775	370,185	26
27 SPEECH PATHOLOGY VISITS	243	14		1	258	27
28 SPEECH PATHOLOGY VISIT CHARGES	44,215	2,590		185	46,990	28
29 MEDICAL SOCIAL SERVICE VISITS	153		7	4	164	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	35,955		1,645	940	38,540	30
31 HOME HEALTH AIDE VISITS	3,861	107	14	30	4,012	31
32 HOME HEALTH AIDE VISIT CHARGES	405,405	11,235	1,470	3,150	421,260	32
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29, AND 31)	24,765	475	392	261	25,893	33
34 OTHER CHARGES						34
35 TOTAL CHARGES (SUM OF LINES 22, 24, 26, 28, 30, 32 AND 34)	4,305,850	79,520	71,900	46,265	4,503,535	35
36 TOTAL NUMBER OF EPISODES (STANDARD/ NON-OUTLIER)	1,379		150	22	1,551	36
37 TOTAL NUMBER OF OUTLIER EPISODES		9			9	37
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES						38

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART 1, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.263402	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				38,019,876	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?				Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID					5
6	MEDICAID CHARGES				162,501,452	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				42,803,207	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.				4,783,331	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)						
9	NET REVENUE FROM STAND-ALONE SCHIP					9
10	STAND-ALONE SCHIP CHARGES					10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)					11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.					12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)						
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)					13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)					14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)					15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.					16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)						
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE					17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS					18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				4,783,331	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	46,301,105			46,301,105	20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	12,195,804			12,195,804	21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	243,364			243,364	22
23	COST OF CHARITY CARE	11,952,440			11,952,440	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)				13,613,969	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				2,295,688	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				11,318,281	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				2,981,258	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				14,933,698	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				19,717,029	30

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		5,995,965	5,995,965	7,757,159	1
2	00200		4,771,264	4,771,264	1,801,611	2
3	00300					3
4	00400	550,810	-5,151,087	-4,600,277	6,855,930	4
5	00500	12,395,890	67,578,132	79,974,022	-9,232,135	5
6	00600					6
7	00700	3,591,925	12,949,183	16,541,108	-68,571	7
8	00800	225,905	2,337,799	2,563,704		8
9	00900	2,168,370	2,351,107	4,519,477	-30,915	9
10	01000	2,404,556	2,623,700	5,028,256	-3,407,448	10
11	01100				3,390,745	11
12	01200					12
13	01300	1,367,525	1,173,782	2,541,307	-427,727	13
14	01400	795,770	4,426,730	5,222,500	-3,947,429	14
15	01500	2,166,774	15,819,632	17,986,406	-14,213,850	15
16	01600	2,004,332	1,030,610	3,034,942		16
17	01700				820,201	17
19	01900					19
20	02000					20
21	02100	193,447	7,025,063	7,218,510		21
22	02200					22
23	02300					23
23.01	02301					23.01
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	25,091,277	8,865,125	33,956,402	-1,134,529	30
31	03100	6,660,660	2,735,781	9,396,441	72,000	31
41	04100	1,741,498	567,273	2,308,771	30,000	41
43	04300				1,606,256	43
ANCILLARY SERVICE COST CENTERS						
50	05000	4,820,789	12,259,159	17,079,948	-5,120,176	50
50.01	05001	214,347	5,773,085	5,987,432		50.01
50.02	05002		1,820,988	1,820,988	-203,212	50.02
51	05100	891,984	259,410	1,151,394		51
53	05300	117,551	8,404,736	8,522,287		53
54	05400	3,056,782	1,046,901	4,103,683	-220,270	54
54.01	05401	881,455	630,954	1,512,409	127,355	54.01
55	05500	987,664	376,514	1,364,178		55
56	05600	644,283	921,413	1,565,696	53,820	56
57	05700	861,716	854,743	1,716,459	-113,995	57
58	05800	512,645	597,053	1,109,698	-65,138	58
59	05900	1,253,840	2,489,017	3,742,857	-1,128,605	59
60	06000		10,690,793	10,690,793	52,000	60
62.30	06250					62.30
65	06500	2,415,447	1,205,413	3,620,860	-33,388	65
65.01	06501	204,425	77,376	281,801	6,446	65.01
66	06600		2,139,913	2,139,913		66
66.01	06601		1,197,539	1,197,539	-190,719	66.01
66.02	06602		2,701,033	2,701,033		66.02
67	06700		1,225,146	1,225,146		67
68	06800	358,300	147,496	505,796		68
69	06900	1,409,142	817,030	2,226,172	-427,976	69
69.01	06901	758,649	3,823,911	4,582,560	-2,966,581	69.01
69.02	03650	273,533	77,323	350,856		69.02
70	07000	86,634	50,970	137,604		70
71	07100				3,947,429	71
72	07200				9,316,826	72
73	07300				14,213,850	73
74	07400		954,360	954,360		74
75	07500	1,191,288	357,409	1,548,697		75
76	03951	244,719	185,340	430,059		76
76.01	03952	637,442	367,766	1,005,208		76.01
76.97	07697	803,961	255,330	1,059,291	17,306	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90.01	09001	382,753	417,193	799,946		90.01
91	09100	8,348,053	3,331,552	11,679,605	337,760	91
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
101	10100	2,787,600	2,044,420	4,832,020	-308,716	101
SPECIAL PURPOSE COST CENTERS						
113	11300		7,393,323	7,393,323	-7,393,323	113
116	11600	186,202	122,266	308,468		116
118		95,689,943	210,116,934	305,806,877	-228,009	118
NONREIMBURSABLE COST CENTERS						
190	19000	69	302,862	302,931		190

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KPMG LLP COMPU-MAX MICRO SYSTEM
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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	
191	19100 RESEARCH	44,779	12,538	57,317		191
192	19200 PHYSICIANS' PRIVATE OFFICES	3,980,196	10,787,546	14,767,742	219,323	192
193	19300 NONPAID WORKERS		7,916	7,916	8,686	193
194	07950 DEVELOPMENT	-103,240	140,206	36,966		194
194.01	07951 SENIOR FRIENDS					194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS					194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS					194.03
200	TOTAL (SUM OF LINES 118-199)	99,611,747	221,368,002	320,979,749		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	13,753,124	-11,611,620	2,141,504	1
2	00200	6,572,875	11,221	6,584,096	2
3	00300				3
4	00400	2,255,653	-11,217	2,244,436	4
5	00500	70,741,887	-4,773,402	65,968,485	5
6	00600				6
7	00700	16,472,537	-521,848	15,950,689	7
8	00800	2,563,704		2,563,704	8
9	00900	4,488,562	-120	4,488,442	9
10	01000	1,620,808	-59,966	1,560,842	10
11	01100	3,390,745	-1,254,532	2,136,213	11
12	01200				12
13	01300	2,113,580	348,507	2,462,087	13
14	01400	1,275,071	-372,109	902,962	14
15	01500	3,772,556	-48,000	3,724,556	15
16	01600	3,034,942	-33,386	3,001,556	16
17	01700	820,201		820,201	17
19	01900				19
20	02000				20
21	02100	7,218,510		7,218,510	21
22	02200				22
23	02300				23
23.01	02301				23.01
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	32,821,873	-388,783	32,433,090	30
31	03100	9,468,441	-24,231	9,444,210	31
41	04100	2,338,771	-8,702	2,330,069	41
43	04300	1,606,256		1,606,256	43
ANCILLARY SERVICE COST CENTERS					
50	05000	11,959,772	-673,660	11,286,112	50
50.01	05001	5,987,432	2,404,520	8,391,952	50.01
50.02	05002	1,617,776		1,617,776	50.02
51	05100	1,151,394		1,151,394	51
53	05300	8,522,287	-7,984,680	537,607	53
54	05400	3,883,413	-53,605	3,829,808	54
54.01	05401	1,639,764	-2,253	1,637,511	54.01
55	05500	1,364,178		1,364,178	55
56	05600	1,619,516		1,619,516	56
57	05700	1,602,464		1,602,464	57
58	05800	1,044,560	-21,403	1,023,157	58
59	05900	2,614,252	-78,464	2,535,788	59
60	06000	10,742,793	-23,111	10,719,682	60
62.30	06250				62.30
65	06500	3,587,472		3,587,472	65
65.01	06501	288,247	-2,929	285,318	65.01
66	06600	2,139,913		2,139,913	66
66.01	06601	1,006,820		1,006,820	66.01
66.02	06602	2,701,033		2,701,033	66.02
67	06700	1,225,146		1,225,146	67
68	06800	505,796		505,796	68
69	06900	1,798,196	-27,855	1,770,341	69
69.01	06901	1,615,979		1,615,979	69.01
69.02	03650	350,856		350,856	69.02
70	07000	137,604		137,604	70
71	07100	3,947,429	-1,200,000	2,747,429	71
72	07200	9,316,826		9,316,826	72
73	07300	14,213,850		14,213,850	73
74	07400	954,360		954,360	74
75	07500	1,548,697		1,548,697	75
76	03951	430,059	-21,000	409,059	76
76.01	03952	1,005,208		1,005,208	76.01
76.97	07697	1,076,597	-2,088	1,074,509	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	09001	799,946	-166,922	633,024	90.01
91	09100	12,017,365	-337,675	11,679,690	91
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
101	10100	4,523,304		4,523,304	101
SPECIAL PURPOSE COST CENTERS					
113	11300				113
116	11600	308,468		308,468	116
118		305,578,868	-26,939,313	278,639,555	118
NONREIMBURSABLE COST CENTERS					
190	19000	302,931		302,931	190

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
191	19100 RESEARCH	57,317		57,317	191
192	19200 PHYSICIANS' PRIVATE OFFICES	14,987,065	-3,551,397	11,435,668	192
193	19300 NONPAID WORKERS	16,602		16,602	193
194	07950 DEVELOPMENT	36,966	286	37,252	194
194.01	07951 SENIOR FRIENDS				194.01
194.02	07952 OTHER NONREIMBURSABLE COST CENTERS				194.02
194.03	07953 OTHER NONREIMBURSABLE COST CENTERS				194.03
200	TOTAL (SUM OF LINES 118-199)	320,979,749	-30,490,424	290,489,325	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1 RENT/LEASE EXPENSE	A	CAP REL COSTS-BLDG & FIXT	1		267,292	1
2		CAP REL COSTS-MVBLE EQUIP	2		1,801,611	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					2,068,903	500
CODE LETTER - A						
1 COST OF CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHRGD TO PA	71		3,947,429	1
500 TOTAL RECLASSIFICATIONS					3,947,429	500
CODE LETTER - C						
1 COST OF DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	73		14,213,850	1
500 TOTAL RECLASSIFICATIONS					14,213,850	500
CODE LETTER - D						
1 SOCIAL SERVICES	E	SOCIAL SERVICE	17	640,782	179,419	1
500 TOTAL RECLASSIFICATIONS				640,782	179,419	500
CODE LETTER - E						
1 INTEREST	F	CAP REL COSTS-BLDG & FIXT	1		7,393,323	1
500 TOTAL RECLASSIFICATIONS					7,393,323	500
CODE LETTER - F						
1 CAFETERIA COSTS	G	CAFETERIA	11	1,621,484	1,769,261	1
2		NONPAID WORKERS	193	4,154	4,532	2
500 TOTAL RECLASSIFICATIONS				1,625,638	1,773,793	500
CODE LETTER - G						
1 RADIOLOGY ADMIN COSTS	H	BREAST DIAGNOSIS CENTER	54.01	82,035	22,970	1
2		MAGNETIC RESONANCE IMAGING (M	58	49,307	13,806	2
3		COMPUTED TOMOGRAPHY (CT) SCAN	57	49,944	13,984	3
4		RADIOISOTOPE	56	42,047	11,773	4
500 TOTAL RECLASSIFICATIONS				223,333	62,533	500
CODE LETTER - H						
1 PROFESSIONAL FEES	I	OPERATING ROOM	50		45,000	1
2		RADIOLOGY-DIAGNOSTIC	54		69,470	2
3		LABORATORY	60		52,000	3
500 TOTAL RECLASSIFICATIONS					166,470	500
CODE LETTER - I						
1 HHA OVERHEAD COSTS	J	ADMINISTRATIVE & GENERAL	5	241,184	67,532	1
500 TOTAL RECLASSIFICATIONS				241,184	67,532	500
CODE LETTER - J						
1 PROPERTY INSURANCE	K	CAP REL COSTS-BLDG & FIXT	1		248,116	1
500 TOTAL RECLASSIFICATIONS					248,116	500
CODE LETTER - K						
1 NURSERY COSTS	L	NURSERY	43	1,177,974	428,282	1
500 TOTAL RECLASSIFICATIONS				1,177,974	428,282	500
CODE LETTER - L						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1		2	3	4	5	
1 DIRECTOR FEES	M	ADULTS & PEDIATRICS	30		44,000	1
2		INTENSIVE CARE UNIT	31		72,000	2
3		SUBPROVIDER - IRF	41		30,000	3
4		OPERATING ROOM	50		491,668	4
5		ELECTROCARDIOLOGY	69		40,800	5
6		SLEEP LAB	65.01		10,000	6
7		BREAST DIAGNOSIS CENTER	54.01		22,350	7
8		EMERGENCY	91		337,760	8
500 TOTAL RECLASSIFICATIONS						1,048,578 500
CODE LETTER - M						
1 CARDIAC ADMIN	N	CARDIAC CATHETERIZATION	59	141,364	99,199	1
2		EP LAB	69.01	118,061	82,846	2
3		CARDIAC REHABILITATION	76.97	10,170	7,136	3
500 TOTAL RECLASSIFICATIONS				269,595	189,181	500
CODE LETTER - N						
1 EXCESS ALLOCATINO OF EMPLOYEE BENEF	O	EMPLOYEE BENEFITS	4		5,151,087	1
500 TOTAL RECLASSIFICATIONS					5,151,087	500
CODE LETTER - O						
1 EMPLOYEE BENEFITS ALLOCATIONS	P	EMPLOYEE BENEFITS	4		1,704,843	1
500 TOTAL RECLASSIFICATIONS					1,704,843	500
CODE LETTER - P						
1 AMBULANCE COSTS	Q	ADULTS & PEDIATRICS	30		427,727	1
500 TOTAL RECLASSIFICATIONS					427,727	500
CODE LETTER - Q						
1 SALARY CREDITS	R	DEVELOPMENT	194	103,240		1
500 TOTAL RECLASSIFICATIONS				103,240		500
CODE LETTER - R						
1 CHICAGO HEIGHTS POB COSTS	S	PHYSICIANS' PRIVATE OFFICES	192		219,323	1
2						2
500 TOTAL RECLASSIFICATIONS					219,323	500
CODE LETTER - S						
1 IMPLANT SUPPLY COSTS	T	IMPL. DEV. CHARGED TO PATIENT	72		9,316,826	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					9,316,826	500
CODE LETTER - T						
GRAND TOTAL (INCREASES)				4,281,746	48,607,215	

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	1	6	7	8	9	10
1 RENT/LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	5		401,556	9 1
2 OPERATION OF PLANT			7		820	9 2
3 HOUSEKEEPING			9		30,915	3
4 DIETARY			10		8,017	4
5 OPERATING ROOM			50		876,174	5
6 RESPIRATORY THERAPY			65		33,388	6
7 SLEEP LAB			65.01		3,554	7
8 ELECTROCARDIOLOGY			69		10,000	8
9 SURGERY RECOVERY CENTER			50.02		203,212	9
10 RADIOLOGY-DIAGNOSTIC			54		3,874	10
11 COMPUTED TOMOGRAPHY (CT) SCAN			57		177,923	11
12 MAGNETIC RESONANCE IMAGING (M			58		128,251	12
13 OP PHYSICAL THERAPY			66.01		190,719	13
14 EP LAB			69.01		500	14
500 TOTAL RECLASSIFICATIONS					2,068,903	500
CODE LETTER - A						
1 COST OF CHARGEABLE MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	14		3,947,429	1
500 TOTAL RECLASSIFICATIONS					3,947,429	500
CODE LETTER - C						
1 COST OF DRUGS SOLD	D	PHARMACY	15		14,213,850	1
500 TOTAL RECLASSIFICATIONS					14,213,850	500
CODE LETTER - D						
1 SOCIAL SERVICES	E	ADMINISTRATIVE & GENERAL	5	640,782	179,419	1
500 TOTAL RECLASSIFICATIONS				640,782	179,419	500
CODE LETTER - E						
1 INTEREST	F	INTEREST EXPENSE	113		7,393,323	9 1
500 TOTAL RECLASSIFICATIONS					7,393,323	500
CODE LETTER - F						
1 CAFETERIA COSTS	G	DIETARY	10	1,625,638	1,773,793	1
2						2
500 TOTAL RECLASSIFICATIONS				1,625,638	1,773,793	500
CODE LETTER - G						
1 RADIOLOGY ADMIN COSTS	H	RADIOLOGY-DIAGNOSTIC	54	223,333	62,533	1
2						2
3						3
4						4
500 TOTAL RECLASSIFICATIONS				223,333	62,533	500
CODE LETTER - H						
1 PROFESSIONAL FEES	I	ADMINISTRATIVE & GENERAL	5		166,470	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS					166,470	500
CODE LETTER - I						
1 HHA OVERHEAD COSTS	J	HOME HEALTH AGENCY	101	241,184	67,532	1
500 TOTAL RECLASSIFICATIONS				241,184	67,532	500
CODE LETTER - J						
1 PROPERTY INSURANCE	K	ADMINISTRATIVE & GENERAL	5		248,116	9 1
500 TOTAL RECLASSIFICATIONS					248,116	500
CODE LETTER - K						
1 NURSERY COSTS	L	ADULTS & PEDIATRICS	30	1,177,974	428,282	1
500 TOTAL RECLASSIFICATIONS				1,177,974	428,282	500
CODE LETTER - L						

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 DIRECTOR FEES	M	ADMINISTRATIVE & GENERAL	5		1,048,578	1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
500 TOTAL RECLASSIFICATIONS					1,048,578	500
CODE LETTER - M						
1 CARDIAC ADMIN	N	ELECTROCARDIOLOGY	69	269,595	189,181	1
2						2
3						3
500 TOTAL RECLASSIFICATIONS				269,595	189,181	500
CODE LETTER - N						
1 EXCESS ALLOCATINO OF EMPLOYEE BENEF	O	ADMINISTRATIVE & GENERAL	5		5,151,087	1
500 TOTAL RECLASSIFICATIONS					5,151,087	500
CODE LETTER - O						
1 EMPLOYEE BENEFITS ALLOCATIONS	P	ADMINISTRATIVE & GENERAL	5		1,704,843	1
500 TOTAL RECLASSIFICATIONS					1,704,843	500
CODE LETTER - P						
1 AMBULANCE COSTS	Q	NURSING ADMINISTRATION	13		427,727	1
500 TOTAL RECLASSIFICATIONS					427,727	500
CODE LETTER - Q						
1 SALARY CREDITS	R	DEVELOPMENT	194		103,240	1
500 TOTAL RECLASSIFICATIONS					103,240	500
CODE LETTER - R						
1 CHICAGO HEIGHTS POB COSTS	S	CAP REL COSTS-BLDG & FIXT	1		151,572	9 1
2		OPERATION OF PLANT	7		67,751	2
500 TOTAL RECLASSIFICATIONS					219,323	500
CODE LETTER - S						
1 IMPLANT SUPPLY COSTS	T	OPERATING ROOM	50		4,780,670	1
2		CARDIAC CATHETERIZATION	59		1,369,168	2
3		EP LAB	69.01		3,166,988	3
500 TOTAL RECLASSIFICATIONS					9,316,826	500
CODE LETTER - T						
GRAND TOTAL (DECREASES)				4,178,506	48,710,455	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	7,320,500					7,320,500	1
2 LAND IMPROVEMENTS	4,037,806	70,118		70,118		4,107,924	2
3 BUILDINGS AND FIXTURES	114,666,612	499,251		499,251	12,758,697	102,407,166	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT	91,322,651	1,684,509		1,684,509	1,267,725	91,739,435	5
6 MOVABLE EQUIPMENT	79,536,948	5,389,104		5,389,104	23,532,969	61,393,083	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	296,884,517	7,642,982		7,642,982	37,559,391	266,968,108	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	296,884,517	7,642,982		7,642,982	37,559,391	266,968,108	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	5,995,965						5,995,965 1
2 CAP REL COSTS-MVBLE EQUIP	4,771,264						4,771,264 2
3 TOTAL (SUM OF LINES 1-2)	10,767,229						10,767,229 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	ALLOCATION OF OTHER CAPITAL			TOTAL (SUM OF COLS. 5-7)
					INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT								1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)								3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	2,141,504						2,141,504 1
2 CAP REL COSTS-MVBLE EQUIP	6,584,096						6,584,096 2
3 TOTAL	8,725,600						8,725,600 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)	B	-237,639	CAP REL COSTS-BLDG & FIXT	1	9 1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2 3
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					4
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-12,461	ADMINISTRATIVE & GENERAL	5	5 5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-10,449,705			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-7,723,008			13 14 15
13 LAUNDRY AND LINEN SERVICE					16
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-372,109	CENTRAL SERVICES & SUPPLY	14	16
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-13,700	PHARMACY	15	17
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-33,386	MEDICAL RECORDS & LIBRARY	16	18
17 SALE OF DRUGS TO OTHER THAN PATIENTS					19
18 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-28,534	DIETARY	10	21
20 VENDING MACHINES					22
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					23
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	25 26
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	27 28 29
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)				114	30
26 DEPRECIATION--BUILDINGS & FIXTURES	A	-479,865	CAP REL COSTS-BLDG & FIXT	1	9 27
27 DEPRECIATION--MOVABLE EQUIPMENT	A	14,694	CAP REL COSTS-MVBLE EQUIP	2	9 28
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	29
29 PHYSICIANS' ASSISTANT					30
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	31 32 33
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	34 35 36
32 CAH HIT ADJ FOR DEPRECIATION AND					37
33					38
33.05 CAFETERIA REVENUE	B	-1,254,532	CAFETERIA	11	33.05
33.15 PATIENT PHONE COSTS	A	-184,478	ADMINISTRATIVE & GENERAL	5	33.15
33.17 PATIENT TV COSTS	A	-3,473	CAP REL COSTS-MVBLE EQUIP	2	9 33.17
33.18 PATIENT TV COSTS/REPAIRS	A	-6,395	ADMINISTRATIVE & GENERAL	5	33.18
33.19 PROPERTY TAXES	A	-418,000	OPERATION OF PLANT	7	33.19
33.44 PHYSICIAN FEES	A	-3,551,397	PHYSICIANS' PRIVATE OFFICES	192	33.44
33.45 1500 FEES	A	-158,731	ADMINISTRATIVE & GENERAL	5	33.45
33.61 MARKETING COSTS	A	-1,686,423	ADMINISTRATIVE & GENERAL	5	33.61
33.62 ELIMINATE NEGATIVE EXPENSES	A	286	DEVELOPMENT	194	33.62
33.73 PRINT SHOP FEES	B	-685	ADMINISTRATIVE & GENERAL	5	33.73
33.75 DIABETES REVENUE	B	-5,640	DIABETES CENTER	90.01	33.75
33.76 WRITE OFF PHYSICIANS LOANS	A	-47,500	ADMINISTRATIVE & GENERAL	5	33.76
33.77 NON-ALLOWABLE NON-OPER COSTS	A	-459,885	ADMINISTRATIVE & GENERAL	5	33.77
33.78 TELECOMMUNICATIONS REVENUE	B	-87,997	ADMINISTRATIVE & GENERAL	5	33.78
33.79 BABY PHOTOS	B	-2,378	ADULTS & PEDIATRICS	30	33.79
33.82 RADIOLOGY PROGRAM FEES	B	-2,613	RADIOLOGY-DIAGNOSTIC	54	33.82
33.84 DONATIONS	A	-97,138	ADMINISTRATIVE & GENERAL	5	33.84
33.85 PARKING REVENUES	B	-97,834	OPERATION OF PLANT	7	33.85
33.87 NON-ALLOWABLE ADMIN EXPENSES	A	-59,080	ADMINISTRATIVE & GENERAL	5	33.87
33.89 INTEREST EXPENSE	A	-1,099,752	CAP REL COSTS-BLDG & FIXT	1	9 33.89
33.91 CRNA FEES/SALARIES	A	-155,502	ANESTHESIOLOGY	53	33.91
33.95 EMPLOYEE BADGES	B	-488	OPERATION OF PLANT	7	33.95
33.98 SPECIAL FUNCTION MEALS	B	-30,129	DIETARY	10	33.98
34 OTHER REVENUE	B	-16,020	ELECTROCARDIOLOGY	69	34
34.01 DIETARY DISCOUNTS/REBATES	B	-655	DIETARY	10	34.01
34.02 MEDICAL SUPPLY DISCOUNTS/REBATES	B	-1,200,000	MEDICAL SUPPLIES CHRGD TO PATI	71	34.02
34.08 RENTAL REVENUE	B	-14,087	CAP REL COSTS-BLDG & FIXT	1	9 34.08
34.09 OTHER MISCELLANEOUS REVENUE	B	-13,358	ADMINISTRATIVE & GENERAL	5	34.09

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
34.10 MISC REVENUE	B	-5,526	OPERATION OF PLANT	7	34.10
34.17 RESEARCH COSTS	A	-182,092	OPERATING ROOM	50	34.17
34.18 DIETETIC INSTRUCTION	B	-648	DIETARY	10	34.18
35 MISC REVENUE	B	-50	BREAST DIAGNOSIS CENTER	54.01	35
35.12 EMT REVENUE	B	-11,217	EMPLOYEE BENEFITS	4	35.12
35.13 CASHIERING REVENUE	B	-29,892	ADMINISTRATIVE & GENERAL	5	35.13
35.14 MISC REVENUE	B	-2,595	ADULTS & PEDIATRICS	30	35.14
35.15 MISC REVENUE	B	-78,464	CARDIAC CATHETERIZATION	59	35.15
35.16 LOBBYING COSTS	A	-230,223	ADMINISTRATIVE & GENERAL	5	35.16
36 MISC REVENUE	B	-120	HOUSEKEEPING	9	36
37					37
38					38
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-30,490,424			50
TRANSFER TO WKST A, COL. 6, LINE 200)					

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	1	CAP REL COSTS-BLDG & FIXT	INTEREST	3,023,747	7,450,847	-4,427,100	9 1
2	15	PHARMACY	HOME OFFICE PHARMACY COST	837,457	881,700	-44,243	2
3	5	ADMINISTRATIVE & GENERAL	ADMIN/INFO SVCS	22,933,246	23,759,542	-826,296	3
3.01	1	CAP REL COSTS-BLDG & FIXT	HOME OFFICE INTEREST INCO		-44,197	44,197	9 4.01
3.02	13	NURSING ADMINISTRATION	AMBULANCE SERVICE	427,727	645,156	-217,429	4.02
3.03	50.01	SURGICENTER	SURGICENTER COSTS	4,287,342	3,414,240	873,102	4.03
4	50.01	SURGICENTER	RELATED PARTY EXPENSES	6,217,659	4,500,000	1,717,659	4
4.01	1	CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	3,081,887	8,479,261	-5,397,374	9 4.01
4.03	58	MAGNETIC RESONANCE IMAGING (MRI	MRI PURCHASED SERVICES	172,093	193,496	-21,403	4.03
4.04	13	NURSING ADMINISTRATION	AMBULANCE SERVICES	1,117,344	551,408	565,936	4.04
4.05	15	PHARMACY	CORPORATE ALLOCATION	723,379	713,436	9,943	4.05
5		TOTALS (SUM OF LINES 1-4)		42,821,881	50,544,889	-7,723,008	5
		TRANSFER COL. 6, LINE 5 TO					
		WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B		SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	6
7	B	100.00	SURBURBAN HEIGHTS MEDICAL CENT			7
8						8
9						9
10						10

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2		3	4	5	6	7	8	9	
1	5	ADMINISTRATIVE & GENERAL	912,860	912,860						1
2	30	ADULTS & PEDIATRICS	411,000	367,000	44,000	154,100	367	27,190	1,360	2
3	31	INTENSIVE CARE UNIT	72,000		72,000	165,600	600	47,769	2,388	3
4	41	SUBPROVIDER - IRF	30,000		30,000	177,200	250	21,298	1,065	4
5	50	OPERATING ROOM	491,668		491,668	208,000	1	100	5	5
6	54.01	BREAST DIAGNOSIS CENTER	22,350		22,350	225,300	186	20,147	1,007	6
7	54	RADIOLOGY-DIAGNOSTIC	51,100	47,100	4,000	225,300	1	108	5	7
8	60	LABORATORY	48,000		48,000	215,700	240	24,889	1,244	8
9	50.01	SURGICENTER	186,341		186,341	208,000	1	100	5	9
10	69	ELECTROCARDIOLOGY	40,800		40,800	177,200	340	28,965	1,448	10
11	65.01	SLEEP LAB	10,000		10,000	177,200	83	7,071	354	11
12	90.01	DIABETES CENTER	161,282	161,282						12
13	76	WOUND CARE	21,000	21,000						13
14	76.97	CARDIAC REHABILITATION	7,200		7,200	177,200	60	5,112	256	14
15	53	ANESTHESIOLOGY	7,829,178	7,829,178						15
16	91	EMERGENCY	337,760		337,760	177,200	1	85	4	16
200		TOTAL	10,632,539	9,338,420	1,294,119		2,130	182,834	9,141	200

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1	5	ADMINISTRATIVE & GENERAL	AGGREGATE					912,860	1
2	30	ADULTS & PEDIATRICS	AGGREGATE			27,190	16,810	383,810	2
3	31	INTENSIVE CARE UNIT	AGGREGATE			47,769	24,231	24,231	3
4	41	SUBPROVIDER - IRF	AGGREGATE			21,298	8,702	8,702	4
5	50	OPERATING ROOM	AGGREGATE			100	491,568	491,568	5
6	54.01	BREAST DIAGNOSIS CENTER	AGGREGATE			20,147	2,203	2,203	6
7	54	RADIOLOGY-DIAGNOSTIC	AGGREGATE			108	3,892	50,992	7
8	60	LABORATORY	AGGREGATE			24,889	23,111	23,111	8
9	50.01	SURGICENTER	AGGREGATE			100	186,241	186,241	9
10	69	ELECTROCARDIOLOGY	AGGREGATE			28,965	11,835	11,835	10
11	65.01	SLEEP LAB	AGGREGATE			7,071	2,929	2,929	11
12	90.01	DIABETES CENTER	AGGREGATE					161,282	12
13	76	WOUND CARE	AGGREGATE					21,000	13
14	76.97	CARDIAC REHABILITATION	AGGREGATE			5,112	2,088	2,088	14
15	53	ANESTHESIOLOGY	AGGREGATE					7,829,178	15
16	91	EMERGENCY	AGGREGATE			85	337,675	337,675	16
200		TOTAL				182,834	1,111,285	10,449,705	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,141,504	2,141,504				1
2 CAP REL COSTS-MVBLE EQUIP	6,584,096		6,584,096			2
4 EMPLOYEE BENEFITS	2,244,436	33,341	102,508	2,380,285		4
5 ADMINISTRATIVE & GENERAL	65,968,485	180,411	554,676	287,947	66,991,519	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	15,950,689	362,943	1,115,880	86,217	17,515,729	7
8 LAUNDRY & LINEN SERVICE	2,563,704	24,529	75,416	5,422	2,669,071	8
9 HOUSEKEEPING	4,488,442	24,989	76,830	52,047	4,642,308	9
10 DIETARY	1,560,842	22,084	67,897	18,696	1,669,519	10
11 CAFETERIA	2,136,213	52,273	160,715	38,920	2,388,121	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,462,087	4,201	12,916	32,825	2,512,029	13
14 CENTRAL SERVICES & SUPPLY	902,962	58,899	181,085	19,101	1,162,047	14
15 PHARMACY	3,724,556	14,475	44,503	52,009	3,835,543	15
16 MEDICAL RECORDS & LIBRARY	3,001,556	22,372	68,783	48,110	3,140,821	16
17 SOCIAL SERVICE	820,201	1,584	4,869	15,381	842,035	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	7,218,510	22,626	69,563	4,643	7,315,342	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	32,433,090	339,079	1,042,504	574,037	34,388,710	30
31 INTENSIVE CARE UNIT	9,444,210	67,092	206,275	159,876	9,877,453	31
41 SUBPROVIDER - IRF	2,330,069	21,470	66,011	41,801	2,459,351	41
43 NURSERY	1,606,256	13,364	41,089	28,275	1,688,984	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	11,286,112	180,091	553,693	115,713	12,135,609	50
50.01 SURGICENTER	8,391,952			5,145	8,397,097	50.01
50.02 SURGERY RECOVERY CENTER	1,617,776				1,617,776	50.02
51 RECOVERY ROOM	1,151,394	283	870	21,410	1,173,957	51
53 ANESTHESIOLOGY	537,607	13,854	42,593	2,822	596,876	53
54 RADIOLOGY-DIAGNOSTIC	3,829,808	90,447	278,082	68,011	4,266,348	54
54.01 BREAST DIAGNOSIS CENTER	1,637,511			23,127	1,660,638	54.01
55 RADIOLOGY-THERAPEUTIC	1,364,178	45,429	139,671	23,707	1,572,985	55
56 RADIOISOTOPE	1,619,516	7,765	23,873	16,474	1,667,628	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,602,464	3,278	10,079	21,883	1,637,704	57
58 MAGNETIC RESONANCE IMAGING (MRI)	1,023,157			13,489	1,036,646	58
59 CARDIAC CATHETERIZATION	2,535,788			33,489	2,569,277	59
60 LABORATORY	10,719,682	61,207	188,181		10,969,070	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	3,587,472	7,387	22,711	57,978	3,675,548	65
65.01 SLEEP LAB	285,318	5,317	16,346	4,907	311,888	65.01
66 PHYSICAL THERAPY	2,139,913	17,248	53,030		2,210,191	66
66.01 OP PHYSICAL THERAPY	1,006,820				1,006,820	66.01
66.02 OP THERAPY SERVICES	2,701,033				2,701,033	66.02
67 OCCUPATIONAL THERAPY	1,225,146	25,505	78,415		1,329,066	67
68 SPEECH PATHOLOGY	505,796	399	1,227	8,600	516,022	68
69 ELECTROCARDIOLOGY	1,770,341	40,368	124,113	27,353	1,962,175	69
69.01 EP LAB	1,615,979	15,096	46,413	21,044	1,698,532	69.01
69.02 VASCULAR SERVICES	350,856			6,566	357,422	69.02
70 ELECTROENCEPHALOGRAPHY	137,604	4,817	14,810	2,079	159,310	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,747,429				2,747,429	71
72 IMPL. DEV. CHARGED TO PATIENT	9,316,826				9,316,826	72
73 DRUGS CHARGED TO PATIENTS	14,213,850				14,213,850	73
74 RENAL DIALYSIS	954,360				954,360	74
75 ASC (NON-DISTINCT PART)	1,548,697	82,143	252,550	28,594	1,911,984	75
76 WOUND CARE	409,059	9,018	27,726	5,874	451,677	76
76.01 OP ONCOLOGY	1,005,208	1,478	4,544	15,301	1,026,531	76.01
76.97 CARDIAC REHABILITATION	1,074,509			19,542	1,094,051	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER	633,024			9,187	642,211	90.01
91 EMERGENCY	11,679,690	81,207	249,673	200,378	12,210,948	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	4,523,304			61,122	4,584,426	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	308,468	21,304	65,499	4,469	399,740	116

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	SUBTOTAL (COLS.0-4) 4A	
118 SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	278,639,555	1,979,373	6,085,619	2,283,571	277,882,233	118
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	302,931	5,079	15,615	2	323,627	190
191 RESEARCH	57,317	17,618	54,168	1,075	130,178	191
192 PHYSICIANS' PRIVATE OFFICES	11,435,668	139,434	428,694	95,537	12,099,333	192
193 NONPAID WORKERS	16,602			100	16,702	193
194 DEVELOPMENT	37,252				37,252	194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	290,489,325	2,141,504	6,584,096	2,380,285	290,489,325	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	66,991,519					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	5,250,182	22,765,911				7
8 LAUNDRY & LINEN SERVICE	800,030	356,868	3,825,969			8
9 HOUSEKEEPING	1,391,490	363,561		6,397,359		9
10 DIETARY	500,423	321,289		85,913	2,577,144	10
11 CAFETERIA	715,818	760,509		203,360		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	752,958	61,119		16,343		13
14 CENTRAL SERVICES & SUPPLY	348,313	856,899		229,135		14
15 PHARMACY	1,149,669	210,590		56,312		15
16 MEDICAL RECORDS & LIBRARY	941,433	325,482		87,034		16
17 SOCIAL SERVICE	252,392	23,040		6,161		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	2,192,708	329,174		88,021		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,307,772	4,933,153	2,998,356	1,319,122	2,019,670	30
31 INTENSIVE CARE UNIT	2,960,678	976,099	399,716	261,009	269,246	31
41 SUBPROVIDER - IRF	737,168	312,366	236,511	83,526	159,312	41
43 NURSERY	506,258	194,435		51,992		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	3,637,540	2,620,085		700,610		50
50.01 SURGICENTER	2,516,954					50.01
50.02 SURGERY RECOVERY CENTER	484,914					50.02
51 RECOVERY ROOM	351,883	4,116		1,101		51
53 ANESTHESIOLOGY	178,908	201,551		53,895		53
54 RADIOLOGY-DIAGNOSTIC	1,278,799	1,315,889		351,868		54
54.01 BREAST DIAGNOSIS CENTER	497,761					54.01
55 RADIOLOGY-THERAPEUTIC	471,488	660,926		176,731		55
56 RADIOISOTOPE	499,856	112,969		30,208		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	490,887	47,695		12,754		57
58 MAGNETIC RESONANCE IMAGING (MRI)	310,725					58
59 CARDIAC CATHETERIZATION	770,118					59
60 LABORATORY	3,287,880	890,478		238,114		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,101,712	107,468		28,737		65
65.01 SLEEP LAB	93,486	77,351		20,684		65.01
66 PHYSICAL THERAPY	662,485	250,939		67,101		66
66.01 OP PHYSICAL THERAPY	301,785					66.01
66.02 OP THERAPY SERVICES	809,610					66.02
67 OCCUPATIONAL THERAPY	398,376	371,061		99,222		67
68 SPEECH PATHOLOGY	154,673	5,808		1,553		68
69 ELECTROCARDIOLOGY	588,144	587,306		157,045		69
69.01 EP LAB	509,120	219,629		58,729		69.01
69.02 VASCULAR SERVICES	107,134					69.02
70 ELECTROENCEPHALOGRAPHY	47,752	70,081		18,740		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	823,517					71
72 IMPL. DEV. CHARGED TO PATIENT	2,792,635					72
73 DRUGS CHARGED TO PATIENTS	4,260,474					73
74 RENAL DIALYSIS	286,061					74
75 ASC (NON-DISTINCT PART)	573,100	1,195,074		319,562		75
76 WOUND CARE	135,386	131,200		35,083		76
76.01 OP ONCOLOGY	307,693	21,501		5,749		76.01
76.97 CARDIAC REHABILITATION	327,932					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER	192,497					90.01
91 EMERGENCY	3,660,122	1,181,458		315,921		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	1,374,140					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	119,818	309,942	191,386	82,878	128,916	116
118 SUBTOTALS (SUM OF LINES 1-117)	63,212,657	20,407,111	3,825,969	5,264,213	2,577,144	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	97,004	73,889		19,758		190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10
191	RESEARCH	39,020	256,324		68,541	191
192	PHYSICIANS' PRIVATE OFFICES	3,626,666	2,028,587		1,044,847	192
193	NONPAID WORKERS	5,006				193
194	DEVELOPMENT	11,166				194
194.01	SENIOR FRIENDS					194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS					194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS					194.03
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	66,991,519	22,765,911	3,825,969	6,397,359	2,577,144 202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	4,067,808					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	55,397	3,397,846				13
14 CENTRAL SERVICES & SUPPLY	80,736		2,677,130			14
15 PHARMACY	96,984			5,349,098		15
16 MEDICAL RECORDS & LIBRARY	146,470				4,641,240	16
17 SOCIAL SERVICE	41,594					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	10,740					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,321,079	1,600,231	96,016	27,846	563,957	30
31 INTENSIVE CARE UNIT	289,239	350,358	44,259	6,798	121,245	31
41 SUBPROVIDER - IRF	95,386	115,542	4,880	526	36,615	41
43 NURSEY	52,161	63,183			25,964	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	267,768	324,350	442,021	11,731	313,977	50
50.01 SURGICENTER	12,472	15,108	99,332	5,064	94,847	50.01
50.02 SURGERY RECOVERY CENTER					21,461	50.02
51 RECOVERY ROOM	34,251	41,489	529	305	31,251	51
53 ANESTHESIOLOGY	4,836	5,858	32,546	24,257	64,684	53
54 RADIOLOGY-DIAGNOSTIC	135,051		9,447	2,933	203,519	54
54.01 BREAST DIAGNOSIS CENTER	59,545		23,031	34	41,752	54.01
55 RADIOLOGY-THERAPEUTIC	42,185		2,910	186	54,296	55
56 RADIOISOTOPE	27,254		68,705	466	93,575	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	51,349		18,224	38,027	428,594	57
58 MAGNETIC RESONANCE IMAGING (MRI)	33,610		2,490	27,503	97,300	58
59 CARDIAC CATHETERIZATION	55,471		61,779	18,219	159,330	59
60 LABORATORY			112,961		434,075	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	133,008	161,114	43,914	18,689	141,781	65
65.01 SLEEP LAB	12,071		878		12,561	65.01
66 PHYSICAL THERAPY	3,284		6,087	166	49,890	66
66.01 OP PHYSICAL THERAPY			559	2	28,050	66.01
66.02 OP THERAPY SERVICES	2		3,782	352	64,573	66.02
67 OCCUPATIONAL THERAPY			2,990		30,513	67
68 SPEECH PATHOLOGY	12,414		236		11,634	68
69 ELECTROCARDIOLOGY	60,683	73,506	1,891	66,412	133,062	69
69.01 EP LAB	10,704	12,966	46,938	2,084	112,623	69.01
69.02 VASCULAR SERVICES					19,490	69.02
70 ELECTROENCEPHALOGRAPHY	6,459	7,824	1,146		10,611	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			426,239		145,358	71
72 IMPL. DEV. CHARGED TO PATIENT			1,006,027		112,271	72
73 DRUGS CHARGED TO PATIENTS			1,901	4,987,600	417,103	73
74 RENAL DIALYSIS			1,011	544	25,228	74
75 ASC (NON-DISTINCT PART)	53,807	65,177	1,377	584	26,142	75
76 WOUND CARE	9,485		9,500	72	2,789	76
76.01 OP ONCOLOGY	27,512	33,325	652	3,468	26,534	76.01
76.97 CARDIAC REHABILITATION	37,306		319	34	12,912	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER			2,807		2,227	90.01
91 EMERGENCY	435,739	527,815	70,447	11,897	469,446	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	121,143		15,291	291		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	7,112		4,949	1,411		116
118 SUBTOTALS (SUM OF LINES 1-117)	3,844,307	3,397,846	2,668,071	5,257,501	4,641,240	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,427					190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
191	RESEARCH	3,266					191
192	PHYSICIANS' PRIVATE OFFICES	212,355		9,059	91,597		192
193	NONPAID WORKERS	453					193
194	DEVELOPMENT						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	4,067,808	3,397,846	2,677,130	5,349,098	4,641,240	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE	1,165,222					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		9,935,985				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	906,439	9,784,161	70,266,512	-9,784,161	60,482,351	30
31 INTENSIVE CARE UNIT	120,839		15,676,939		15,676,939	31
41 SUBPROVIDER - IRF	71,500	151,824	4,464,507	-151,824	4,312,683	41
43 NURSERY			2,582,977		2,582,977	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			20,453,691		20,453,691	50
50.01 SURGICENTER			11,140,874		11,140,874	50.01
50.02 SURGERY RECOVERY CENTER			2,124,151		2,124,151	50.02
51 RECOVERY ROOM			1,638,882		1,638,882	51
53 ANESTHESIOLOGY			1,163,411		1,163,411	53
54 RADIOLOGY-DIAGNOSTIC			7,563,854		7,563,854	54
54.01 BREAST DIAGNOSIS CENTER			2,282,761		2,282,761	54.01
55 RADIOLOGY-THERAPEUTIC			2,981,707		2,981,707	55
56 RADIOISOTOPE			2,500,661		2,500,661	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			2,725,234		2,725,234	57
58 MAGNETIC RESONANCE IMAGING (MRI)			1,508,274		1,508,274	58
59 CARDIAC CATHETERIZATION			3,634,194		3,634,194	59
60 LABORATORY			15,932,578		15,932,578	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			5,411,971		5,411,971	65
65.01 SLEEP LAB			528,919		528,919	65.01
66 PHYSICAL THERAPY			3,250,143		3,250,143	66
66.01 OP PHYSICAL THERAPY			1,337,216		1,337,216	66.01
66.02 OP THERAPY SERVICES			3,579,352		3,579,352	66.02
67 OCCUPATIONAL THERAPY			2,231,228		2,231,228	67
68 SPEECH PATHOLOGY			702,340		702,340	68
69 ELECTROCARDIOLOGY			3,630,224		3,630,224	69
69.01 EP LAB			2,671,325		2,671,325	69.01
69.02 VASCULAR SERVICES			484,046		484,046	69.02
70 ELECTROENCEPHALOGRAPHY			321,923		321,923	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			4,142,543		4,142,543	71
72 IMPL. DEV. CHARGED TO PATIENT			13,227,759		13,227,759	72
73 DRUGS CHARGED TO PATIENTS			23,880,928		23,880,928	73
74 RENAL DIALYSIS			1,267,204		1,267,204	74
75 ASC (NON-DISTINCT PART)			4,146,807		4,146,807	75
76 WOUND CARE			775,192		775,192	76
76.01 OP ONCOLOGY			1,452,965		1,452,965	76.01
76.97 CARDIAC REHABILITATION			1,472,554		1,472,554	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER			839,742		839,742	90.01
91 EMERGENCY	66,444		18,950,237		18,950,237	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			6,095,291		6,095,291	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			1,246,152		1,246,152	116
118 SUBTOTALS (SUM OF LINES 1-117)	1,165,222	9,935,985	270,287,268	-9,935,985	260,351,283	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			521,705		521,705	190

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	21	24	25	26	
191 RESEARCH			497,329		497,329	191
192 PHYSICIANS' PRIVATE OFFICES			19,112,444		19,112,444	192
193 NONPAID WORKERS			22,161		22,161	193
194 DEVELOPMENT			48,418		48,418	194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,165,222	9,935,985	290,489,325	-9,935,985	280,553,340	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS		33,341	102,508	135,849	135,849	4
5 ADMINISTRATIVE & GENERAL	2,677,628	180,411	554,676	3,412,715	16,435	5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT		362,943	1,115,880	1,478,823	4,921	7
8 LAUNDRY & LINEN SERVICE		24,529	75,416	99,945	309	8
9 HOUSEKEEPING		24,989	76,830	101,819	2,971	9
10 DIETARY		22,084	67,897	89,981	1,067	10
11 CAFETERIA		52,273	160,715	212,988	2,221	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		4,201	12,916	17,117	1,874	13
14 CENTRAL SERVICES & SUPPLY		58,899	181,085	239,984	1,090	14
15 PHARMACY		14,475	44,503	58,978	2,968	15
16 MEDICAL RECORDS & LIBRARY		22,372	68,783	91,155	2,746	16
17 SOCIAL SERVICE		1,584	4,869	6,453	878	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		22,626	69,563	92,189	265	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		339,079	1,042,504	1,381,583	32,757	30
31 INTENSIVE CARE UNIT		67,092	206,275	273,367	9,125	31
41 SUBPROVIDER - IRF		21,470	66,011	87,481	2,386	41
43 NURSEY		13,364	41,089	54,453	1,614	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		180,091	553,693	733,784	6,604	50
50.01 SURGICENTER					294	50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM		283	870	1,153	1,222	51
53 ANESTHESIOLOGY		13,854	42,593	56,447	161	53
54 RADIOLOGY-DIAGNOSTIC		90,447	278,082	368,529	3,882	54
54.01 BREAST DIAGNOSIS CENTER					1,320	54.01
55 RADIOLOGY-THERAPEUTIC		45,429	139,671	185,100	1,353	55
56 RADIOISOTOPE		7,765	23,873	31,638	940	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,278	10,079	13,357	1,249	57
58 MAGNETIC RESONANCE IMAGING (MRI)					770	58
59 CARDIAC CATHETERIZATION					1,911	59
60 LABORATORY		61,207	188,181	249,388		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		7,387	22,711	30,098	3,309	65
65.01 SLEEP LAB		5,317	16,346	21,663	280	65.01
66 PHYSICAL THERAPY		17,248	53,030	70,278		66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY		25,505	78,415	103,920		67
68 SPEECH PATHOLOGY		399	1,227	1,626	491	68
69 ELECTROCARDIOLOGY		40,368	124,113	164,481	1,561	69
69.01 EP LAB		15,096	46,413	61,509	1,201	69.01
69.02 VASCULAR SERVICES					375	69.02
70 ELECTROENCEPHALOGRAPHY		4,817	14,810	19,627	119	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)		82,143	252,550	334,693	1,632	75
76 WOUND CARE		9,018	27,726	36,744	335	76
76.01 OP ONCOLOGY		1,478	4,544	6,022	873	76.01
76.97 CARDIAC REHABILITATION					1,115	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER					524	90.01
91 EMERGENCY		81,207	249,673	330,880	11,437	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY					3,489	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE		21,304	65,499	86,803	255	116
118 SUBTOTALS (SUM OF LINES 1-117)	2,677,628	1,979,373	6,085,619	10,742,620	130,329	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		5,079	15,615	20,694		190

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ALLOCATION OF CAPITAL-RELATED COSTS

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 PART II

COST CENTER DESCRIPTION	DIR ASSGND	CAP	CAP	SUBTOTAL	EMPLOYEE	
	CAP-REL COSTS	BLDGS & FIXTURES	MOVABLE EQUIPMENT		BENEFITS	
	0	1	2	2A	4	
191 RESEARCH		17,618	54,168	71,786	61	191
192 PHYSICIANS' PRIVATE OFFICES		139,434	428,694	568,128	5,453	192
193 NONPAID WORKERS					6	193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,677,628	2,141,504	6,584,096	11,403,228	135,849	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL	3,429,150					5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT	268,744	1,752,488				7
8 LAUNDRY & LINEN SERVICE	40,952	27,471	168,677			8
9 HOUSEKEEPING	71,227	27,986		204,003		9
10 DIETARY	25,615	24,732		2,740	144,135	10
11 CAFETERIA	36,641	58,543		6,485		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	38,542	4,705		521		13
14 CENTRAL SERVICES & SUPPLY	17,829	65,963		7,307		14
15 PHARMACY	58,849	16,211		1,796		15
16 MEDICAL RECORDS & LIBRARY	48,190	25,055		2,775		16
17 SOCIAL SERVICE	12,919	1,774		196		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	112,239	25,339		2,807		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	527,649	379,747	132,190	42,063	112,957	30
31 INTENSIVE CARE UNIT	151,550	75,139	17,622	8,323	15,058	31
41 SUBPROVIDER - IRF	37,734	24,045	10,427	2,664	8,910	41
43 NURSEY	25,914	14,967		1,658		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	186,197	201,691		22,341		50
50.01 SURGICENTER	128,837					50.01
50.02 SURGERY RECOVERY CENTER	24,822					50.02
51 RECOVERY ROOM	18,012	317		35		51
53 ANESTHESIOLOGY	9,158	15,515		1,719		53
54 RADIOLOGY-DIAGNOSTIC	65,459	101,295		11,221		54
54.01 BREAST DIAGNOSIS CENTER	25,479					54.01
55 RADIOLOGY-THERAPEUTIC	24,134	50,877		5,636		55
56 RADIOISOTOPE	25,586	8,696		963		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	25,127	3,672		407		57
58 MAGNETIC RESONANCE IMAGING (MRI)	15,905					58
59 CARDIAC CATHETERIZATION	39,420					59
60 LABORATORY	168,298	68,548		7,593		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	56,394	8,273		916		65
65.01 SLEEP LAB	4,785	5,954		660		65.01
66 PHYSICAL THERAPY	33,911	19,317		2,140		66
66.01 OP PHYSICAL THERAPY	15,448					66.01
66.02 OP THERAPY SERVICES	41,442					66.02
67 OCCUPATIONAL THERAPY	20,392	28,564		3,164		67
68 SPEECH PATHOLOGY	7,917	447		50		68
69 ELECTROCARDIOLOGY	30,106	45,210		5,008		69
69.01 EP LAB	26,061	16,907		1,873		69.01
69.02 VASCULAR SERVICES	5,484					69.02
70 ELECTROENCEPHALOGRAPHY	2,444	5,395		598		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	42,154					71
72 IMPL. DEV. CHARGED TO PATIENT	142,948					72
73 DRUGS CHARGED TO PATIENTS	218,083					73
74 RENAL DIALYSIS	14,643					74
75 ASC (NON-DISTINCT PART)	29,336	91,995		10,190		75
76 WOUND CARE	6,930	10,100		1,119		76
76.01 OP ONCOLOGY	15,750	1,655		183		76.01
76.97 CARDIAC REHABILITATION	16,786					76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER	9,853					90.01
91 EMERGENCY	187,353	90,947		10,074		91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	70,339					101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	6,133	23,859	8,438	2,643	7,210	116
118 SUBTOTALS (SUM OF LINES 1-117)	3,235,720	1,570,911	168,677	167,868	144,135	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,965	5,688		630		190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		ADMINIS- TRATIVE & GENERAL 5	OPERATION OF PLANT 7	LAUNDRY + LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10
191	RESEARCH	1,997	19,731		2,186	191
192	PHYSICIANS' PRIVATE OFFICES	185,640	156,158		33,319	192
193	NONPAID WORKERS	256				193
194	DEVELOPMENT	572				194
194.01	SENIOR FRIENDS					194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS					194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS					194.03
200	CROSS FOOT ADJUSTMENTS					200
201	NEGATIVE COST CENTER					201
202	TOTAL (SUM OF LINES 118-201)	3,429,150	1,752,488	168,677	204,003	144,135 202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES * SUPPLY 14	PHARMACY 15	MEDICAL RECORDS & LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	316,878					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	4,315	67,074				13
14 CENTRAL SERVICES & SUPPLY	6,289		338,462			14
15 PHARMACY	7,555			146,357		15
16 MEDICAL RECORDS & LIBRARY	11,410				181,331	16
17 SOCIAL SERVICE	3,240					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	837					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	102,913	31,589	12,139	762	22,441	30
31 INTENSIVE CARE UNIT	22,531	6,916	5,596	186	4,725	31
41 SUBPROVIDER - IRF	7,430	2,281	617	14	1,427	41
43 NURSERY	4,063	1,247			1,012	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,859	6,403	55,886	321	12,235	50
50.01 SURGICENTER	972	298	12,559	139	3,696	50.01
50.02 SURGERY RECOVERY CENTER					836	50.02
51 RECOVERY ROOM	2,668	819	67	8	1,218	51
53 ANESTHESIOLOGY	377	116	4,115	664	2,521	53
54 RADIOLOGY-DIAGNOSTIC	10,520		1,194	80	7,931	54
54.01 BREAST DIAGNOSIS CENTER	4,638		2,912	1	1,627	54.01
55 RADIOLOGY-THERAPEUTIC	3,286		368	5	2,116	55
56 RADIOISOTOPE	2,123		8,687	13	3,647	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	4,000		2,304	1,040	16,702	57
58 MAGNETIC RESONANCE IMAGING (MRI)	2,618		315	753	3,792	58
59 CARDIAC CATHETERIZATION	4,321		7,811	498	6,209	59
60 LABORATORY			14,282		16,916	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	10,361	3,180	5,552	511	5,525	65
65.01 SLEEP LAB	940		111		489	65.01
66 PHYSICAL THERAPY	256		770	5	1,944	66
66.01 OP PHYSICAL THERAPY			71		1,093	66.01
66.02 OP THERAPY SERVICES			478	10	2,516	66.02
67 OCCUPATIONAL THERAPY			378		1,189	67
68 SPEECH PATHOLOGY	967		30		453	68
69 ELECTROCARDIOLOGY	4,727	1,451	239	1,817	5,185	69
69.01 EP LAB	834	256	5,934	57	4,389	69.01
69.02 VASCULAR SERVICES					760	69.02
70 ELECTROENCEPHALOGRAPHY	503	154	145		414	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			53,890		5,665	71
72 IMPL. DEV. CHARGED TO PATIENT			127,181		4,375	72
73 DRUGS CHARGED TO PATIENTS			240	136,465	16,254	73
74 RENAL DIALYSIS			128	15	983	74
75 ASC (NON-DISTINCT PART)	4,192	1,287	174	16	1,019	75
76 WOUND CARE	739		1,201	2	109	76
76.01 OP ONCOLOGY	2,143	658	82	95	1,034	76.01
76.97 CARDIAC REHABILITATION	2,906		40	1	503	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER			355		87	90.01
91 EMERGENCY	33,944	10,419	8,907	326	18,294	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	9,437		1,933	8		101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE	554		626	39		116
118 SUBTOTALS (SUM OF LINES 1-117)	299,468	67,074	337,317	143,851	181,331	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	579					190

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11	13	14	15	16	
191	RESEARCH	254					191
192	PHYSICIANS' PRIVATE OFFICES	16,542		1,145	2,506		192
193	NONPAID WORKERS	35					193
194	DEVELOPMENT						194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	TOTAL (SUM OF LINES 118-201)	316,878	67,074	338,462	146,357	181,331	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE 17	I&R SALARY & FRINGES 21	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
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	25,460					17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		233,676				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	19,806		2,798,596		2,798,596	30
31 INTENSIVE CARE UNIT	2,640		592,778		592,778	31
41 SUBPROVIDER - IRF	1,562		186,978		186,978	41
43 NURSERY			104,928		104,928	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			1,246,321		1,246,321	50
50.01 SURGICENTER			146,795		146,795	50.01
50.02 SURGERY RECOVERY CENTER			25,658		25,658	50.02
51 RECOVERY ROOM			25,519		25,519	51
53 ANESTHESIOLOGY			90,793		90,793	53
54 RADIOLOGY-DIAGNOSTIC			570,111		570,111	54
54.01 BREAST DIAGNOSIS CENTER			35,977		35,977	54.01
55 RADIOLOGY-THERAPEUTIC			272,875		272,875	55
56 RADIOISOTOPE			82,293		82,293	56
57 COMPUTED TOMOGRAPHY (CT) SCAN			67,858		67,858	57
58 MAGNETIC RESONANCE IMAGING (MRI)			24,153		24,153	58
59 CARDIAC CATHETERIZATION			60,170		60,170	59
60 LABORATORY			525,025		525,025	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY			124,119		124,119	65
65.01 SLEEP LAB			34,882		34,882	65.01
66 PHYSICAL THERAPY			128,621		128,621	66
66.01 OP PHYSICAL THERAPY			16,612		16,612	66.01
66.02 OP THERAPY SERVICES			44,446		44,446	66.02
67 OCCUPATIONAL THERAPY			157,607		157,607	67
68 SPEECH PATHOLOGY			11,981		11,981	68
69 ELECTROCARDIOLOGY			259,785		259,785	69
69.01 EP LAB			119,021		119,021	69.01
69.02 VASCULAR SERVICES			6,619		6,619	69.02
70 ELECTROENCEPHALOGRAPHY			29,399		29,399	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			101,709		101,709	71
72 IMPL. DEV. CHARGED TO PATIENT			274,504		274,504	72
73 DRUGS CHARGED TO PATIENTS			371,042		371,042	73
74 RENAL DIALYSIS			15,769		15,769	74
75 ASC (NON-DISTINCT PART)			474,534		474,534	75
76 WOUND CARE			57,279		57,279	76
76.01 OP ONCOLOGY			28,495		28,495	76.01
76.97 CARDIAC REHABILITATION			21,351		21,351	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER			10,819		10,819	90.01
91 EMERGENCY	1,452		704,033		704,033	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			85,206		85,206	101
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
116 HOSPICE			136,560		136,560	116
118 SUBTOTALS (SUM OF LINES 1-117)	25,460		10,071,221		10,071,221	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			32,556		32,556	190

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	17	21	24	25	26	
191 RESEARCH			96,015		96,015	191
192 PHYSICIANS' PRIVATE OFFICES			968,891		968,891	192
193 NONPAID WORKERS			297		297	193
194 DEVELOPMENT			572		572	194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS		233,676	233,676		233,676	200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	25,460	233,676	11,403,228		11,403,228	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON-CILIATION	ADMINIS-TRATIVE & GENERAL ACCUM COST	
	1	2	4	5A	5	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	810,008					1
2 CAP REL COSTS-MVBLE EQUIP		810,008				2
4 EMPLOYEE BENEFITS	12,611	12,611	99,164,177			4
5 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	68,239	68,239	11,996,292	-66,991,519	223,497,806	5
7 OPERATION OF PLANT	137,281	137,281	3,591,925		17,515,729	7
8 LAUNDRY & LINEN SERVICE	9,278	9,278	225,905		2,669,071	8
9 HOUSEKEEPING	9,452	9,452	2,168,370		4,642,308	9
10 DIETARY	8,353	8,353	778,918		1,669,519	10
11 CAFETERIA	19,772	19,772	1,621,484		2,388,121	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	1,589	1,589	1,367,525		2,512,029	13
14 CENTRAL SERVICES & SUPPLY	22,278	22,278	795,770		1,162,047	14
15 PHARMACY	5,475	5,475	2,166,774		3,835,543	15
16 MEDICAL RECORDS & LIBRARY	8,462	8,462	2,004,332		3,140,821	16
17 SOCIAL SERVICE	599	599	640,782		842,035	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	8,558	8,558	193,447		7,315,342	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	128,254	128,254	23,913,303		34,388,710	30
31 INTENSIVE CARE UNIT	25,377	25,377	6,660,660		9,877,453	31
41 SUBPROVIDER - IRF	8,121	8,121	1,741,498		2,459,351	41
43 NURSERY	5,055	5,055	1,177,974		1,688,984	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	68,118	68,118	4,820,789		12,135,609	50
50.01 SURGICENTER			214,347		8,397,097	50.01
50.02 SURGERY RECOVERY CENTER					1,617,776	50.02
51 RECOVERY ROOM	107	107	891,984		1,173,957	51
53 ANESTHESIOLOGY	5,240	5,240	117,551		596,876	53
54 RADIOLOGY-DIAGNOSTIC	34,211	34,211	2,833,449		4,266,348	54
54.01 BREAST DIAGNOSIS CENTER			963,490		1,660,638	54.01
55 RADIOLOGY-THERAPEUTIC	17,183	17,183	987,664		1,572,985	55
56 RADIOISOTOPE	2,937	2,937	686,330		1,667,628	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	1,240	1,240	911,660		1,637,704	57
58 MAGNETIC RESONANCE IMAGING (MRI)			561,952		1,036,646	58
59 CARDIAC CATHETERIZATION			1,395,204		2,569,277	59
60 LABORATORY	23,151	23,151			10,969,070	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,794	2,794	2,415,447		3,675,548	65
65.01 SLEEP LAB	2,011	2,011	204,425		311,888	65.01
66 PHYSICAL THERAPY	6,524	6,524			2,210,191	66
66.01 OP PHYSICAL THERAPY					1,006,820	66.01
66.02 OP THERAPY SERVICES					2,701,033	66.02
67 OCCUPATIONAL THERAPY	9,647	9,647			1,329,066	67
68 SPEECH PATHOLOGY	151	151	358,300		516,022	68
69 ELECTROCARDIOLOGY	15,269	15,269	1,139,547		1,962,175	69
69.01 EP LAB	5,710	5,710	876,710		1,698,532	69.01
69.02 VASCULAR SERVICES			273,533		357,422	69.02
70 ELECTROENCEPHALOGRAPHY	1,822	1,822	86,634		159,310	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS					2,747,429	71
72 IMPL. DEV. CHARGED TO PATIENT					9,316,826	72
73 DRUGS CHARGED TO PATIENTS					14,213,850	73
74 RENAL DIALYSIS					954,360	74
75 ASC (NON-DISTINCT PART)	31,070	31,070	1,191,288		1,911,984	75
76 WOUND CARE	3,411	3,411	244,719		451,677	76
76.01 OP ONCOLOGY	559	559	637,442		1,026,531	76.01
76.97 CARDIAC REHABILITATION			814,131		1,094,051	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER			382,753		642,211	90.01
91 EMERGENCY	30,716	30,716	8,348,053		12,210,948	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY			2,546,416		4,584,426	101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE	8,058	8,058	186,202		399,740	116
118 SUBTOTALS (SUM OF LINES 1-117)	748,683	748,683	95,134,979	-66,991,519	210,890,714	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,921	1,921	69		323,627	190

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP MOVABLE EQUIPMENT SQUARE FEET 2	EMPLOYEE BENEFITS GROSS SALARIES 4	RECON- CILIATION 5A	ADMINIS- TRATIVE & GENERAL ACCUM COST 5	
191	RESEARCH	6,664	6,664	44,779		130,178	191
192	PHYSICIANS' PRIVATE OFFICES	52,740	52,740	3,980,196		12,099,333	192
193	NONPAID WORKERS			4,154		16,702	193
194	DEVELOPMENT					37,252	194
194.01	SENIOR FRIENDS						194.01
194.02	OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03	OTHER NONREIMBURSABLE COST CENTERS						194.03
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	2,141,504	6,584,096	2,380,285		66,991,519	202
203	UNIT COST MULT-WS B PT I	2.643806	8.128433	0.024003		0.299741	203
204	COST TO BE ALLOC PER B PT II			135,849		3,429,150	204
205	UNIT COST MULT-WS B PT II			0.001370		0.015343	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	PROD	
	FEET	PATIENT	FEET	SERVED	FTE'S	
	7	DAYS	9	10	11	
GENERAL SERVICE COST CENTERS						
1						1
2						2
4						4
5						5
6						6
7	591,877					7
8	9,278	87,160				8
9	9,452		621,994			9
10	8,353		8,353	87,160		10
11	19,772		19,772		2,576,576	11
12						12
13	1,589		1,589		35,089	13
14	22,278		22,278		51,139	14
15	5,475		5,475		61,430	15
16	8,462		8,462		92,775	16
17	599		599		26,346	17
19						19
20						20
21	8,558		8,558		6,803	21
22						22
23						23
23.01						23.01
RADIOLOGY PARAMEDICAL						
INPATIENT ROUTINE SERV COST CENTERS						
30	128,254	68,306	128,254	68,306	836,779	30
31	25,377	9,106	25,377	9,106	183,206	31
41	8,121	5,388	8,121	5,388	60,418	41
43	5,055		5,055		33,039	43
ANCILLARY SERVICE COST CENTERS						
50	68,118		68,118		169,606	50
50.01					7,900	50.01
50.02						50.02
51	107		107		21,695	51
53	5,240		5,240		3,063	53
54	34,211		34,211		85,542	54
54.01					37,716	54.01
55	17,183		17,183		26,720	55
56	2,937		2,937		17,263	56
57	1,240		1,240		32,525	57
58					21,289	58
59					35,136	59
60	23,151		23,151			60
62.30						62.30
65	2,794		2,794		84,248	65
65.01	2,011		2,011		7,646	65.01
66	6,524		6,524		2,080	66
66.01						66.01
66.02					1	66.02
67	9,647		9,647			67
68	151		151		7,863	68
69	15,269		15,269		38,437	69
69.01	5,710		5,710		6,780	69.01
69.02						69.02
70	1,822		1,822		4,091	70
71						71
72						72
73						73
74						74
75	31,070		31,070		34,082	75
76	3,411		3,411		6,008	76
76.01	559		559		17,426	76.01
76.97					23,630	76.97
76.98						76.98
76.99						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01						90.01
91	30,716		30,716		276,000	91
92						92
OTHER REIMBURSABLE COST CENTERS						
101					76,733	101
SPECIAL PURPOSE COST CENTERS						
116	8,058	4,360	8,058	4,360	4,505	116
118	530,552	87,160	511,822	87,160	2,435,009	118
NONREIMBURSABLE COST CENTERS						
190	1,921		1,921		4,704	190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	OF PLANT	+ LINEN	KEEPING			
	SQUARE	SERVICE	SQUARE	MEALS	PROD	
	FEET	PATIENT	FEET	SERVED	FTE'S	
	7	DAYS	9	10	11	
191 RESEARCH	6,664		6,664		2,069	191
192 PHYSICIANS' PRIVATE OFFICES	52,740		101,587		134,507	192
193 NONPAID WORKERS					287	193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	22,765,911	3,825,969	6,397,359	2,577,144	4,067,808	202
203 UNIT COST MULT-WS B PT I	38.463922	43.895927	10.285242	29.567967	1.578765	203
204 COST TO BE ALLOC PER B PT II	1,752,488	168,677	204,003	144,135	316,878	204
205 UNIT COST MULT-WS B PT II	2.960899	1.935257	0.327982	1.653683	0.122984	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURS DIRECT FTE 13	CENTRAL SERVICES * SUPPLY COSTED REQUI 14	PHARMACY COSTED REQUI 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5 ADMINISTRATIVE & GENERAL						5
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	1,776,770					13
14 CENTRAL SERVICES & SUPPLY		24,793,012				14
15 PHARMACY			15,244,065			15
16 MEDICAL RECORDS & LIBRARY				988,418,880		16
17 SOCIAL SERVICE					87,807	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
23.01 RADIOLOGY PARAMEDICAL						23.01
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	836,779	889,208	79,358	120,173,029	68,306	30
31 INTENSIVE CARE UNIT	183,206	409,882	19,374	25,818,812	9,106	31
41 SUBPROVIDER - IRF	60,418	45,190	1,500	7,797,082	5,388	41
43 NURSERY	33,039			5,529,047		43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	169,606	4,093,586	33,432	66,860,602		50
50.01 SURGICENTER	7,900	919,924	14,433	20,197,389		50.01
50.02 SURGERY RECOVERY CENTER				4,569,956		50.02
51 RECOVERY ROOM	21,695	4,902	868	6,654,838		51
53 ANESTHESIOLOGY	3,063	301,415	69,128	13,774,275		53
54 RADIOLOGY-DIAGNOSTIC		87,487	8,358	43,338,838		54
54.01 BREAST DIAGNOSIS CENTER		213,290	97	8,890,884		54.01
55 RADIOLOGY-THERAPEUTIC		26,948	530	11,562,283		55
56 RADIOISOTOPE		636,283	1,329	19,926,568		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		168,778	108,371	91,267,789		57
58 MAGNETIC RESONANCE IMAGING (MRI)		23,062	78,380	20,719,806		58
59 CARDIAC CATHETERIZATION		572,138	51,921	33,928,878		59
60 LABORATORY		1,046,139		92,434,979		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	84,248	406,686	53,261	30,191,956		65
65.01 SLEEP LAB		8,128		2,674,805		65.01
66 PHYSICAL THERAPY		56,374	474	10,623,867		66
66.01 OP PHYSICAL THERAPY		5,173	6	5,973,093		66.01
66.02 OP THERAPY SERVICES		35,029	1,002	13,750,735		66.02
67 OCCUPATIONAL THERAPY		27,686		6,497,763		67
68 SPEECH PATHOLOGY		2,183		2,477,416		68
69 ELECTROCARDIOLOGY	38,437	17,516	189,264	28,335,147		69
69.01 EP LAB	6,780	434,695	5,939	23,982,781		69.01
69.02 VASCULAR SERVICES				4,150,295		69.02
70 ELECTROENCEPHALOGRAPHY	4,091	10,615		2,259,683		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		3,947,429		30,953,574		71
72 IMPL. DEV. CHARGED TO PATIENT		9,316,826		23,907,732		72
73 DRUGS CHARGED TO PATIENTS		17,608	14,213,850	88,820,934		73
74 RENAL DIALYSIS		9,367	1,550	5,372,166		74
75 ASC (NON-DISTINCT PART)	34,082	12,749	1,663	5,566,786		75
76 WOUND CARE		87,983	204	593,847		76
76.01 OP ONCOLOGY	17,426	6,036	9,882	5,650,327		76.01
76.97 CARDIAC REHABILITATION		2,950	97	2,749,587		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER		25,998		474,151		90.01
91 EMERGENCY	276,000	652,416	33,905	99,967,180	5,007	91
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY		141,609	830			101
SPECIAL PURPOSE COST CENTERS						
116 HOSPICE		45,829	4,021			116
118 SUBTOTALS (SUM OF LINES 1-117)	1,776,770	24,709,117	14,983,027	988,418,880	87,807	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION NURS DIRECT FTE 13	CENTRAL SERVICES * SUPPLY COSTED REQUI 14	PHARMACY COSTED REQUI 15	MEDICAL RECORDS & LIBRARY GROSS REVENUE 16	SOCIAL SERVICE TIME SPENT 17	
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES		83,895	261,038			192
193 NONPAID WORKERS						193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS						194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS						194.03
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	3,397,846	2,677,130	5,349,098	4,641,240	1,165,222	202
203 UNIT COST MULT-WS B PT I	1.912372	0.107979	0.350897	0.004696	13.270263	203
204 COST TO BE ALLOC PER B PT II	67,074	338,462	146,357	181,331	25,460	204
205 UNIT COST MULT-WS B PT II	0.037751	0.013652	0.009601	0.000183	0.289954	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
	21	
GENERAL SERVICE COST CENTERS		
1 CAP REL COSTS-BLDG & FIXT		1
2 CAP REL COSTS-MVBLE EQUIP		2
4 EMPLOYEE BENEFITS		4
5 ADMINISTRATIVE & GENERAL		5
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	187,824	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23 PARAMED ED PRGM-(SPECIFY)		23
23.01 RADIOLOGY PARAMEDICAL		23.01
INPATIENT ROUTINE SERV COST CENTERS		
30 ADULTS & PEDIATRICS	184,954	30
31 INTENSIVE CARE UNIT		31
41 SUBPROVIDER - IRF	2,870	41
43 NURSERY		43
ANCILLARY SERVICE COST CENTERS		
50 OPERATING ROOM		50
50.01 SURGICENTER		50.01
50.02 SURGERY RECOVERY CENTER		50.02
51 RECOVERY ROOM		51
53 ANESTHESIOLOGY		53
54 RADIOLOGY-DIAGNOSTIC		54
54.01 BREAST DIAGNOSIS CENTER		54.01
55 RADIOLOGY-THERAPEUTIC		55
56 RADIOISOTOPE		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		57
58 MAGNETIC RESONANCE IMAGING (MRI)		58
59 CARDIAC CATHETERIZATION		59
60 LABORATORY		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65 RESPIRATORY THERAPY		65
65.01 SLEEP LAB		65.01
66 PHYSICAL THERAPY		66
66.01 OP PHYSICAL THERAPY		66.01
66.02 OP THERAPY SERVICES		66.02
67 OCCUPATIONAL THERAPY		67
68 SPEECH PATHOLOGY		68
69 ELECTROCARDIOLOGY		69
69.01 EP LAB		69.01
69.02 VASCULAR SERVICES		69.02
70 ELECTROENCEPHALOGRAPHY		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS		71
72 IMPL. DEV. CHARGED TO PATIENT		72
73 DRUGS CHARGED TO PATIENTS		73
74 RENAL DIALYSIS		74
75 ASC (NON-DISTINCT PART)		75
76 WOUND CARE		76
76.01 OP ONCOLOGY		76.01
76.97 CARDIAC REHABILITATION		76.97
76.98 HYPERBARIC OXYGEN THERAPY		76.98
76.99 LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS		
90.01 DIABETES CENTER		90.01
91 EMERGENCY		91
92 OBSERVATION BEDS		92
OTHER REIMBURSABLE COST CENTERS		
101 HOME HEALTH AGENCY		101
SPECIAL PURPOSE COST CENTERS		
116 HOSPICE		116
118 SUBTOTALS (SUM OF LINES 1-117)	187,824	118
NONREIMBURSABLE COST CENTERS		
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		190

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SALARY & FRINGES ASSIGNED TIME	
191 RESEARCH		191
192 PHYSICIANS' PRIVATE OFFICES		192
193 NONPAID WORKERS		193
194 DEVELOPMENT		194
194.01 SENIOR FRIENDS		194.01
194.02 OTHER NONREIMBURSABLE COST CENTERS		194.02
194.03 OTHER NONREIMBURSABLE COST CENTERS		194.03
200 CROSS FOOT ADJUSTMENTS		200
201 NEGATIVE COST CENTER		201
202 COST TO BE ALLOC PER B PT I	9,935,985	202
203 UNIT COST MULT-WS B PT I	52.900508	203
204 COST TO BE ALLOC PER B PT II	233,676	204
205 UNIT COST MULT-WS B PT II	1.244122	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	60,482,351		60,482,351	16,810	60,499,161	30
31 INTENSIVE CARE UNIT	15,676,939		15,676,939	24,231	15,701,170	31
41 SUBPROVIDER - IRF	4,312,683		4,312,683	8,702	4,321,385	41
43 NURSERY	2,582,977		2,582,977		2,582,977	43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	20,453,691		20,453,691	491,568	20,945,259	50
50.01 SURGICENTER	11,140,874		11,140,874	186,241	11,327,115	50.01
50.02 SURGERY RECOVERY CENTER	2,124,151		2,124,151		2,124,151	50.02
51 RECOVERY ROOM	1,638,882		1,638,882		1,638,882	51
53 ANESTHESIOLOGY	1,163,411		1,163,411		1,163,411	53
54 RADIOLOGY-DIAGNOSTIC	7,563,854		7,563,854	3,892	7,567,746	54
54.01 BREAST DIAGNOSIS CENTER	2,282,761		2,282,761	2,203	2,284,964	54.01
55 RADIOLOGY-THERAPEUTIC	2,981,707		2,981,707		2,981,707	55
56 RADIOISOTOPE	2,500,661		2,500,661		2,500,661	56
57 COMPUTED TOMOGRAPHY (CT) SC	2,725,234		2,725,234		2,725,234	57
58 MAGNETIC RESONANCE IMAGING	1,508,274		1,508,274		1,508,274	58
59 CARDIAC CATHETERIZATION	3,634,194		3,634,194		3,634,194	59
60 LABORATORY	15,932,578		15,932,578	23,111	15,955,689	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	5,411,971		5,411,971		5,411,971	65
65.01 SLEEP LAB	528,919		528,919	2,929	531,848	65.01
66 PHYSICAL THERAPY	3,250,143		3,250,143		3,250,143	66
66.01 OP PHYSICAL THERAPY	1,337,216		1,337,216		1,337,216	66.01
66.02 OP THERAPY SERVICES	3,579,352		3,579,352		3,579,352	66.02
67 OCCUPATIONAL THERAPY	2,231,228		2,231,228		2,231,228	67
68 SPEECH PATHOLOGY	702,340		702,340		702,340	68
69 ELECTROCARDIOLOGY	3,630,224		3,630,224	11,835	3,642,059	69
69.01 EP LAB	2,671,325		2,671,325		2,671,325	69.01
69.02 VASCULAR SERVICES	484,046		484,046		484,046	69.02
70 ELECTROENCEPHALOGRAPHY	321,923		321,923		321,923	70
71 MEDICAL SUPPLIES CHRGD TO	4,142,543		4,142,543		4,142,543	71
72 IMPL. DEV. CHARGED TO PATIE	13,227,759		13,227,759		13,227,759	72
73 DRUGS CHARGED TO PATIENTS	23,880,928		23,880,928		23,880,928	73
74 RENAL DIALYSIS	1,267,204		1,267,204		1,267,204	74
75 ASC (NON-DISTINCT PART)	4,146,807		4,146,807		4,146,807	75
76 WOUND CARE	775,192		775,192		775,192	76
76.01 OP ONCOLOGY	1,452,965		1,452,965		1,452,965	76.01
76.97 CARDIAC REHABILITATION	1,472,554		1,472,554	2,088	1,474,642	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER	839,742		839,742		839,742	90.01
91 EMERGENCY	18,950,237		18,950,237	337,675	19,287,912	91
92 OBSERVATION BEDS	5,472,023		5,472,023		5,472,023	92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY	6,095,291		6,095,291		6,095,291	101
113 INTEREST EXPENSE						113
116 HOSPICE	1,246,152		1,246,152		1,246,152	116
200 SUBTOTAL (SEE INSTRUCTIONS)	265,823,306		265,823,306	1,111,285	266,934,591	200
201 LESS OBSERVATION BEDS	5,472,023		5,472,023		5,472,023	201
202 TOTAL (SEE INSTRUCTIONS)	260,351,283		260,351,283		261,462,568	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	110,531,728		110,531,728			30
31 INTENSIVE CARE UNIT	25,818,812		25,818,812			31
41 SUBPROVIDER - IRF	7,797,082		7,797,082			41
43 NURSERY	5,529,047		5,529,047			43
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	27,434,571	39,426,031	66,860,602	0.305915	0.305915	0.313268 50
50.01 SURGICENTER		20,197,389	20,197,389	0.551600	0.551600	0.560821 50.01
50.02 SURGERY RECOVERY CENTER	4,528,289	41,667	4,569,956	0.464808	0.464808	0.464808 50.02
51 RECOVERY ROOM	3,786,963	2,867,875	6,654,838	0.246269	0.246269	0.246269 51
53 ANESTHESIOLOGY	7,952,203	5,822,072	13,774,275	0.084463	0.084463	0.084463 53
54 RADIOLOGY-DIAGNOSTIC	17,347,732	25,991,106	43,338,838	0.174528	0.174528	0.174618 54
54.01 BREAST DIAGNOSIS CENTER		8,890,884	8,890,884	0.256753	0.256753	0.257001 54.01
55 RADIOLOGY-THERAPEUTIC	1,200,391	10,361,892	11,562,283	0.257882	0.257882	0.257882 55
56 RADIOISOTOPE	7,222,232	12,704,336	19,926,568	0.125494	0.125494	0.125494 56
57 COMPUTED TOMOGRAPHY (CT) SC	38,948,567	52,319,222	91,267,789	0.029860	0.029860	0.029860 57
58 MAGNETIC RESONANCE IMAGING	9,798,752	10,921,054	20,719,806	0.072794	0.072794	0.072794 58
59 CARDIAC CATHETERIZATION	22,842,915	11,085,963	33,928,878	0.107112	0.107112	0.107112 59
60 LABORATORY	59,497,109	32,937,870	92,434,979	0.172365	0.172365	0.172615 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	27,615,846	2,576,110	30,191,956	0.179252	0.179252	0.179252 65
65.01 SLEEP LAB	9,699	2,665,106	2,674,805	0.197741	0.197741	0.198836 65.01
66 PHYSICAL THERAPY	6,653,100	3,970,767	10,623,867	0.305928	0.305928	0.305928 66
66.01 OP PHYSICAL THERAPY	9,441	5,963,652	5,973,093	0.223873	0.223873	0.223873 66.01
66.02 OP THERAPY SERVICES		13,750,735	13,750,735	0.260303	0.260303	0.260303 66.02
67 OCCUPATIONAL THERAPY	5,549,557	948,206	6,497,763	0.343384	0.343384	0.343384 67
68 SPEECH PATHOLOGY	2,015,393	462,023	2,477,416	0.283497	0.283497	0.283497 68
69 ELECTROCARDIOLOGY	15,339,926	12,995,221	28,335,147	0.128117	0.128117	0.128535 69
69.01 EP LAB	13,794,189	10,188,592	23,982,781	0.111385	0.111385	0.111385 69.01
69.02 VASCULAR SERVICES	1,837,013	2,313,282	4,150,295	0.116629	0.116629	0.116629 69.02
70 ELECTROENCEPHALOGRAPHY	710,618	1,549,065	2,259,683	0.142464	0.142464	0.142464 70
71 MEDICAL SUPPLIES CHRGD TO	21,709,387	9,244,187	30,953,574	0.133831	0.133831	0.133831 71
72 IMPL. DEV. CHARGED TO PATIE	17,565,712	6,342,020	23,907,732	0.553284	0.553284	0.553284 72
73 DRUGS CHARGED TO PATIENTS	58,944,254	29,876,680	88,820,934	0.268866	0.268866	0.268866 73
74 RENAL DIALYSIS	5,221,254	150,912	5,372,166	0.235883	0.235883	0.235883 74
75 ASC (NON-DISTINCT PART)	601,213	4,965,573	5,566,786	0.744919	0.744919	0.744919 75
76 WOUND CARE	1,720	592,127	593,847	1.305373	1.305373	1.305373 76
76.01 OP ONCOLOGY		5,650,327	5,650,327	0.257147	0.257147	0.257147 76.01
76.97 CARDIAC REHABILITATION	592,809	2,156,778	2,749,587	0.535555	0.535555	0.536314 76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER		474,151	474,151	1.771043	1.771043	1.771043 90.01
91 EMERGENCY	30,616,288	69,350,892	99,967,180	0.189565	0.189565	0.192942 91
92 OBSERVATION BEDS	1,541,008	8,100,293	9,641,301	0.567561	0.567561	0.567561 92
OTHER REIMBURSABLE COST CENTERS						
101 HOME HEALTH AGENCY						101
113 INTEREST EXPENSE						113
116 HOSPICE						116
200 SUBTOTAL (SEE INSTRUCTIONS)	560,564,820	427,854,060	988,418,880			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	560,564,820	427,854,060	988,418,880			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	REDUCED	TOTAL	PER	INPAT	INPAT PGM		
	COST	CAP-REL		DIEM			CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)		(COL.3 + COL.4)			(COL.5 x COL.6)	
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,798,596		2,798,596	74,651	37.49	38,032	1,425,820	30
31 INTENSIVE CARE UNIT	592,778		592,778	9,106	65.10	5,555	361,631	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	186,978		186,978	5,352	34.94	3,722	130,047	41
42 SUBPROVIDER I								42
43 NURSERY	104,928		104,928	3,382	31.03			43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	3,683,280		3,683,280	92,491		47,309	1,917,498	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,246,321	66,860,602	0.018641	14,775,199	275,424	50
50.01 SURGICENTER	146,795	20,197,389	0.007268			50.01
50.02 SURGERY RECOVERY CENTER	25,658	4,569,956	0.005614	335	2	50.02
51 RECOVERY ROOM	25,519	6,654,838	0.003835	1,706,426	6,544	51
53 ANESTHESIOLOGY	90,793	13,774,275	0.006591	2,874,826	18,948	53
54 RADIOLOGY-DIAGNOSTIC	570,111	43,338,838	0.013155	9,740,536	128,137	54
54.01 BREAST DIAGNOSIS CENTER	35,977	8,890,884	0.004047			54.01
55 RADIOLOGY-THERAPEUTIC	272,875	11,562,283	0.023600	648,818	15,312	55
56 RADIOISOTOPE	82,293	19,926,568	0.004130	4,083,683	16,866	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	67,858	91,267,789	0.000744	20,247,247	15,064	57
58 MAGNETIC RESONANCE IMAGING (M	24,153	20,719,806	0.001166	4,773,329	5,566	58
59 CARDIAC CATHETERIZATION	60,170	33,928,878	0.001773	13,756,357	24,390	59
60 LABORATORY	525,025	92,434,979	0.005680	31,503,402	178,939	60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY	124,119	30,191,956	0.004111	16,834,744	69,208	65
65.01 SLEEP LAB	34,882	2,674,805	0.013041	9,522	124	65.01
66 PHYSICAL THERAPY	128,621	10,623,867	0.012107	2,678,711	32,431	66
66.01 OP PHYSICAL THERAPY	16,612	5,973,093	0.002781			66.01
66.02 OP THERAPY SERVICES	44,446	13,750,735	0.003232			66.02
67 OCCUPATIONAL THERAPY	157,607	6,497,763	0.024256	1,794,123	43,518	67
68 SPEECH PATHOLOGY	11,981	2,477,416	0.004836	719,000	3,477	68
69 ELECTROCARDIOLOGY	259,785	28,335,147	0.009168	9,460,456	86,733	69
69.01 EP LAB	119,021	23,982,781	0.004963	8,710,318	43,229	69.01
69.02 VASCULAR SERVICES	6,619	4,150,295	0.001595	1,133,133	1,807	69.02
70 ELECTROENCEPHALOGRAPHY	29,399	2,259,683	0.013010	398,603	5,186	70
71 MEDICAL SUPPLIES CHRGD TO PA	101,709	30,953,574	0.003286	10,958,148	36,008	71
72 IMPL. DEV. CHARGED TO PATIENT	274,504	23,907,732	0.011482	9,895,098	113,616	72
73 DRUGS CHARGED TO PATIENTS	371,042	88,820,934	0.004177	31,846,373	133,022	73
74 RENAL DIALYSIS	15,769	5,372,166	0.002935	3,686,561	10,820	74
75 ASC (NON-DISTINCT PART)	474,534	5,566,786	0.085244	409,669	34,922	75
76 WOUND CARE	57,279	593,847	0.096454	1,389	134	76
76.01 OP ONCOLOGY	28,495	5,650,327	0.005043			76.01
76.97 CARDIAC REHABILITATION	21,351	2,749,587	0.007765			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER	10,819	474,151	0.022818			90.01
91 EMERGENCY	704,033	99,967,180	0.007043	15,792,270	111,225	91
92 OBSERVATION BEDS	253,125	9,641,301	0.026254	1,184,611	31,101	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)	6,419,300	838,742,211		219,622,887	1,441,753	200

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

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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	74,651		38,032		30
31 INTENSIVE CARE UNIT	9,106		5,555		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	5,352		3,722		41
42 SUBPROVIDER I					42
43 NURSERY	3,382				43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	92,491		47,309		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SURGICENTER						50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST DIAGNOSIS CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 EP LAB						69.01
69.02 VASCULAR SERVICES						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 WOUND CARE						76
76.01 OP ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
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 (14-0172)	[] 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	66,860,602		14,775,199		8,214,810	50
50.01	SURGICENTER	20,197,389				6,484,000	50.01
50.02	SURGERY RECOVERY CENTER	4,569,956		335		197	50.02
51	RECOVERY ROOM	6,654,838		1,706,426		691,434	51
53	ANESTHESIOLOGY	13,774,275		2,874,826		1,547,982	53
54	RADIOLOGY-DIAGNOSTIC	43,338,838		9,740,536		4,153,555	54
54.01	BREAST DIAGNOSIS CENTER	8,890,884				1,083,893	54.01
55	RADIOLOGY-THERAPEUTIC	11,562,283		648,818		4,162,916	55
56	RADIOISOTOPE	19,926,568		4,083,683		5,073,407	56
57	COMPUTED TOMOGRAPHY (CT) SCA	91,267,789		20,247,247		12,098,468	57
58	MAGNETIC RESONANCE IMAGING (	20,719,806		4,773,329		3,605,453	58
59	CARDIAC CATHETERIZATION	33,928,878		13,756,357		5,958,176	59
60	LABORATORY	92,434,979		31,503,402		1,880,535	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	30,191,956		16,834,744		565,690	65
65.01	SLEEP LAB	2,674,805		9,522		635,787	65.01
66	PHYSICAL THERAPY	10,623,867		2,678,711		16	66
66.01	OP PHYSICAL THERAPY	5,973,093				1,748	66.01
66.02	OP THERAPY SERVICES	13,750,735					66.02
67	OCCUPATIONAL THERAPY	6,497,763		1,794,123		1,748	67
68	SPEECH PATHOLOGY	2,477,416		719,000			68
69	ELECTROCARDIOLOGY	28,335,147		9,460,456		3,899,278	69
69.01	EP LAB	23,982,781		8,710,318		5,803,242	69.01
69.02	VASCULAR SERVICES	4,150,295		1,133,133		943,206	69.02
70	ELECTROENCEPHALOGRAPHY	2,259,683		398,603		462,491	70
71	MEDICAL SUPPLIES CHRGED TO P	30,953,574		10,958,148		2,235,324	71
72	IMPL. DEV. CHARGED TO PATIEN	23,907,732		9,895,098		2,726,800	72
73	DRUGS CHARGED TO PATIENTS	88,820,934		31,846,373		12,197,947	73
74	RENAL DIALYSIS	5,372,166		3,686,561		120,080	74
75	ASC (NON-DISTINCT PART)	5,566,786		409,669		2,774,756	75
76	WOUND CARE	593,847		1,389		329,551	76
76.01	OP ONCOLOGY	5,650,327				2,483,640	76.01
76.97	CARDIAC REHABILITATION	2,749,587				619,383	76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER	474,151					90.01
91	EMERGENCY	99,967,180		15,792,270		8,230,656	91
92	OBSERVATION BEDS	9,641,301		1,184,611		1,804,677	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	838,742,211		219,622,887		100,790,846	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS			
	COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1	PPS REIMBURSED SERVICES 2	COST REIMB. SERVICES SUBJECT TO DED & COINS 3	COST REIMB. SVCES NOT SUBJECT TO DED & COINS 4	PPS SERVICES 5	COST SERVICES SUBJECT TO DED & COINS 6	COST SVCES NOT SUBJECT TO DED & COINS 7	
ANCILLARY SERVICE COST CENTERS								
50 OPERATING ROOM	0.305915	8,214,810			2,513,034			50
50.01 SURGICENTER	0.551600	6,484,000			3,576,574			50.01
50.02 SURGERY RECOVERY CENTER	0.464808	197			92			50.02
51 RECOVERY ROOM	0.246269	691,434			170,279			51
53 ANESTHESIOLOGY	0.084463	1,547,982			130,747			53
54 RADIOLOGY-DIAGNOSTIC	0.174528	4,153,555			724,912			54
54.01 BREAST DIAGNOSIS CENTER	0.256753	1,083,893			278,293			54.01
55 RADIOLOGY-THERAPEUTIC	0.257882	4,162,916			1,073,541			55
56 RADIOISOTOPE	0.125494	5,073,407			636,682			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860	12,098,468			361,260			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794	3,605,453			262,455			58
59 CARDIAC CATHETERIZATION	0.107112	5,958,176			638,192			59
60 LABORATORY	0.172365	1,880,535			324,138			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65 RESPIRATORY THERAPY	0.179252	565,690			101,401			65
65.01 SLEEP LAB	0.197741	635,787			125,721			65.01
66 PHYSICAL THERAPY	0.305928	16			5			66
66.01 OP PHYSICAL THERAPY	0.223873	1,748			391			66.01
66.02 OP THERAPY SERVICES	0.260303							66.02
67 OCCUPATIONAL THERAPY	0.343384	1,748			600			67
68 SPEECH PATHOLOGY	0.283497							68
69 ELECTROCARDIOLOGY	0.128117	3,899,278			499,564			69
69.01 EP LAB	0.111385	5,803,242			646,394			69.01
69.02 VASCULAR SERVICES	0.116629	943,206			110,005			69.02
70 ELECTROENCEPHALOGRAPHY	0.142464	462,491			65,888			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133831	2,235,324			299,156			71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284	2,726,800			1,508,695			72
73 DRUGS CHARGED TO PATIENTS	0.268866	12,197,947		63,236	3,279,613		17,002	73
74 RENAL DIALYSIS	0.235883	120,080			28,325			74
75 ASC (NON-DISTINCT PART)	0.744919	2,774,756			2,066,968			75
76 WOUND CARE	1.305373	329,551			430,187			76
76.01 OP ONCOLOGY	0.257147	2,483,640			638,661			76.01
76.97 CARDIAC REHABILITATION	0.535555	619,383			331,714			76.97
76.98 HYPERBARIC OXYGEN THERAPY								76.98
76.99 LITHOTRIPSY								76.99
OUTPATIENT SERVICE COST CENTERS								
90.01 DIABETES CENTER	1.771043							90.01
91 EMERGENCY	0.189565	8,230,656			1,560,244			91
92 OBSERVATION BEDS	0.567561	1,804,677			1,024,264			92
OTHER REIMBURSABLE COST CENTERS								
200 SUBTOTAL (SEE INSTRUCTIONS)		100,790,846		63,236	23,407,995		17,002	200
201 LESS PBP CLINIC LAB SERVICES								201
202 NET CHARGES (LINE 200 - LINE 201)		100,790,846		63,236	23,407,995		17,002	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-T172)	[] SUB (OTHER)	[XX] PPS [] TEFRA			
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5		
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	1,246,321	66,860,602	0.018641	20,287	378	50
50.01	SURGICENTER	146,795	20,197,389	0.007268			50.01
50.02	SURGERY RECOVERY CENTER	25,658	4,569,956	0.005614			50.02
51	RECOVERY ROOM	25,519	6,654,838	0.003835	26,458	101	51
53	ANESTHESIOLOGY	90,793	13,774,275	0.006591	2,355	16	53
54	RADIOLOGY-DIAGNOSTIC	570,111	43,338,838	0.013155	192,787	2,536	54
54.01	BREAST DIAGNOSIS CENTER	35,977	8,890,884	0.004047			54.01
55	RADIOLOGY-THERAPEUTIC	272,875	11,562,283	0.023600	16,101	380	55
56	RADIOISOTOPE	82,293	19,926,568	0.004130	18,687	77	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	67,858	91,267,789	0.000744	116,808	87	57
58	MAGNETIC RESONANCE IMAGING (M	24,153	20,719,806	0.001166	23,029	27	58
59	CARDIAC CATHETERIZATION	60,170	33,928,878	0.001773			59
60	LABORATORY	525,025	92,434,979	0.005680	751,610	4,269	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA						62.30
65	RESPIRATORY THERAPY	124,119	30,191,956	0.004111	280,444	1,153	65
65.01	SLEEP LAB	34,882	2,674,805	0.013041			65.01
66	PHYSICAL THERAPY	128,621	10,623,867	0.012107	1,969,749	23,848	66
66.01	OP PHYSICAL THERAPY	16,612	5,973,093	0.002781			66.01
66.02	OP THERAPY SERVICES	44,446	13,750,735	0.003232			66.02
67	OCCUPATIONAL THERAPY	157,607	6,497,763	0.024256	1,929,816	46,810	67
68	SPEECH PATHOLOGY	11,981	2,477,416	0.004836	607,547	2,938	68
69	ELECTROCARDIOLOGY	259,785	28,335,147	0.009168	38,139	350	69
69.01	EP LAB	119,021	23,982,781	0.004963	30,136	150	69.01
69.02	VASCULAR SERVICES	6,619	4,150,295	0.001595			69.02
70	ELECTROENCEPHALOGRAPHY	29,399	2,259,683	0.013010	10,980	143	70
71	MEDICAL SUPPLIES CHRGD TO PA	101,709	30,953,574	0.003286	255,413	839	71
72	IMPL. DEV. CHARGED TO PATIENT	274,504	23,907,732	0.011482			72
73	DRUGS CHARGED TO PATIENTS	371,042	88,820,934	0.004177	1,188,640	4,965	73
74	RENAL DIALYSIS	15,769	5,372,166	0.002935	194,628	571	74
75	ASC (NON-DISTINCT PART)	474,534	5,566,786	0.085244			75
76	WOUND CARE	57,279	593,847	0.096454			76
76.01	OP ONCOLOGY	28,495	5,650,327	0.005043			76.01
76.97	CARDIAC REHABILITATION	21,351	2,749,587	0.007765			76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER	10,819	474,151	0.022818			90.01
91	EMERGENCY	704,033	99,967,180	0.007043	4,483	32	91
92	OBSERVATION BEDS	253,125	9,641,301	0.026254			92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	6,419,300	838,742,211		7,678,097	89,670	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-T172) [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS.1-4)	COLS.2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SURGICENTER						50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST DIAGNOSIS CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 EP LAB						69.01
69.02 VASCULAR SERVICES						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 WOUND CARE						76
76.01 OP ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
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-T172)	[] 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	66,860,602			20,287		50
50.01	SURGICENTER	20,197,389					50.01
50.02	SURGERY RECOVERY CENTER	4,569,956					50.02
51	RECOVERY ROOM	6,654,838			26,458		51
53	ANESTHESIOLOGY	13,774,275			2,355		53
54	RADIOLOGY-DIAGNOSTIC	43,338,838			192,787		54
54.01	BREAST DIAGNOSIS CENTER	8,890,884					54.01
55	RADIOLOGY-THERAPEUTIC	11,562,283			16,101		55
56	RADIOISOTOPE	19,926,568			18,687		56
57	COMPUTED TOMOGRAPHY (CT) SCA	91,267,789			116,808		57
58	MAGNETIC RESONANCE IMAGING (	20,719,806			23,029		58
59	CARDIAC CATHETERIZATION	33,928,878					59
60	LABORATORY	92,434,979			751,610		60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	30,191,956			280,444		65
65.01	SLEEP LAB	2,674,805					65.01
66	PHYSICAL THERAPY	10,623,867			1,969,749		66
66.01	OP PHYSICAL THERAPY	5,973,093					66.01
66.02	OP THERAPY SERVICES	13,750,735					66.02
67	OCCUPATIONAL THERAPY	6,497,763			1,929,816		67
68	SPEECH PATHOLOGY	2,477,416			607,547		68
69	ELECTROCARDIOLOGY	28,335,147			38,139		69
69.01	EP LAB	23,982,781			30,136		69.01
69.02	VASCULAR SERVICES	4,150,295					69.02
70	ELECTROENCEPHALOGRAPHY	2,259,683			10,980		70
71	MEDICAL SUPPLIES CHRGED TO P	30,953,574			255,413		71
72	IMPL. DEV. CHARGED TO PATIEN	23,907,732					72
73	DRUGS CHARGED TO PATIENTS	88,820,934			1,188,640		73
74	RENAL DIALYSIS	5,372,166			194,628		74
75	ASC (NON-DISTINCT PART)	5,566,786					75
76	WOUND CARE	593,847					76
76.01	OP ONCOLOGY	5,650,327					76.01
76.97	CARDIAC REHABILITATION	2,749,587					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90.01	DIABETES CENTER	474,151					90.01
91	EMERGENCY	99,967,180			4,483		91
92	OBSERVATION BEDS	9,641,301					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	838,742,211			7,678,097		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-T172) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO CHARGE RATIO	PPS REIMBURSED	COST REIMB. SERVICES	COST REIMB. SVCES NOT SUBJECT TO	COST SERVICES	COST SVCES NOT SUBJECT TO	
	FROM WKST C, PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	PPS SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.305915						50
50.01 SURGICENTER	0.551600						50.01
50.02 SURGERY RECOVERY CENTER	0.464808						50.02
51 RECOVERY ROOM	0.246269						51
53 ANESTHESIOLOGY	0.084463						53
54 RADIOLOGY-DIAGNOSTIC	0.174528						54
54.01 BREAST DIAGNOSIS CENTER	0.256753						54.01
55 RADIOLOGY-THERAPEUTIC	0.257882						55
56 RADIOISOTOPE	0.125494						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794						58
59 CARDIAC CATHETERIZATION	0.107112						59
60 LABORATORY	0.172365						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.179252						65
65.01 SLEEP LAB	0.197741						65.01
66 PHYSICAL THERAPY	0.305928						66
66.01 OP PHYSICAL THERAPY	0.223873						66.01
66.02 OP THERAPY SERVICES	0.260303						66.02
67 OCCUPATIONAL THERAPY	0.343384						67
68 SPEECH PATHOLOGY	0.283497						68
69 ELECTROCARDIOLOGY	0.128117						69
69.01 EP LAB	0.111385						69.01
69.02 VASCULAR SERVICES	0.116629						69.02
70 ELECTROENCEPHALOGRAPHY	0.142464						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133831						71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284						72
73 DRUGS CHARGED TO PATIENTS	0.268866						73
74 RENAL DIALYSIS	0.235883						74
75 ASC (NON-DISTINCT PART)	0.744919						75
76 WOUND CARE	1.305373						76
76.01 OP ONCOLOGY	0.257147						76.01
76.97 CARDIAC REHABILITATION	0.535555						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 DIABETES CENTER	1.771043						90.01
91 EMERGENCY	0.189565						91
92 OBSERVATION BEDS	0.567561						92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST	REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM	INPAT PGM DAYS	INPAT PGM CAP COST	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT (COL.1 MINUS COL.2)	(COL.1 MINUS COL.2)	(COL.3 ÷ COL.4)	(COL.5 x COL.6)	(COL.5 x COL.6)	
	1	2	3	4	5	6	7
INPAT ROUTINE SERV COST CTRS							
30 ADULTS & PEDIATRICS	2,798,596		2,798,596	74,651	37.49	8,257	309,555 30
31 INTENSIVE CARE UNIT	592,778		592,778	9,106	65.10	418	27,212 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	186,978		186,978	5,352	34.94	192	6,708 41
42 SUBPROVIDER I							42
43 NURSERY	104,928		104,928	3,382	31.03	2,595	80,523 43
44 SKILLED NURSING FACILITY							44
45 NURSING FACILITY							45
200 TOTAL (LINES 30-199)	3,683,280		3,683,280	92,491		11,462	423,998 200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [XX] OTHER

COST CENTER DESCRIPTION	CAP-REL COST	TOTAL CHARGES	RATIO OF COST TO CHARGES	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)
	(FROM WKST B, PT. II, COL. 26)	(FROM WKST C, PT. I, COL. 8)	(COL.1 + COL.2)		
	1	2	3	4	5
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	1,246,321	66,860,602	0.018641		50
50.01 SURGICENTER	146,795	20,197,389	0.007268		50.01
50.02 SURGERY RECOVERY CENTER	25,658	4,569,956	0.005614		50.02
51 RECOVERY ROOM	25,519	6,654,838	0.003835		51
53 ANESTHESIOLOGY	90,793	13,774,275	0.006591		53
54 RADIOLOGY-DIAGNOSTIC	570,111	43,338,838	0.013155		54
54.01 BREAST DIAGNOSIS CENTER	35,977	8,890,884	0.004047		54.01
55 RADIOLOGY-THERAPEUTIC	272,875	11,562,283	0.023600		55
56 RADIOISOTOPE	82,293	19,926,568	0.004130		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	67,858	91,267,789	0.000744		57
58 MAGNETIC RESONANCE IMAGING (M	24,153	20,719,806	0.001166		58
59 CARDIAC CATHETERIZATION	60,170	33,928,878	0.001773		59
60 LABORATORY	525,025	92,434,979	0.005680		60
62.30 BLOOD CLOTTING FOR HEMOPHILIA					62.30
65 RESPIRATORY THERAPY	124,119	30,191,956	0.004111		65
65.01 SLEEP LAB	34,882	2,674,805	0.013041		65.01
66 PHYSICAL THERAPY	128,621	10,623,867	0.012107		66
66.01 OP PHYSICAL THERAPY	16,612	5,973,093	0.002781		66.01
66.02 OP THERAPY SERVICES	44,446	13,750,735	0.003232		66.02
67 OCCUPATIONAL THERAPY	157,607	6,497,763	0.024256		67
68 SPEECH PATHOLOGY	11,981	2,477,416	0.004836		68
69 ELECTROCARDIOLOGY	259,785	28,335,147	0.009168		69
69.01 EP LAB	119,021	23,982,781	0.004963		69.01
69.02 VASCULAR SERVICES	6,619	4,150,295	0.001595		69.02
70 ELECTROENCEPHALOGRAPHY	29,399	2,259,683	0.013010		70
71 MEDICAL SUPPLIES CHRGD TO PA	101,709	30,953,574	0.003286		71
72 IMPL. DEV. CHARGED TO PATIENT	274,504	23,907,732	0.011482		72
73 DRUGS CHARGED TO PATIENTS	371,042	88,820,934	0.004177		73
74 RENAL DIALYSIS	15,769	5,372,166	0.002935		74
75 ASC (NON-DISTINCT PART)	474,534	5,566,786	0.085244		75
76 WOUND CARE	57,279	593,847	0.096454		76
76.01 OP ONCOLOGY	28,495	5,650,327	0.005043		76.01
76.97 CARDIAC REHABILITATION	21,351	2,749,587	0.007765		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 DIABETES CENTER	10,819	474,151	0.022818		90.01
91 EMERGENCY	704,033	99,967,180	0.007043		91
92 OBSERVATION BEDS	253,125	9,641,301	0.026254		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-199)	6,419,300	838,742,211			200

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
 05/31/2013 15:21

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

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
 PERIOD FROM 01/01/2012 TO 12/31/2012

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

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 05/31/2013 15:21

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	74,651		8,257		30
31 INTENSIVE CARE UNIT	9,106		418		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	5,352		192		41
42 SUBPROVIDER I					42
43 NURSERY	3,382		2,595		43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	92,491		11,462		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SURGICENTER						50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST DIAGNOSIS CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 EP LAB						69.01
69.02 VASCULAR SERVICES						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGED TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 WOUND CARE						76
76.01 OP ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] HOSPITAL (14-0172) [] IPF [] IRF	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	66,860,602					50
50.01						SURGICENTER	20,197,389					50.01
50.02						SURGERY RECOVERY CENTER	4,569,956					50.02
51						RECOVERY ROOM	6,654,838					51
53						ANESTHESIOLOGY	13,774,275					53
54						RADIOLOGY-DIAGNOSTIC	43,338,838					54
54.01						BREAST DIAGNOSIS CENTER	8,890,884					54.01
55						RADIOLOGY-THERAPEUTIC	11,562,283					55
56						RADIOISOTOPE	19,926,568					56
57						COMPUTED TOMOGRAPHY (CT) SCA	91,267,789					57
58						MAGNETIC RESONANCE IMAGING (	20,719,806					58
59						CARDIAC CATHETERIZATION	33,928,878					59
60						LABORATORY	92,434,979					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	30,191,956					65
65.01						SLEEP LAB	2,674,805					65.01
66						PHYSICAL THERAPY	10,623,867					66
66.01						OP PHYSICAL THERAPY	5,973,093					66.01
66.02						OP THERAPY SERVICES	13,750,735					66.02
67						OCCUPATIONAL THERAPY	6,497,763					67
68						SPEECH PATHOLOGY	2,477,416					68
69						ELECTROCARDIOLOGY	28,335,147					69
69.01						EP LAB	23,982,781					69.01
69.02						VASCULAR SERVICES	4,150,295					69.02
70						ELECTROENCEPHALOGRAPHY	2,259,683					70
71						MEDICAL SUPPLIES CHRGED TO P	30,953,574					71
72						IMPL. DEV. CHARGED TO PATIEN	23,907,732					72
73						DRUGS CHARGED TO PATIENTS	88,820,934					73
74						RENAL DIALYSIS	5,372,166					74
75						ASC (NON-DISTINCT PART)	5,566,786					75
76						WOUND CARE	593,847					76
76.01						OP ONCOLOGY	5,650,327					76.01
76.97						CARDIAC REHABILITATION	2,749,587					76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.01						DIABETES CENTER	474,151					90.01
91						EMERGENCY	99,967,180					91
92						OBSERVATION BEDS	9,641,301					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	838,742,211					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.305915						50
50.01 SURGICENTER	0.551600						50.01
50.02 SURGERY RECOVERY CENTER	0.464808						50.02
51 RECOVERY ROOM	0.246269						51
53 ANESTHESIOLOGY	0.084463						53
54 RADIOLOGY-DIAGNOSTIC	0.174528						54
54.01 BREAST DIAGNOSIS CENTER	0.256753						54.01
55 RADIOLOGY-THERAPEUTIC	0.257882						55
56 RADIOISOTOPE	0.125494						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794						58
59 CARDIAC CATHETERIZATION	0.107112						59
60 LABORATORY	0.172365						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.179252						65
65.01 SLEEP LAB	0.197741						65.01
66 PHYSICAL THERAPY	0.305928						66
66.01 OP PHYSICAL THERAPY	0.223873						66.01
66.02 OP THERAPY SERVICES	0.260303						66.02
67 OCCUPATIONAL THERAPY	0.343384						67
68 SPEECH PATHOLOGY	0.283497						68
69 ELECTROCARDIOLOGY	0.128117						69
69.01 EP LAB	0.111385						69.01
69.02 VASCULAR SERVICES	0.116629						69.02
70 ELECTROENCEPHALOGRAPHY	0.142464						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133831						71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284						72
73 DRUGS CHARGED TO PATIENTS	0.268866						73
74 RENAL DIALYSIS	0.235883						74
75 ASC (NON-DISTINCT PART)	0.744919						75
76 WOUND CARE	1.305373						76
76.01 OP ONCOLOGY	0.257147						76.01
76.97 CARDIAC REHABILITATION	0.535555						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 DIABETES CENTER	1.771043						90.01
91 EMERGENCY	0.189565						91
92 OBSERVATION BEDS	0.567561						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-T172)	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER	
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 + COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,246,321	66,860,602	0.018641	50
50.01	SURGICENTER	146,795	20,197,389	0.007268	50.01
50.02	SURGERY RECOVERY CENTER	25,658	4,569,956	0.005614	50.02
51	RECOVERY ROOM	25,519	6,654,838	0.003835	51
53	ANESTHESIOLOGY	90,793	13,774,275	0.006591	53
54	RADIOLOGY-DIAGNOSTIC	570,111	43,338,838	0.013155	54
54.01	BREAST DIAGNOSIS CENTER	35,977	8,890,884	0.004047	54.01
55	RADIOLOGY-THERAPEUTIC	272,875	11,562,283	0.023600	55
56	RADIOISOTOPE	82,293	19,926,568	0.004130	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	67,858	91,267,789	0.000744	57
58	MAGNETIC RESONANCE IMAGING (M	24,153	20,719,806	0.001166	58
59	CARDIAC CATHETERIZATION	60,170	33,928,878	0.001773	59
60	LABORATORY	525,025	92,434,979	0.005680	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	124,119	30,191,956	0.004111	65
65.01	SLEEP LAB	34,882	2,674,805	0.013041	65.01
66	PHYSICAL THERAPY	128,621	10,623,867	0.012107	66
66.01	OP PHYSICAL THERAPY	16,612	5,973,093	0.002781	66.01
66.02	OP THERAPY SERVICES	44,446	13,750,735	0.003232	66.02
67	OCCUPATIONAL THERAPY	157,607	6,497,763	0.024256	67
68	SPEECH PATHOLOGY	11,981	2,477,416	0.004836	68
69	ELECTROCARDIOLOGY	259,785	28,335,147	0.009168	69
69.01	EP LAB	119,021	23,982,781	0.004963	69.01
69.02	VASCULAR SERVICES	6,619	4,150,295	0.001595	69.02
70	ELECTROENCEPHALOGRAPHY	29,399	2,259,683	0.013010	70
71	MEDICAL SUPPLIES CHRGD TO PA	101,709	30,953,574	0.003286	71
72	IMPL. DEV. CHARGED TO PATIENT	274,504	23,907,732	0.011482	72
73	DRUGS CHARGED TO PATIENTS	371,042	88,820,934	0.004177	73
74	RENAL DIALYSIS	15,769	5,372,166	0.002935	74
75	ASC (NON-DISTINCT PART)	474,534	5,566,786	0.085244	75
76	WOUND CARE	57,279	593,847	0.096454	76
76.01	OP ONCOLOGY	28,495	5,650,327	0.005043	76.01
76.97	CARDIAC REHABILITATION	21,351	2,749,587	0.007765	76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90.01	DIABETES CENTER	10,819	474,151	0.022818	90.01
91	EMERGENCY	704,033	99,967,180	0.007043	91
92	OBSERVATION BEDS	253,125	9,641,301	0.026254	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	6,419,300	838,742,211		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T172) [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN			MEDICAL	COST	COST
	ANESTHETIST	SCHOOL	HEALTH	EDUCATION	(SUM OF	(SUM OF
	COST			COST	COLS. 1-4)	COLS. 2-4)
	1	2	3	4	5	6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
50.01 SURGICENTER						50.01
50.02 SURGERY RECOVERY CENTER						50.02
51 RECOVERY ROOM						51
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
54.01 BREAST DIAGNOSIS CENTER						54.01
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
58 MAGNETIC RESONANCE IMAGING (M						58
59 CARDIAC CATHETERIZATION						59
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
65.01 SLEEP LAB						65.01
66 PHYSICAL THERAPY						66
66.01 OP PHYSICAL THERAPY						66.01
66.02 OP THERAPY SERVICES						66.02
67 OCCUPATIONAL THERAPY						67
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
69.01 EP LAB						69.01
69.02 VASCULAR SERVICES						69.02
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
75 ASC (NON-DISTINCT PART)						75
76 WOUND CARE						76
76.01 OP ONCOLOGY						76.01
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER						90.01
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 APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[] HOSPITAL [] IPF [XX] IRF (14-T172)	[] SUB (OTHER) [] SNF [] NF	[] ICF/MR	[] PPS [] TEFRA [XX] OTHER	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9	INPAT PGM CHARGES PGM 10	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11	O/P PGM CHARGES 12	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13
ANCILLARY SERVICE COST CENTERS												
50						OPERATING ROOM	66,860,602					50
50.01						SURGICENTER	20,197,389					50.01
50.02						SURGERY RECOVERY CENTER	4,569,956					50.02
51						RECOVERY ROOM	6,654,838					51
53						ANESTHESIOLOGY	13,774,275					53
54						RADIOLOGY-DIAGNOSTIC	43,338,838					54
54.01						BREAST DIAGNOSIS CENTER	8,890,884					54.01
55						RADIOLOGY-THERAPEUTIC	11,562,283					55
56						RADIOISOTOPE	19,926,568					56
57						COMPUTED TOMOGRAPHY (CT) SCA	91,267,789					57
58						MAGNETIC RESONANCE IMAGING (	20,719,806					58
59						CARDIAC CATHETERIZATION	33,928,878					59
60						LABORATORY	92,434,979					60
62.30						BLOOD CLOTTING FOR HEMOPHILI						62.30
65						RESPIRATORY THERAPY	30,191,956					65
65.01						SLEEP LAB	2,674,805					65.01
66						PHYSICAL THERAPY	10,623,867					66
66.01						OP PHYSICAL THERAPY	5,973,093					66.01
66.02						OP THERAPY SERVICES	13,750,735					66.02
67						OCCUPATIONAL THERAPY	6,497,763					67
68						SPEECH PATHOLOGY	2,477,416					68
69						ELECTROCARDIOLOGY	28,335,147					69
69.01						EP LAB	23,982,781					69.01
69.02						VASCULAR SERVICES	4,150,295					69.02
70						ELECTROENCEPHALOGRAPHY	2,259,683					70
71						MEDICAL SUPPLIES CHRGED TO P	30,953,574					71
72						IMPL. DEV. CHARGED TO PATIEN	23,907,732					72
73						DRUGS CHARGED TO PATIENTS	88,820,934					73
74						RENAL DIALYSIS	5,372,166					74
75						ASC (NON-DISTINCT PART)	5,566,786					75
76						WOUND CARE	593,847					76
76.01						OP ONCOLOGY	5,650,327					76.01
76.97						CARDIAC REHABILITATION	2,749,587					76.97
76.98						HYPERBARIC OXYGEN THERAPY						76.98
76.99						LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS												
90.01						DIABETES CENTER	474,151					90.01
91						EMERGENCY	99,967,180					91
92						OBSERVATION BEDS	9,641,301					92
OTHER REIMBURSABLE COST CENTERS												
200						TOTAL (SUM OF LINES 50-199)	838,742,211					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-T172) [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.305915						50
50.01 SURGICENTER	0.551600						50.01
50.02 SURGERY RECOVERY CENTER	0.464808						50.02
51 RECOVERY ROOM	0.246269						51
53 ANESTHESIOLOGY	0.084463						53
54 RADIOLOGY-DIAGNOSTIC	0.174528						54
54.01 BREAST DIAGNOSIS CENTER	0.256753						54.01
55 RADIOLOGY-THERAPEUTIC	0.257882						55
56 RADIOISOTOPE	0.125494						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860						57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794						58
59 CARDIAC CATHETERIZATION	0.107112						59
60 LABORATORY	0.172365						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.179252						65
65.01 SLEEP LAB	0.197741						65.01
66 PHYSICAL THERAPY	0.305928						66
66.01 OP PHYSICAL THERAPY	0.223873						66.01
66.02 OP THERAPY SERVICES	0.260303						66.02
67 OCCUPATIONAL THERAPY	0.343384						67
68 SPEECH PATHOLOGY	0.283497						68
69 ELECTROCARDIOLOGY	0.128117						69
69.01 EP LAB	0.111385						69.01
69.02 VASCULAR SERVICES	0.116629						69.02
70 ELECTROENCEPHALOGRAPHY	0.142464						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133831						71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284						72
73 DRUGS CHARGED TO PATIENTS	0.268866						73
74 RENAL DIALYSIS	0.235883						74
75 ASC (NON-DISTINCT PART)	0.744919						75
76 WOUND CARE	1.305373						76
76.01 OP ONCOLOGY	0.257147						76.01
76.97 CARDIAC REHABILITATION	0.535555						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90.01 DIABETES CENTER	1.771043						90.01
91 EMERGENCY	0.189565						91
92 OBSERVATION BEDS	0.567561						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

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0172) [] 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)	74,651	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	74,651	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67,899	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)	38,032	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)	60,499,161	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	60,499,161	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	4.244771	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)	209.91	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)	60,499,161	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0172) [] 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) 810.43 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 30,822,274 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) 30,822,274 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

43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	15,701,170	9,106	1,724.27	5,555	9,578,320	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
48 OTHER SPECIAL CARE (SPECIFY)						47
49 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					42,969,716	48
TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					83,370,310	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,787,451 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,441,753 51
 52 TOTAL PROGRAM EXCLUDABLE COST 3,229,204 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 80,141,106 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) 6,752 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2) 810.43 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 5,472,023 89

	COST 1	ROUTINE COST (FROM LINE 27) 2	COL. 1 ÷ COL. 2 3	TOTAL OBS. BED COST (FROM LINE 89) 4	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5	
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST						
90 CAPITAL-RELATED COST	2,798,596	60,499,161	0.046258	5,472,023	253,125	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [XX] IRF (14-T172) [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,352	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,352	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,352	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,722	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	4,321,385	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	4,321,385	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.698160	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)	1,156.52	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)	4,321,385	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-T172)			[]	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)	807.43	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	3,005,254	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)	3,005,254	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)	2,086,275	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	5,091,529	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	130,047	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)	89,670	51
52 TOTAL PROGRAM EXCLUDABLE COST	219,717	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)	4,871,812	53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	74,651	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	74,651	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67,899	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)	8,257	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)	3,382	15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)	2,595	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)	60,482,351	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	60,482,351	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,252,632	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	4.243592	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)	209.91	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)	60,482,351	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[XX]	HOSPITAL (14-0172)	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)				810.20	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				6,689,821	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)				6,689,821	41

	TOTAL INPATIENT COST	TOTAL INPATIENT DAYS	AVERAGE PER DIEM (COL. 1 ÷ COL. 2)	PROGRAM DAYS	PROGRAM COST (COL. 3 x COL. 4)
	1	2	3	4	5
42 NURSERY (TITLES V AND XIX ONLY)	2,582,977	3,382	763.74	2,595	1,981,905
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	15,676,939	9,106	1,721.61	418	719,633
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					9,391,359

PASS-THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)				417,290	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)					51
52 TOTAL PROGRAM EXCLUDABLE COST				417,290	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)					53

TARGET AMOUNT AND LIMIT COMPUTATION					
54 PROGRAM DISCHARGES					54
55 TARGET AMOUNT PER DISCHARGE					55
56 TARGET AMOUNT (LINE 54 x LINE 55)					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58 BONUS PAYMENT (SEE INSTRUCTIONS)					58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)					61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)					62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					63
PROGRAM INPATIENT ROUTINE SWING BED COST					
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)					64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)					65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)					66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)					67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)					68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)					69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)				6,752	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 + LINE 2)					88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)					89

	COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
		1	2	3	4	5
90 CAPITAL-RELATED COST						90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [] HOSPITAL [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [XX] IRF (14-T172) [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	5,352	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,352	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,352	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)	192	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)	4,312,683	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	4,312,683	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,189,674	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	0.696754	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)	1,156.52	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)	4,312,683	37

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[]	TITLE V-INPT	[]	HOSPITAL	[]	SUB (OTHER)	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	IPF			[]	TEFRA
BOXES	[XX]	TITLE XIX-INPT	[XX]	IRF (14-T172)			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS		
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)	805.81	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)	154,716	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)	154,716	41
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)		48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)	154,716	49
PASS-THROUGH COST ADJUSTMENTS		
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III)	6,708	50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV)		51
52 TOTAL PROGRAM EXCLUDABLE COST	6,708	52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52)		53
TARGET AMOUNT AND LIMIT COMPUTATION		
54 PROGRAM DISCHARGES		54
55 TARGET AMOUNT PER DISCHARGE		55
56 TARGET AMOUNT (LINE 54 x LINE 55)		56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT		57
58 BONUS PAYMENT (SEE INSTRUCTIONS)		58
59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET		59
60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET		60
61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS)		61
62 RELIEF PAYMENT (SEE INSTRUCTIONS)		62
63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)		63
PROGRAM INPATIENT ROUTINE SWING BED COST		
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY)		65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)		66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)		67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)		68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)		69

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		55,392,948			30
31 INTENSIVE CARE UNIT		15,716,015			31
41 SUBPROVIDER - IRF					41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.313268	14,775,199	4,628,597		50
50.01 SURGICENTER	0.560821				50.01
50.02 SURGERY RECOVERY CENTER	0.464808	335	156		50.02
51 RECOVERY ROOM	0.246269	1,706,426	420,240		51
53 ANESTHESIOLOGY	0.084463	2,874,826	242,816		53
54 RADIOLOGY-DIAGNOSTIC	0.174618	9,740,536	1,700,873		54
54.01 BREAST DIAGNOSIS CENTER	0.257001				54.01
55 RADIOLOGY-THERAPEUTIC	0.257882	648,818	167,318		55
56 RADIOISOTOPE	0.125494	4,083,683	512,478		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860	20,247,247	604,583		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794	4,773,329	347,470		58
59 CARDIAC CATHETERIZATION	0.107112	13,756,357	1,473,471		59
60 LABORATORY	0.172615	31,503,402	5,437,960		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.179252	16,834,744	3,017,662		65
65.01 SLEEP LAB	0.198836	9,522	1,893		65.01
66 PHYSICAL THERAPY	0.305928	2,678,711	819,493		66
66.01 OP PHYSICAL THERAPY	0.223873				66.01
66.02 OP THERAPY SERVICES	0.260303				66.02
67 OCCUPATIONAL THERAPY	0.343384	1,794,123	616,073		67
68 SPEECH PATHOLOGY	0.283497	719,000	203,834		68
69 ELECTROCARDIOLOGY	0.128535	9,460,456	1,216,000		69
69.01 EP LAB	0.111385	8,710,318	970,199		69.01
69.02 VASCULAR SERVICES	0.116629	1,133,133	132,156		69.02
70 ELECTROENCEPHALOGRAPHY	0.142464	398,603	56,787		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.133831	10,958,148	1,466,540		71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284	9,895,098	5,474,799		72
73 DRUGS CHARGED TO PATIENTS	0.268866	31,846,373	8,562,407		73
74 RENAL DIALYSIS	0.235883	3,686,561	869,597		74
75 ASC (NON-DISTINCT PART)	0.744919	409,669	305,170		75
76 WOUND CARE	1.305373	1,389	1,813		76
76.01 OP ONCOLOGY	0.257147				76.01
76.97 CARDIAC REHABILITATION	0.536314				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 DIABETES CENTER	1.771043				90.01
91 EMERGENCY	0.192942	15,792,270	3,046,992		91
92 OBSERVATION BEDS	0.567561	1,184,611	672,339		92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		219,622,887	42,969,716		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		219,622,887			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-T172) [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF		5,408,026			41
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.313268	20,287	6,355		50
50.01 SURGICENTER	0.560821				50.01
50.02 SURGERY RECOVERY CENTER	0.464808				50.02
51 RECOVERY ROOM	0.246269	26,458	6,516		51
53 ANESTHESIOLOGY	0.084463	2,355	199		53
54 RADIOLOGY-DIAGNOSTIC	0.174618	192,787	33,664		54
54.01 BREAST DIAGNOSIS CENTER	0.257001				54.01
55 RADIOLOGY-THERAPEUTIC	0.257882	16,101	4,152		55
56 RADIOISOTOPE	0.125494	18,687	2,345		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860	116,808	3,488		57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794	23,029	1,676		58
59 CARDIAC CATHETERIZATION	0.107112				59
60 LABORATORY	0.172615	751,610	129,739		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.179252	280,444	50,270		65
65.01 SLEEP LAB	0.198836				65.01
66 PHYSICAL THERAPY	0.305928	1,969,749	602,601		66
66.01 OP PHYSICAL THERAPY	0.223873				66.01
66.02 OP THERAPY SERVICES	0.260303				66.02
67 OCCUPATIONAL THERAPY	0.343384	1,929,816	662,668		67
68 SPEECH PATHOLOGY	0.283497	607,547	172,238		68
69 ELECTROCARDIOLOGY	0.128535	38,139	4,902		69
69.01 EP LAB	0.111385	30,136	3,357		69.01
69.02 VASCULAR SERVICES	0.116629				69.02
70 ELECTROENCEPHALOGRAPHY	0.142464	10,980	1,564		70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.133831	255,413	34,182		71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284				72
73 DRUGS CHARGED TO PATIENTS	0.268866	1,188,640	319,585		73
74 RENAL DIALYSIS	0.235883	194,628	45,909		74
75 ASC (NON-DISTINCT PART)	0.744919				75
76 WOUND CARE	1.305373				76
76.01 OP ONCOLOGY	0.257147				76.01
76.97 CARDIAC REHABILITATION	0.536314				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 DIABETES CENTER	1.771043				90.01
91 EMERGENCY	0.192942	4,483	865		91
92 OBSERVATION BEDS	0.567561				92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		7,678,097	2,086,275		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		7,678,097			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
43 NURSERY				43
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.305915			50
50.01 SURGICENTER	0.551600			50.01
50.02 SURGERY RECOVERY CENTER	0.464808			50.02
51 RECOVERY ROOM	0.246269			51
53 ANESTHESIOLOGY	0.084463			53
54 RADIOLOGY-DIAGNOSTIC	0.174528			54
54.01 BREAST DIAGNOSIS CENTER	0.256753			54.01
55 RADIOLOGY-THERAPEUTIC	0.257882			55
56 RADIOISOTOPE	0.125494			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794			58
59 CARDIAC CATHETERIZATION	0.107112			59
60 LABORATORY	0.172365			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.179252			65
65.01 SLEEP LAB	0.197741			65.01
66 PHYSICAL THERAPY	0.305928			66
66.01 OP PHYSICAL THERAPY	0.223873			66.01
66.02 OP THERAPY SERVICES	0.260303			66.02
67 OCCUPATIONAL THERAPY	0.343384			67
68 SPEECH PATHOLOGY	0.283497			68
69 ELECTROCARDIOLOGY	0.128117			69
69.01 EP LAB	0.111385			69.01
69.02 VASCULAR SERVICES	0.116629			69.02
70 ELECTROENCEPHALOGRAPHY	0.142464			70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.133831			71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284			72
73 DRUGS CHARGED TO PATIENTS	0.268866			73
74 RENAL DIALYSIS	0.235883			74
75 ASC (NON-DISTINCT PART)	0.744919			75
76 WOUND CARE	1.305373			76
76.01 OP ONCOLOGY	0.257147			76.01
76.97 CARDIAC REHABILITATION	0.535555			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 DIABETES CENTER	1.771043			90.01
91 EMERGENCY	0.189565			91
92 OBSERVATION BEDS	0.567561			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [XX] IRF (14-T172) [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
41 SUBPROVIDER - IRF				41
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.305915			50
50.01 SURGICENTER	0.551600			50.01
50.02 SURGERY RECOVERY CENTER	0.464808			50.02
51 RECOVERY ROOM	0.246269			51
53 ANESTHESIOLOGY	0.084463			53
54 RADIOLOGY-DIAGNOSTIC	0.174528			54
54.01 BREAST DIAGNOSIS CENTER	0.256753			54.01
55 RADIOLOGY-THERAPEUTIC	0.257882			55
56 RADIOISOTOPE	0.125494			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.029860			57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.072794			58
59 CARDIAC CATHETERIZATION	0.107112			59
60 LABORATORY	0.172365			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.179252			65
65.01 SLEEP LAB	0.197741			65.01
66 PHYSICAL THERAPY	0.305928			66
66.01 OP PHYSICAL THERAPY	0.223873			66.01
66.02 OP THERAPY SERVICES	0.260303			66.02
67 OCCUPATIONAL THERAPY	0.343384			67
68 SPEECH PATHOLOGY	0.283497			68
69 ELECTROCARDIOLOGY	0.128117			69
69.01 EP LAB	0.111385			69.01
69.02 VASCULAR SERVICES	0.116629			69.02
70 ELECTROENCEPHALOGRAPHY	0.142464			70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.133831			71
72 IMPL. DEV. CHARGED TO PATIENT	0.553284			72
73 DRUGS CHARGED TO PATIENTS	0.268866			73
74 RENAL DIALYSIS	0.235883			74
75 ASC (NON-DISTINCT PART)	0.744919			75
76 WOUND CARE	1.305373			76
76.01 OP ONCOLOGY	0.257147			76.01
76.97 CARDIAC REHABILITATION	0.535555			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
90.01 DIABETES CENTER	1.771043			90.01
91 EMERGENCY	0.189565			91
92 OBSERVATION BEDS	0.567561			92
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)				200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)				202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0172)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

1	DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS	64,064,192	1
2	OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS)	941,679	2
2.01	OUTLIER RECONCILIATION AMOUNT		2.01
3	MANAGED CARE SIMULATED PAYMENTS	5,342,519	3
4	BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	326.55	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)	124.92	5
6	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e)		6
7	MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1)	9.24	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.	-27.20	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)	88.48	9
10	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	80.83	10
11	FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS		11
12	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	80.83	12
13	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR	78.63	13
14	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO	79.37	14
15	SUM OF LINES 12 THROUGH 14 DIVIDED BY 3	79.61	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	79.61	18
19	CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4)	0.243791	19
20	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	0.236800	20
21	ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS)	0.236800	21
22	IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS)	8,422,366	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)	-7.65	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)	8,422,366	29
DISPROPORTIONATE SHARE ADJUSTMENT			
30	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	0.0528	30
31	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-2, PART I, LINE 24 (SEE INSTRUCTIONS)	0.2016	31
32	SUM OF LINES 30 AND 31	0.2544	32
33	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.1020	33
34	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	6,534,548	34
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES			
40	TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		40
41	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		41
42	DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		42
43	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS)		43
44	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS)		44
45	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)		45
46	TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41)		46
47	SUBTOTAL (SEE INSTRUCTIONS)	79,962,785	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)	79,962,785	49
50	PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE)	6,075,215	50

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0172)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

51	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS)		51
52	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS)	3,686,978	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)	89,724,978	59
60	PRIMARY PAYER PAYMENTS	43,644	60
61	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60)	89,681,334	61
62	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6,575,816	62
63	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	675,834	63
64	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	2,239,135	64
65	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,567,395	65
66	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1,418,087	66
67	SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63)	83,997,079	67
68	CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS)		68
69	OUTLIER PAYMENTS RECONCILIATION		69
70	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		70
70.93	HVBP INCENTIVE PAYMENT (SEE INSTRUCTIONS)	22,015	70.93
70.94	HOSPITAL READMISSIONS REDUCTION ADJUSTMENT (SEE INSTRUCTIONS)	-154,299	70.94
71	AMOUNT DUE PROVIDER (LINE 67 MINUS LINE 68 PLUS/MINUS LINES 69 AND 70)	83,864,795	71
72	INTERIM PAYMENTS	83,658,049	72
73	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		73
74	BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS THE SUM OF LINES 72 AND 73)	206,746	74
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	852,054	75
TO BE COMPLETED BY CONTRACTOR			
90	OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2		90
91	CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2		91
92	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		92
93	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		93
94	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		94
95	TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS)		95
96	TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS)		96

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

CHECK APPLICABLE BOX: HOSPITAL IPF IRF (14-T172)
 SUB (OTHER) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)	0.850	5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)		11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)	1.000000	17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)		21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)		26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)		27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)		30
31	PRIMARY PAYER PAYMENTS		31
32	SUBTOTAL (LINE 30 MINUS LINE 31)		32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)		37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)		40
41	INTERIM PAYMENTS		41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)		43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-0172) [] 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		84,098,057		17,496,905
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	NONE	08/17/2012	125,882
	.02		10/30/2012	14,770
	.03			
	.04			
	.05			
	.06			
	.07			
	.08			
	.09			
	.50			NONE
	.51	08/17/2012		
	.52	10/30/2012		
	.53			
	.54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.99			
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-440,008		140,652
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		83,658,049		17,637,557

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
	PROGRAM .01	NONE		NONE
	TO .02			
	PROVIDER .03			
	.04			
	.05			
	.06			
	.07			
	.08			
	.09			
	PROVIDER .50	NONE		NONE
	TO .51			
	PROGRAM .52			
	.53			
	.54			
	.55			
	.56			
	.57			
	.58			
	.59			
	.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	206,746		111,882
	TO .02			
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06			
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		83,864,795		17,749,439
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-T172) [] 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		5,014,069		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 08/17/2012	62,942		3.01
	.02		NONE	3.02
	PROGRAM .03			3.03
	TO .04			3.04
	PROVIDER .05			3.05
	.06			3.06
	.07			3.07
	.08			3.08
	.09			3.09
	.50		NONE	3.50
	.51 08/13/2010	30,720		3.51
	PROVIDER .52			3.52
	TO .53			3.53
	PROGRAM .54			3.54
	.55			3.55
	.56			3.56
	.57			3.57
	.58			3.58
	.59			3.59
	.99			3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		32,222		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		5,046,291		4

TO BE COMPLETED BY CONTRACTOR

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01	NONE	NONE	5.01
	TO .02			5.02
	PROVIDER .03			5.03
	.04			5.04
	.05			5.05
	.06			5.06
	.07			5.07
	.08			5.08
	.09			5.09
	PROVIDER .50	NONE	NONE	5.50
	TO .51			5.51
	PROGRAM .52			5.52
	.53			5.53
	.54			5.54
	.55			5.55
	.56			5.56
	.57			5.57
	.58			5.58
	.59			5.59
	.99			5.99
SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98)				
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT	PROGRAM .01			6.01
	TO .02			
	PROVIDER .03			
	PROVIDER .04			
	TO .05			
	PROGRAM .06	-33,689		6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)		5,012,602		7
8 NAME OF CONTRACTOR:		CONTRACTOR NUMBER:	NPR DATE:	8

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/31/2013 15:21

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0172) [] 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	18,767	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	43,587	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2	3,240	3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	77,005	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	988,418,880	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	46,301,105	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-T172)

PART III - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IRF PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	4,567,259	1
2	MEDICARE SSI RATIO (SEE INSTRUCTIONS)	0.042100	2
3	INPATIENT REHABILITATION LIP PAYMENTS (SEE INSTRUCTIONS)	235,141	3
4	OUTLIER PAYMENTS	28,875	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)	1.30	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)	1.00	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)	1.00	9
10	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.622951	10
11	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 9}/\text{LINE 10})) \text{ RAISED TO THE POWER OF } .6876 - 1\}$	0.046534	11
12	MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 11)	212,533	12
13	TOTAL PPS PAYMENT (SUM OF LINES 1, 3, 4 AND 12)	5,043,808	13
14	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		14
15	ORGAN ACQUISITION		15
16	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		16
17	SUBTOTAL (SEE INSTRUCTIONS)	5,043,808	17
18	PRIMARY PAYER PAYMENTS		18
19	SUBTOTAL LINE 17b LESS LINE 18)	5,043,808	19
20	DEDUCTIBLES	11,560	20
21	SUBTOTAL (LINE 19 MINUS LINE 20)	5,032,248	21
22	COINSURANCE	19,646	22
23	SUBTOTAL (LINE 21 MINUS LINE 22)	5,012,602	23
24	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)		24
25	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		25
26	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		26
27	SUBTOTAL (SUM OF LINES 23 AND 25)	5,012,602	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING IRF ONLY)		28
29	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		29
30	OUTLIER PAYMENTS RECONCILIATION		30
31	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		31
32	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,012,602	32
33	INTERIM PAYMENTS	5,046,291	33
34	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		34
35	BALANCE DUE PROVIDER/PROGRAM (LINE 32 MINUS THE SUM OF LINES 33 AND 34)	-33,689	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 (14-0172) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	9,391,359	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	9,391,359	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	9,391,359	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES	2,459,906	8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11)	2,459,906	12
CUSTOMARY CHARGES		
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,459,906	16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)	6,931,453	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)	2,459,906	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	2,459,906	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)	2,459,906	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)	2,459,906	36
37 OTHER ADJUSTMENTS (REMOVE IP COSTS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)	2,459,906	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)	2,459,906	40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)	2,459,906	42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [] HOSPITAL [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [XX] IRF (14-T172) [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX
COMPUTATION OF NET COST OF COVERED SERVICES		
1 INPATIENT HOSPITAL SNF/NF SERVICES	154,716	1
2 MEDICAL AND OTHER SERVICES		2
3 ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY)		3
4 SUBTOTAL (SUM OF LINES 1, 2 AND 3)	154,716	4
5 INPATIENT PRIMARY PAYER PAYMENTS		5
6 OUTPATIENT PRIMARY PAYER PAYMENTS		6
7 SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6)	154,716	7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES		
8 ROUTINE SERVICE CHARGES		8
9 ANCILLARY SERVICE CHARGES		9
10 ORGAN ACQUISITION CHARGES, NET OF REVENUE		10
11 INCENTIVE FROM TARGET AMOUNT COMPUTATION		11
12 TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) CUSTOMARY CHARGES		12
13 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		13
14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		14
15 RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000)	1.000000	1.000000 15
16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		16
17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS))		17
18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS))	154,716	18
19 INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		19
20 COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		20
21 COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS)		21
PROSPECTIVE PAYMENT AMOUNT		
22 OTHER THAN OUTLIER PAYMENTS		22
23 OUTLIER PAYMENTS		23
24 PROGRAM CAPITAL PAYMENTS		24
25 CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		25
26 ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS		26
27 SUBTOTAL (SUM OF LINES 22 THROUGH 26)		27
28 CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY)		28
29 SUM OF LINES 27 AND 21		29
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
30 EXCESS OF REASONABLE COST (FROM LINE 18)		30
31 SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6)		31
32 DEDUCTIBLES		32
33 COINSURANCE		33
34 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)		34
35 UTILIZATION REVIEW		35
36 SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33)		36
37 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		37
38 SUBTOTAL (LINE 36 ± LINE 37)		38
39 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4)		39
40 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39)		40
41 INTERIM PAYMENTS		41
42 BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41)		42
43 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996		128.25 1	
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)		2	
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA		10.23 3	
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		3.01	
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))		-27.20 4	
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.01	
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)		4.02	
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)		90.82 5	
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)		81.84 6	
7	ENTER THE LESSER OF LINE 5 OR LINE 6		81.84 7	
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	17.61	58.02	75.63 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	17.61	58.02	75.63 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	17.61	58.02	11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	12.92	62.22	12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	14.79	58.75	13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	15.11	59.66	14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	15.11	59.66	17
18	PER RESIDENT AMOUNT	104,442.02	101,594.12	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	1,578,119	6,061,105	7,639,224 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			7,639,224 25
COMPUTATION OF PROGRAM PATIENT LOAD				
		INPATIENT PART A	MANAGED CARE	
26	INPATIENT DAYS	47,309	3,459	26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	82,357	82,357	27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.574438	0.042000	28
29	PROGRAM DIRECT GME AMOUNT	4,388,261	320,847	29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE		45,336	30
31	NET PROGRAM DIRECT GME AMOUNT			4,663,772 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			5,372,166 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			88,461,839 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43,644 40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			88,418,195 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			23,424,997 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			251 43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			23,424,746 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			111,842,941 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.790557 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.209443 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			4,663,772 48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			3,686,978 49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			976,794 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE 1	OTHER 2	TOTAL 3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
26	INPATIENT DAYS	PART A	CARE	
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	8,867	4,952	26
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	82,357	82,357	27
29	PROGRAM DIRECT GME AMOUNT	0.107665	0.060128	28
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			29
31	NET PROGRAM DIRECT GME AMOUNT			30
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				31
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 × LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 × LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	13,137,605			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	77,266,917			4
5	OTHER RECEIVABLES	3,450,233			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-28,096,024			6
7	INVENTORY	7,480,652			7
8	PREPAID EXPENSES	3,143,817			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	76,383,200			11
FIXED ASSETS					
12	LAND	7,320,500			12
13	LAND IMPROVEMENTS	4,107,924			13
14	ACCUMULATED DEPRECIATION	-2,896,992			14
15	BUILDINGS	90,133,572			15
16	ACCUMULATED DEPRECIATION	-67,629,889			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT	90,430,642			19
20	ACCUMULATED DEPRECIATION	-39,523,021			20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	74,975,469			23
24	ACCUMULATED DEPRECIATION	-43,176,410			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	113,741,795			30
OTHER ASSETS					
31	INVESTMENTS		40,000		31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	16,014,734			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	16,014,734	40,000		35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	206,139,729	40,000		36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	16,661,564			37
38	SALARIES, WAGES & FEES PAYABLE	8,351,929			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	436,418			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	14,926,013			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	40,375,924			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	838,597			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	-41,950			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	796,647			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	41,172,571			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	164,967,158			52
53	SPECIFIC PURPOSE FUND BALANCE		40,000		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)	164,967,158	40,000		59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	206,139,729	40,000		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	177,565,664			1,401,039					1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)	-47,128,392								2
3 TOTAL (SUM OF LINE 1 AND LINE 2)	130,437,272			1,401,039					3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 TRANSFERS FROM AFFILIATES	33,168,847								5
6 NET ASSETS RELEASED FROM RESTR AS OTHER	1,361,039		-1,361,039						6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)	34,529,886			-1,361,039					10
11 SUBTOTAL (LINE 3 PLUS LINE 10)	164,967,158			40,000					11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)									18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)	164,967,158			40,000					19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	107,208,892		107,208,892	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF	7,797,082		7,797,082	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)	115,005,974		115,005,974	11
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	25,521,535		25,521,535	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)	25,521,535		25,521,535	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	140,527,509		140,527,509	18
18 ANCILLARY SERVICES	410,986,949	436,913,401	847,900,350	19
19 OUTPATIENT SERVICES		14,580,490	14,580,490	20
20 RHC				21
21 FQHC				22
22 HOME HEALTH AGENCY		6,250,671	6,250,671	23
23 AMBULANCE				25
25 ASC				26
26 HOSPICE				27
27 PHYSICIANS REVENUE	7,577,144	9,392,335	16,969,479	27.01
27.01 CAPITATED REVENUE		9,920,079	9,920,079	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	559,091,602	477,056,976	1,036,148,578	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		320,979,749	29
30 BAD DEBTS	14,276,053		30
31 LOSS ON DISPOSAL OF ASSETS	486,062		31
32 OTHER NON-OPER EXPENSES	365,084		32
33 LOSS ON IMPAIRMENT	30,000,000		33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		45,127,199	36
37 DEDUCT (SPECIFY)			37
38			38
39 ADJUSTMENT TO EXPENSES	-55,919		39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)		-55,919	42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		366,051,029	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	1,036,148,578	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	729,816,135	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	306,332,443	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	366,051,029	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-59,718,586	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5,338	6
7	INCOME FROM INVESTMENTS	237,747	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	87,997	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1,677,388	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	97,834	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,254,532	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	36,926	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	362,980	20
21	RENTAL OF VENDING MACHINES	28,534	21
22	RENTAL OF HOSPITAL SPACE	1,829,626	22
23	GOVERNMENTAL APPROPRIATIONS		23
24			24
24.01	OTHER (EMERGENCY MEDICAL TECHNICIAN REVENUE)	11,217	24.01
24.02	OTHER (BILLING SERVICES)	196,779	24.02
24.03	OTHER (DIABETES CENTER)	5,640	24.03
24.04	OTHER (RESEARCH)		24.04
24.05	OTHER (RADIOLOGY REVENUE)	2,663	24.05
24.06	OTHER (HOSPICE REVENUE)	301,900	24.06
24.07	OTHER (OB/NURSERY OTHER REVENUES)	4,973	24.07
24.08	OTHER (OTHER NON OPERATING REVENUE)	462,941	24.08
24.09	OTHER (DIETARY SPECIAL FUNCTIONS)	30,129	24.09
24.10	OTHER (RETAIL PHARMACY)	898,383	24.10
24.11	OTHER (FITNESS CENTER)	2,736,621	24.11
24.12	OTHER (THIRD PARTY AUDIT FEES)	870	24.12
24.13	OTHER (EKG OTHER REVENUE)	16,020	24.13
24.14	OTHER (SENIOR SERVICES)	43,670	24.14
24.15	OTHER (PRINT SHOP FEES)	685	24.15
24.16	OTHER (UNREALIZED GAIN ON INVESTMENTS)	5,183	24.16
24.17	OTHER (MEANINGFUL USE REVENUE)	1,692,376	24.17
24.18	OTHER (ASSETS RELEASED FROM REST OR OPERAT)	459,885	24.18
24.19	OTHER (OTHER MISCELLANEOUS REVENUE, NET)	101,357	24.19
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	12,590,194	25
26	TOTAL (LINE 5 PLUS LINE 25)	-47,128,392	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-47,128,392	29

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPOR- TATION (SEE INSTR.) 3	CONTRACTED/ PURCHASED SERVICES 4	OTHER COSTS 5	TOTAL (SUM OF COLS.1-5) 6
1 GENERAL SERVICE COST CENTER						1
2 CAPITAL RELATED-BLDGS & FIXTURES						2
3 CAPITAL RELATED-MOVABLE EQUIPMENT						3
4 PLANT OPERATION & MAINTENANCE						4
5 TRANSPORTATION (SEE INSTRUCTIONS)						5
6 ADMINISTRATIVE AND GENERAL	614,478	172,054	5,471		109,303	901,306
7 HHA REIMBURSABLE SERVICES						
8 SKILLED NURSING CARE	1,900,375	532,105	76,320			2,508,800
9 PHYSICAL THERAPY				655,120		655,120
10 OCCUPATIONAL THERAPY				184,260		184,260
11 SPEECH PATHOLOGY	23,054	6,455	633	11,438		41,580
12 MEDICAL SOCIAL SERVICES				17,390		17,390
13 HOME HEALTH AIDE	249,693	69,914	17,676			337,283
14 SUPPLIES (SEE INSTRUCTIONS)					186,281	186,281
15 DRUGS						
16 DME						
17 HHA NONREIMBURSABLE SERVICES						
18 HOME DIALYSIS AIDE SERVICES						15
19 RESPIRATORY THERAPY						16
20 PRIVATE DUTY NURSING						17
21 CLINIC						18
22 HEALTH PROMOTION ACTIVITIES						19
23 DAY CARE PROGRAM						20
24 HOME DELIVERED MEALS PROGRAM						21
25 HOMEMAKER SERVICE						22
26 ALL OTHERS						23
27 TOTAL (SUM OF LINES 1-23)	2,787,600	780,528	100,100	868,208	295,584	4,832,020

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

WORKSHEET H
 (CONTINUED)

	RECLASS- IFICATIONS 7	RECLASSIFIED TRIAL BALANCE (COL.6 + COL.7) 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION (COL.8 + COL.9) 10	
1					1
2					2
3					3
4					4
5	-308,716	592,590		592,590	5
6		2,508,800		2,508,800	6
7		655,120		655,120	7
8		184,260		184,260	8
9		41,580		41,580	9
10		17,390		17,390	10
11		337,283		337,283	11
12		186,281		186,281	12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24	-308,716	4,523,304		4,523,304	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7267

WORKSHEET H-1
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COSTS BLDG & FIXTURES	CAP REL COSTS MVBL EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL (COLS.0-4) 4A	ADMIN & GENERAL 5	TOTAL (COLS. 4A+5) 6	
	0	1	2	3	4	4A	5	6	
1	GENERAL SERVICE COST CENTER								1
2	CAPITAL RELATED-BLDGS & FIXT								2
3	CAPITAL RELATED-MOVABLE EQUIP								3
4	PLANT OPERATION & MAINTENANCE								4
5	TRANSPORTATION (SEE INSTR.)								5
6	ADMINISTRATIVE AND GENERAL	592,590				592,590	592,590		6
7	HHA REIMBURSABLE SERVICES								7
8	SKILLED NURSING CARE	2,508,800				2,508,800	378,223	2,887,023	8
9	PHYSICAL THERAPY	655,120				655,120	98,765	753,885	9
10	OCCUPATIONAL THERAPY	184,260				184,260	27,779	212,039	10
11	SPEECH PATHOLOGY	41,580				41,580	6,269	47,849	11
12	MEDICAL SOCIAL SERVICES	17,390				17,390	2,622	20,012	12
13	HOME HEALTH AIDE	337,283				337,283	50,848	388,131	13
14	SUPPLIES (SEE INSTRUCTIONS)	186,281				186,281	28,084	214,365	14
15	DRUGS								15
16	DME								16
17	HHA NONREIMBURSABLE SERVICES								17
18	HOME DIALYSIS AIDE SERVICES								18
19	RESPIRATORY THERAPY								19
20	PRIVATE DUTY NURSING								20
21	CLINIC								21
22	HEALTH PROMOTION ACTIVITIES								22
23	DAY CARE PROGRAM								23
24	HOME DELIVERED MEALS PROGRAM								24
25	HOMEMAKER SERVICE								25
26	ALL OTHERS								26
27	TOTAL (SUM OF LINES 1-23)	4,523,304				4,523,304		4,523,304	27

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-1
 PART II

	CAP REL COSTS BLDG & FIXTURES (SQUARE FEET) 1	CAP REL COSTS MVBL EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDGS & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION (SEE INSTR.)							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-592,590	3,930,714	5
6 SKILLED NURSING CARE						2,508,800	6
7 PHYSICAL THERAPY						655,120	7
8 OCCUPATIONAL THERAPY						184,260	8
9 SPEECH PATHOLOGY						41,580	9
10 MEDICAL SOCIAL SERVICES						17,390	10
11 HOME HEALTH AIDE						337,283	11
12 SUPPLIES (SEE INSTRUCTIONS)						186,281	12
13 DRUGS							13
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL (SUM OF LINES 1-23)					-592,590	3,930,714	24
25 COST TO BE ALLOC (PER W/S H)						592,590	25
26 UNIT COST MULTIPLIER						0.150759	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7267

WORKSHEET H-2
 PART I

HHA COST CENTER	RADIOLOGY PARAMEDICA 23.01	SUBTOTAL (SUM OF COL.4A-23) 24	I&R COST & POST STEP- DOWN ADJS 25	SUBTOTAL (SUM OF COL.4A-23) 26	ALLOCATED HHA A&G (SEE PT.2) 27	TOTAL HHA COSTS 28	
1 ADMINISTRATIVE AND GENERAL		29,828		29,828			1
2 SKILLED NURSING CARE		3,896,313		3,896,313	19,161	3,915,474	2
3 PHYSICAL THERAPY		979,855		979,855	4,819	984,674	3
4 OCCUPATIONAL THERAPY		275,596		275,596	1,355	276,951	4
5 SPEECH PATHOLOGY		63,325		63,325	311	63,636	5
6 MEDICAL SOCIAL SERVICES		26,010		26,010	128	26,138	6
7 HOME HEALTH AIDE		530,454		530,454	2,609	533,063	7
8 SUPPLIES		293,910		293,910	1,445	295,355	8
9 DRUGS							9
10 DME							10
11 HOME DIALYSIS AIDE SERVICES							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIES							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGRAM							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
20 TOTAL (SUM OF LINES 1-19)		6,095,291		6,095,291	29,828	6,095,291	20
21 UNIT COST MULTIPLIER: COL. 26, LINE 1 DIVIDED BY THE SUM OF COL. 26, LINE 20 MINUS COL. 26, LINE 1, ROUNDED TO 6 DECIMAL PLACES.					0.004918		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-2
 PART II

HHA COST CENTER	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL				11,332				830	1
2 SKILLED NURSING CARE				53,613					2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY				263					5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE				11,525					7
8 SUPPLIES							141,609		8
9 DRUGS									9
10 DME									10
11 HOME DIALYSIS AIDE SERVICES									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIES									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGRAM									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTAL (SUM OF LINES 1-19)				76,733			141,609	830	20
21 TOTAL COST TO BE ALLOCATED				121,143			15,291	291	21
22 UNIT COST MULTIPLIER							0.107980		22
22 UNIT COST MULTIPLIER				1.578760				0.350602	22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7267

WORKSHEET H-3
 PARTS I & II

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	
PATIENT SERVICES		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	3,915,474		3,915,474	16,674	234.83	1
2	PHYSICAL THERAPY	3	984,674		984,674	6,327	155.63	2
3	OCCUPATIONAL THERAPY	4	276,951		276,951	2,023	136.90	3
4	SPEECH PATHOLOGY	5	63,636		63,636	303	210.02	4
5	MEDICAL SOCIAL SERVICES	6	26,138		26,138	226	115.65	5
6	HOME HEALTH AIDE	7	533,063		533,063	4,869	109.48	6
7	TOTAL (SUM OF LINES 1-6)		5,799,936		5,799,936	30,422		7

PATIENT SERVICES

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

SUPPLIES AND DRUGS COST COMPUTATIONS

OTHER PATIENT SERVICES		FROM	FACILITY COSTS	SHARED ANCILLARY COSTS	TOTAL HHA COSTS	TOTAL CHARGES (FROM HHA RECORD)	RATIO (COL.3 ÷ COL.4)	
		WKST H-2, PART I, COL 28, LINE	(FROM WKST H-2, PART I)	(FROM PART II)	COLS. 1+2)		(COL.3 ÷ COL.4)	
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	295,355		295,355	240,422	1.228486	15
16	COST OF DRUGS	9						16

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7267

WORKSHEET H-3
 PARTS I & II
 (CONTINUED)

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

PART I - COMPUTATION OF THE AGGREGATE PROGRAM COST

COST PER VISIT COMPUTATION	PROGRAM VISITS			COST OF SERVICES			TOTAL PROGRAM COST (SUM OF COLS.9-10)
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
PATIENT SERVICES	6	7	8	9	10	11	12
1 SKILLED NURSING CARE	8,492	4,764		1,994,176	1,118,730		3,112,906
2 PHYSICAL THERAPY	4,391	1,799		683,371	279,978		963,349
3 OCCUPATIONAL THERAPY	1,451	562		198,642	76,938		275,580
4 SPEECH PATHOLOGY	185	73		38,854	15,331		54,185
5 MEDICAL SOCIAL SERVICES	103	61		11,912	7,055		18,967
6 HOME HEALTH AIDE	2,234	1,778		244,578	194,655		439,233
7 TOTAL (SUM OF LINES 1-6)	16,856	9,037		3,171,533	1,692,687		4,864,220

PATIENT SERVICES	CBSA NO.	PROGRAM VISITS		TOTAL PROGRAM COST
		PART A	SUBJECT TO DEDUCTIBLES & COINSUR	
8 SKILLED NURSING CARE	1	2	3	4
9 PHYSICAL THERAPY	16974	8,492	4,764	8
10 OCCUPATIONAL THERAPY	16974	4,391	1,799	9
11 SPEECH PATHOLOGY	16974	1,451	562	10
12 MEDICAL SOCIAL SERVICES	16974	185	73	11
13 HOME HEALTH AIDE	16974	103	61	12
14 TOTAL (SUM OF LINES 8-13)	16974	2,234	1,778	13
		16,856	9,037	14

SUPPLIES AND DRUGS COST COMPUTATIONS	PROGRAM COVERED CHARGES			COST OF SERVICES			
	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	
OTHER PATIENT SERVICES	6	7	8	9	10	11	
15 COST OF MEDICAL SUPPLIES							15
16 COST OF DRUGS							16

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

FROM WKST C, PART I, COL. 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES (FROM PROVIDER RECORDS)	HHA SHARED ANCILLARY COSTS (COL.1 x COL.2)	TRANSFER TO PART I AS INDICATED	TOTAL PROGRAM COST
1 PHYSICAL THERAPY	66	0.305928		COL 2, LINE 2	1
1.01 OP PHYSICAL THERAPY	66.01	0.223873		COL 2, LINE 2	1.01
1.02 OP THERAPY SERVICES	66.02	0.260303		COL 2, LINE 2	1.02
2 OCCUPATIONAL THERAPY	67	0.343384		COL 2, LINE 3	2
3 SPEECH PATHOLOGY	68	0.283497		COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHRGD TO PAT	71	0.133831		COL 2, LINE 15	4
5 DRUGS CHARGED TO PATIENTS	73	0.268866		COL 2, LINE 16	5

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7267

WORKSHEET H-4
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PART A & PART B SERVICES				1
2 REASONABLE COST OF SERVICES (SEE INSTRUCTIONS)				2
3 TOTAL CHARGES	3,063,807			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS (FROM YOUR RECORDS)				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	3,063,807			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 1)	3,063,807			7
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 1 EXCEEDS LINE 6)				8
10 PRIMARY PAYER PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
11 TOTAL REASONABLE COST (SEE INSTRUCTIONS)			10
12 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	2,735,023	1,486,472	11
13 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	25,851	9,031	12
14 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	35,446	18,469	13
15 TOTAL PPS REIMBURSEMENT - PEP EPISODES	20,616	6,343	14
16 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			15
17 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			16
18 TOTAL OTHER PAYMENTS			17
19 DME PAYMENTS			18
20 OXYGEN PAYMENTS			19
21 PROSTHETIC AND ORTHOTIC PAYMENTS			20
22 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)			21
23 SUBTOTAL (SUM OF LINES 10-20 MINUS LINE 21)	2,816,936	1,520,315	22
24 EXCESS REASONABLE COST (FROM LINE 8)			23
25 SUBTOTAL (LINE 22 MINUS LINE 23)	2,816,936	1,520,315	24
26 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM YOUR RECORDS)			25
27 NET COST (LINE 24 MINUS LINE 25)	2,816,936	1,520,315	26
28 REIMBURSABLE BAD DEBTS (FROM YOUR RECORDS)			27
29 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			28
30 TOTAL COSTS - CURRENT COST REPORTING PERIOD (LINE 26 PLUS LINE 27)	2,816,936	1,520,315	29
31 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)			30
32 SUBTOTAL (LINE 29 PLUS/MINUS LINE 30)	2,816,936	1,520,315	31
33 INTERIM PAYMENTS (SEE INSTRUCTIONS)	2,816,936	1,520,315	32
34 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)			33
35 BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS LINES 32 AND 33)			34
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			35

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-017) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT			
1	CAPITAL DRG OTHER THAN OUTLIER	5,160,021	1
2	CAPITAL DRG OUTLIER PAYMENTS	60,695	2
3	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	210.40	3
4	NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS)	79.61	4
5	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	0.1127	5
6	INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5)	581,534	6
7	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS)	0.0528	7
8	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I (SEE INSTRUCTIONS)	0.2016	8
9	SUM OF LINES 7 AND 8	0.2544	9
10	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS)	0.0529	10
11	DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1)	272,965	11
12	TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11)	6,075,215	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-	SUBTOTAL (COLS.0-4)	SUBTOTAL 24	I&R COST &	TOTAL 26
	NARY CAP- REL COSTS 0			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 ADMINISTRATIVE & GENERAL					5
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
23.01 RADIOLOGY PARAMEDICAL					23.01
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
41 SUBPROVIDER - IRF					41
43 NURSEY					43
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
50.01 SURGICENTER					50.01
50.02 SURGERY RECOVERY CENTER					50.02
51 RECOVERY ROOM					51
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
54.01 BREAST DIAGNOSIS CENTER					54.01
55 RADIOLOGY-THERAPEUTIC					55
56 RADIOISOTOPE					56
57 COMPUTED TOMOGRAPHY (CT) SCAN					57
58 MAGNETIC RESONANCE IMAGING (MR					58
59 CARDIAC CATHETERIZATION					59
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
65.01 SLEEP LAB					65.01
66 PHYSICAL THERAPY					66
66.01 OP PHYSICAL THERAPY					66.01
66.02 OP THERAPY SERVICES					66.02
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
69 ELECTROCARDIOLOGY					69
69.01 EP LAB					69.01
69.02 VASCULAR SERVICES					69.02
70 ELECTROENCEPHALOGRAPHY					70
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
74 RENAL DIALYSIS					74
75 ASC (NON-DISTINCT PART)					75
76 WOUND CARE					76
76.01 OP ONCOLOGY					76.01
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90.01 DIABETES CENTER					90.01
91 EMERGENCY					91
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
101 HOME HEALTH AGENCY					101
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
116 HOSPICE					116
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190

PROVIDER CCN: 14-0172 FRANCISCAN ST. JAMES HEALTH
PERIOD FROM 01/01/2012 TO 12/31/2012

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

VERSION: 2012.11
05/31/2013 15:21

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	
191 RESEARCH						191
192 PHYSICIANS' PRIVATE OFFICES						192
193 NONPAID WORKERS						193
194 DEVELOPMENT						194
194.01 SENIOR FRIENDS						194.01
194.02 OTHER NONREIMBURSABLE COST CEN						194.02
194.03 OTHER NONREIMBURSABLE COST CEN						194.03
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	50.95		11.06				62.01 30
31 INTENSIVE CARE UNIT	61.00		4.59				65.59 31
43 NURSERY			76.73				76.73 43
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	22.10	12.29					34.39 50
50.01 SURGICENTER		32.10					32.10 50.01
50.02 SURGERY RECOVERY CENTER	0.01					0.01	0.01 50.02
51 RECOVERY ROOM	25.64	10.39					36.03 51
53 ANESTHESIOLOGY	20.87	11.24					32.11 53
54 RADIOLOGY-DIAGNOSTIC	22.48	9.58					32.06 54
54.01 BREAST DIAGNOSIS CENTER		12.19					12.19 54.01
55 RADIOLOGY-THERAPEUTIC	5.61	36.00					41.61 55
56 RADIOISOTOPE	20.49	25.46					45.95 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	22.18	13.26					35.44 57
58 MAGNETIC RESONANCE IMAGING (MRI)	23.04	17.40					40.44 58
59 CARDIAC CATHETERIZATION	40.54	17.56					58.10 59
60 LABORATORY	34.08	2.03					36.11 60
65 RESPIRATORY THERAPY	55.76	1.87					57.63 65
65.01 SLEEP LAB	0.36	23.77					24.13 65.01
66 PHYSICAL THERAPY	25.21						25.21 66
66.01 OP PHYSICAL THERAPY		0.03					0.03 66.01
67 OCCUPATIONAL THERAPY	27.61	0.03					27.64 67
68 SPEECH PATHOLOGY	29.02						29.02 68
69 ELECTROCARDIOLOGY	33.39	13.76					47.15 69
69.01 EP LAB	36.32	24.20					60.52 69.01
69.02 VASCULAR SERVICES	27.30	22.73					50.03 69.02
70 ELECTROENCEPHALOGRAPHY	17.64	20.47					38.11 70
71 MEDICAL SUPPLIES CHRGED TO PATI	35.40	7.22					42.62 71
72 IMPL. DEV. CHARGED TO PATIENT	41.39	11.41					52.80 72
73 DRUGS CHARGED TO PATIENTS	35.85	13.80					49.65 73
74 RENAL DIALYSIS	68.62	2.24					70.86 74
75 ASC (NON-DISTINCT PART)	7.36	49.84					57.20 75
76 WOUND CARE	0.23	55.49					55.72 76
76.01 OP ONCOLOGY		43.96					43.96 76.01
76.97 CARDIAC REHABILITATION		22.53					22.53 76.97
91 EMERGENCY	15.80	8.23					24.03 91
92 OBSERVATION BEDS	12.29	18.72					31.01 92
200 TOTAL CHARGES	26.18	12.02					38.20 200

***** 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	69.54		3.59				73.13 41
UTILIZATION PERCENTAGES BASED ON CHARGES							
50 OPERATING ROOM	0.03						0.03 50
51 RECOVERY ROOM	0.40						0.40 51
53 ANESTHESIOLOGY	0.02						0.02 53
54 RADIOLOGY-DIAGNOSTIC	0.44						0.44 54
55 RADIOLOGY-THERAPEUTIC	0.14						0.14 55
56 RADIOISOTOPE	0.09						0.09 56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.13						0.13 57
58 MAGNETIC RESONANCE IMAGING (MRI)	0.11						0.11 58
60 LABORATORY	0.81						0.81 60
65 RESPIRATORY THERAPY	0.93						0.93 65
66 PHYSICAL THERAPY	18.54						18.54 66
67 OCCUPATIONAL THERAPY	29.70						29.70 67
68 SPEECH PATHOLOGY	24.52						24.52 68
69 ELECTROCARDIOLOGY	0.13						0.13 69
69.01 EP LAB	0.13						0.13 69.01
70 ELECTROENCEPHALOGRAPHY	0.49						0.49 70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.83						0.83 71
73 DRUGS CHARGED TO PATIENTS	1.34						1.34 73
74 RENAL DIALYSIS	3.62						3.62 74
200 TOTAL CHARGES	0.92						0.92 200

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	CAP REL COSTS-BLDG & FIXT	2,141,504	0.74	-2,141,504	-1.76			1
2	CAP REL COSTS-MVBLE EQUIP	6,584,096	2.27	-6,584,096	-5.41			2
3	OTHER CAPITAL RELATED COSTS							3
4	EMPLOYEE BENEFITS	2,244,436	0.77	-2,244,436	-1.84			4
5	ADMINISTRATIVE & GENERAL	65,968,485	22.71	-65,968,485	-54.18			5
6	MAINTENANCE & REPAIRS							6
7	OPERATION OF PLANT	15,950,689	5.49	-15,950,689	-13.10			7
8	LAUNDRY & LINEN SERVICE	2,563,704	0.88	-2,563,704	-2.11			8
9	HOUSEKEEPING	4,488,442	1.55	-4,488,442	-3.69			9
10	DIETARY	1,560,842	0.54	-1,560,842	-1.28			10
11	CAFETERIA	2,136,213	0.74	-2,136,213	-1.75			11
12	MAINTENANCE OF PERSONNEL							12
13	NURSING ADMINISTRATION	2,462,087	0.85	-2,462,087	-2.02			13
14	CENTRAL SERVICES & SUPPLY	902,962	0.31	-902,962	-0.74			14
15	PHARMACY	3,724,556	1.28	-3,724,556	-3.06			15
16	MEDICAL RECORDS & LIBRARY	3,001,556	1.03	-3,001,556	-2.46			16
17	SOCIAL SERVICE	820,201	0.28	-820,201	-0.67			17
19	NONPHYSICIAN ANESTHETISTS							19
20	NURSING SCHOOL							20
21	I&R SRVCES-SALARY & FRINGES APP	7,218,510	2.48	-7,218,510	-5.93			21
22	I&R SRVCES-OTHER PRGM COSTS APP							22
23	PARAMED PRGM-(SPECIFY)							23
23.01	RADIOLOGY PARAMEDICAL							23.01
INPATIENT ROUTINE SERV COST CENTERS								
30	ADULTS & PEDIATRICS	32,433,090	11.16	37,833,422	31.07	70,266,512	24.19	30
31	INTENSIVE CARE UNIT	9,444,210	3.25	6,232,729	5.12	15,676,939	5.40	31
41	SUBPROVIDER - IRF	2,330,069	0.80	2,134,438	1.75	4,464,507	1.54	41
43	NURSERY	1,606,256	0.55	976,721	0.80	2,582,977	0.89	43
ANCILLARY SERVICE COST CENTERS								
50	OPERATING ROOM	11,286,112	3.89	9,167,579	7.53	20,453,691	7.04	50
50.01	SURGICENTER	8,391,952	2.89	2,748,922	2.26	11,140,874	3.84	50.01
50.02	SURGERY RECOVERY CENTER	1,617,776	0.56	506,375	0.42	2,124,151	0.73	50.02
51	RECOVERY ROOM	1,151,394	0.40	487,488	0.40	1,638,882	0.56	51
53	ANESTHESIOLOGY	537,607	0.19	625,804	0.51	1,163,411	0.40	53
54	RADIOLOGY-DIAGNOSTIC	3,829,808	1.32	3,734,046	3.07	7,563,854	2.60	54
54.01	BREAST DIAGNOSIS CENTER	1,637,511	0.56	645,250	0.53	2,282,761	0.79	54.01
55	RADIOLOGY-THERAPEUTIC	1,364,178	0.47	1,617,529	1.33	2,981,707	1.03	55
56	RADIOISOTOPE	1,619,516	0.56	881,145	0.72	2,500,661	0.86	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	1,602,464	0.55	1,122,770	0.92	2,725,234	0.94	57
58	MAGNETIC RESONANCE IMAGING (MRI)	1,023,157	0.35	485,117	0.40	1,508,274	0.52	58
59	CARDIAC CATHETERIZATION	2,535,788	0.87	1,098,406	0.90	3,634,194	1.25	59
60	LABORATORY	10,719,682	3.69	5,212,896	4.28	15,932,578	5.48	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	RESPIRATORY THERAPY	3,587,472	1.23	1,824,499	1.50	5,411,971	1.86	65
65.01	SLEEP LAB	285,318	0.10	243,601	0.20	528,919	0.18	65.01
66	PHYSICAL THERAPY	2,139,913	0.74	1,110,230	0.91	3,250,143	1.12	66
66.01	OP PHYSICAL THERAPY	1,006,820	0.35	330,396	0.27	1,337,216	0.46	66.01
66.02	OP THERAPY SERVICES	2,701,033	0.93	878,319	0.72	3,579,352	1.23	66.02
67	OCCUPATIONAL THERAPY	1,225,146	0.42	1,006,082	0.83	2,231,228	0.77	67
68	SPEECH PATHOLOGY	505,796	0.17	196,544	0.16	702,340	0.24	68
69	ELECTROCARDIOLOGY	1,770,341	0.61	1,859,883	1.53	3,630,224	1.25	69
69.01	EP LAB	1,615,979	0.56	1,055,346	0.87	2,671,325	0.92	69.01
69.02	VASCULAR SERVICES	350,856	0.12	133,190	0.11	484,046	0.17	69.02
70	ELECTROENCEPHALOGRAPHY	137,604	0.05	184,319	0.15	321,923	0.11	70
71	MEDICAL SUPPLIES CHRGED TO PATI	2,747,429	0.95	1,395,114	1.15	4,142,543	1.43	71
72	IMPL. DEV. CHARGED TO PATIENT	9,316,826	3.21	3,910,933	3.21	13,227,759	4.55	72
73	DRUGS CHARGED TO PATIENTS	14,213,850	4.89	9,667,078	7.94	23,880,928	8.22	73
74	RENAL DIALYSIS	954,360	0.33	312,844	0.26	1,267,204	0.44	74
75	ASC (NON-DISTINCT PART)	1,548,697	0.53	2,598,110	2.13	4,146,807	1.43	75
76	WOUND CARE	409,059	0.14	366,133	0.30	775,192	0.27	76
76.01	OP ONCOLOGY	1,005,208	0.35	447,757	0.37	1,452,965	0.50	76.01
76.97	CARDIAC REHABILITATION	1,074,509	0.37	398,045	0.33	1,472,554	0.51	76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
90.01	DIABETES CENTER	633,024	0.22	206,718	0.17	839,742	0.29	90.01
91	EMERGENCY	11,679,690	4.02	7,270,547	5.97	18,950,237	6.52	91
92	OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
101	HOME HEALTH AGENCY	4,523,304	1.56	1,571,987	1.29	6,095,291	2.10	101
SPECIAL PURPOSE COST CENTERS								
116	HOSPICE	308,468	0.11	937,684	0.77	1,246,152	0.43	116
NONREIMBURSABLE COST CENTERS								
190	GIFT, FLOWER, COFFEE SHOP & CAN	302,931	0.10	218,774	0.18	521,705	0.18	190
191	RESEARCH	57,317	0.02	440,012	0.36	497,329	0.17	191
192	PHYSICIANS' PRIVATE OFFICES	11,435,668	3.94	7,676,776	6.30	19,112,444	6.58	192

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
193	NONPAID WORKERS	16,602	0.01	5,559		22,161	0.01	193
194	DEVELOPMENT	37,252	0.01	11,166	0.01	48,418	0.02	194
194.01	SENIOR FRIENDS							194.01
194.02	OTHER NONREIMBURSABLE COST CENT							194.02
194.03	OTHER NONREIMBURSABLE COST CENT							194.03
200	CROSS FOOT ADJUSTMENTS							200
201	NEGATIVE COST CENTER							201
202	TOTAL	290,489,325	100.00			290,489,325	100.00	202

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS	CHARGES	CAPITAL COST TO CHARGES	PROGRAM CHARGES	INPATIENT PPS CAPITAL COSTS	
	1	2	3	4	5	
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,246,321	66,860,602	0.018641	14,775,199	275,424	50
50.01 SURGICENTER	146,795	20,197,389	0.007268			50.01
50.02 SURGERY RECOVERY CENTER	25,658	4,569,956	0.005614	335	2	50.02
51 RECOVERY ROOM	25,519	6,654,838	0.003835	1,706,426	6,544	51
53 ANESTHESIOLOGY	90,793	13,774,275	0.006591	2,874,826	18,948	53
54 RADIOLOGY-DIAGNOSTIC	570,111	43,338,838	0.013155	9,740,536	128,137	54
54.01 BREAST DIAGNOSIS CENTER	35,977	8,890,884	0.004047			54.01
55 RADIOLOGY-THERAPEUTIC	272,875	11,562,283	0.023600	648,818	15,312	55
56 RADIOISOTOPE	82,293	19,926,568	0.004130	4,083,683	16,866	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	67,858	91,267,789	0.000744	20,247,247	15,064	57
58 MAGNETIC RESONANCE IMAGING (MRI)	24,153	20,719,806	0.001166	4,773,329	5,566	58
59 CARDIAC CATHETERIZATION	60,170	33,928,878	0.001773	13,756,357	24,390	59
60 LABORATORY	525,025	92,434,979	0.005680	31,503,402	178,939	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	124,119	30,191,956	0.004111	16,834,744	69,208	65
65.01 SLEEP LAB	34,882	2,674,805	0.013041	9,522	124	65.01
66 PHYSICAL THERAPY	128,621	10,623,867	0.012107	2,678,711	32,431	66
66.01 OP PHYSICAL THERAPY	16,612	5,973,093	0.002781			66.01
66.02 OP THERAPY SERVICES	44,446	13,750,735	0.003232			66.02
67 OCCUPATIONAL THERAPY	157,607	6,497,763	0.024256	1,794,123	43,518	67
68 SPEECH PATHOLOGY	11,981	2,477,416	0.004836	719,000	3,477	68
69 ELECTROCARDIOLOGY	259,785	28,335,147	0.009168	9,460,456	86,733	69
69.01 EP LAB	119,021	23,982,781	0.004963	8,710,318	43,229	69.01
69.02 VASCULAR SERVICES	6,619	4,150,295	0.001595	1,133,133	1,807	69.02
70 ELECTROENCEPHALOGRAPHY	29,399	2,259,683	0.013010	398,603	5,186	70
71 MEDICAL SUPPLIES CHRGED TO PATI	101,709	30,953,574	0.003286	10,958,148	36,008	71
72 IMPL. DEV. CHARGED TO PATIENT	274,504	23,907,732	0.011482	9,895,098	113,616	72
73 DRUGS CHARGED TO PATIENTS	371,042	88,820,934	0.004177	31,846,373	133,022	73
74 RENAL DIALYSIS	15,769	5,372,166	0.002935	3,686,561	10,820	74
75 ASC (NON-DISTINCT PART)	474,534	5,566,786	0.085244	409,669	34,922	75
76 WOUND CARE	57,279	593,847	0.096454	1,389	134	76
76.01 OP ONCOLOGY	28,495	5,650,327	0.005043			76.01
76.97 CARDIAC REHABILITATION	21,351	2,749,587	0.007765			76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.01 DIABETES CENTER	10,819	474,151	0.022818			90.01
91 EMERGENCY	704,033	99,967,180	0.007043	15,792,270	111,225	91
92 OBSERVATION BEDS	253,125	9,641,301	0.026254	1,184,611	31,101	92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL	6,419,300	838,742,211		219,622,887	1,441,753	200

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	REDUCED	TOTAL	PER	INPATIENT	MEDICARE		
	RELATED	ADJUSTMENT	CAPITAL	PATIENT					
	COSTS	AMOUNT	RELATED	DAYS	DIEM	PROGRAM	INPATIENT		
	1	2	COST	4	5	DAYS	PPS CAPITAL		
			3			6	COSTS	7	
INPATIENT ROUTINE SERVICE COST CENTERS									
30 ADULTS & PEDIATRICS	2,798,596		2,798,596	74,651	37.49	38,032	1,425,820	30	
31 INTENSIVE CARE UNIT	592,778		592,778	9,106	65.10	5,555	361,631	31	
200 TOTAL	3,391,374		3,391,374	83,757		43,587	1,787,451	200	
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1,787,451		
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1,441,753		
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							3,229,204		
MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13)							8,837		
MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6)							43,587		
PER DISCHARGE CAPITAL COSTS							365.42		
PER DIEM CAPITAL COSTS							74.09		

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)	80,141,106
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-3 FOR HOSPITAL TITLE XVIII COMPONENT)	290,731,850
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.276

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))	5,091,529
2. TOTAL MEDICARE CHARGES (WKST D-3 LINE 41 COLUMN 2 PLUS WKST D-3 LINE 202 COLUMN 2)	13,086,123
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.389

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)	3,229,204
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	0.011

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)	23,378,674
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)	100,667,254
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	0.232

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

EXHIBIT 3

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