

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 11-27-2012 TIME: 16:18
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S HOSPITAL-HIGHLAND IL (14-1336) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2011 AND ENDING 06/30/2012, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5	
		PART A 2	PART B 3			
1 HOSPITAL		-232,614	126,822		54,346	1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF		25,856				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		-206,758	126,822		54,346	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: 1515 MAIN STREET
 2 CITY: HIGHLAND

STATE: IL

P.O. BOX:
 ZIP CODE: 62249

COUNTY: MADISON

1
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	CBSA NUMBER	PROV TYPE	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O, OR N)			
							2	3	4	5
3	HOSPITAL	ST. JOSEPH'S HOSPITAL-HIGHLAND	14-1336	00014	1	06/01/2004	N	O	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF	ST. JOSEPH'S HOSPITAL-SWING BE	14-2336	00014		08/19/2004	N	O	N	7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011				TO: 06/30/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID		OUT-OF-STATE MEDICAID		OUT-OF-STATE MEDICAID		OTHER	
		PAID	UNPAID	PAID	UNPAID	HMO	MEDICAID	MEDICAID	
		DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS
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.	1	2	3	4	5	6		24
25	IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.								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.							2	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.							2	27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							BEGINNING: ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.								37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.							BEGINNING: ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

		V	XVIII	XIX	
		1	2	3	
45	DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320?	N	N	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.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5.	N			58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IIME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IIME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	64
ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.3+COL.4))	
1	2	3	4	5	
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))	66

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

PROGRAM NAME	PROGRAM CODE	UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/(COL.3+COL.4))
1	2	3	4	5
INPATIENT PSYCHIATRIC FACILITY PPS				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? 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.			N 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.			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.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
RURAL PROVIDERS				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			1 2 Y 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			N 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.			N N 107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL	RESPI- RATORY
		N	N	N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
118.01	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 27,604 PAID LOSSES: SELF INSURANCE: 138,820			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 148005	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES CONTRACTOR'S NUMBER: 00131			141
142	STREET: 4936 LAVERNA ROAD P.O. BOX:			142
143	CITY: SPRINGFIELD STATE: IL ZIP CODE: 62794			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.	N		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

	TITLE XVIII	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	157
158	SUBPROVIDER - (OTHER)	N	N	158
159	SNF	N	N	159
160	HHA	N	N	160
161	CMHC	N	N	161

MULTICAMPUS

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

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
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

		Y/N	TYPE	DATE	
FINANCIAL DATA AND REPORTS					
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3	4
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y			5

		Y/N	Y/N	
APPROVED EDUCATIONAL ACTIVITIES				
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.	N		9
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11
			Y/N	
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.		Y	12
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.		N	13
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.		N	14

BED COMPLEMENT					
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N	15

		PART A		PART B	
		Y/N	DATE	Y/N	DATE
PS&R REPORT DATA					
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 09/19/2012	3 Y	4 09/19/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

- 28 WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. N 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. Y 29
- 30 HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. N 30
- 31 HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. N 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. Y 32
- 33 IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. Y 33

PROVIDER-BASED PHYSICIANS

- 34 ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. Y 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. Y 35

HOME OFFICE COSTS

- | | Y/N | DATE |
|---|-----|------|
| 36 WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | 1 | 2 |
| 37 IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | Y | 36 |
| 38 IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | N | 38 |
| 39 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | Y | 39 |
| 40 IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | N | 40 |

COST REPORT PREPARER CONTACT INFORMATION

- | | | | |
|----------------------------------|--|-----------------------------|----|
| 41 FIRST NAME: SUSAN | LAST NAME: HORST | TITLE: DIRECTOR OF THIRD PA | 41 |
| 42 EMPLOYER: ST. JOHN'S HOSPITAL | | | 42 |
| 43 PHONE NUMBER: 2178144395 | E-MAIL ADDRESS: SUSAN.HORST@ST-JOHNS.ORG | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)
	1	2	3	4	5	6
SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200	8,282,309			1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A ADMINISTRATIVE					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				7
7.01	CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)					7.01
8	HOME OFFICE PERSONNEL					8
9	SNF	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)		64,620			10
OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)					11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE					13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					14
15	HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE					15
16	HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING WAGE-RELATED COSTS					16
17	WAGE-RELATED COSTS (CORE)					17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS					19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A - ADMINISTRATIVE					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) OVERHEAD COSTS - DIRECT SALARIES					25
26	EMPLOYEE BENEFITS		102,203			26
27	ADMINISTRATIVE & GENERAL	1,376,112		-48,490		27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)					28
29	MAINTENANCE & REPAIRS		193,115	3,374		29
30	OPERATION OF PLANT		174,997	3,114		30
31	LAUNDRY & LINEN SERVICE					31
32	HOUSEKEEPING		316,871	6,488		32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY		312,577	-125,337		34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA		26,324	125,337		36
37	MAINTENANCE OF PERSONNEL					37
38	NURSING ADMINISTRATION		423,902			38
39	CENTRAL SERVICES AND SUPPLY					39
40	PHARMACY					40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		326,025			41
42	SOCIAL SERVICE		51,190			42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	8,282,309		8,282,309		1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	64,620		64,620		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	8,217,689		8,217,689		3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)					4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)					5
6	TOTAL (SUM OF LINES 3 THRU 5)	8,217,689		8,217,689		6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	3,303,316	-35,514	3,267,802		7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	3
4 QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)	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
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	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	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	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	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND
PERIOD FROM 07/01/2011 TO 06/30/2012

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

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11/27/2012 16:18

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT	
0		LABOR	COST	
		1	2	
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST			1
2	HOSPITAL			2
3	SUBPROVIDER - IPF			3
4	SUBPROVIDER - IRF			4
5	SUBPROVIDER - (OTHER)			5
6	SWING BEDS - SNF			6
7	SWING BEDS - NF			7
8	HOSPITAL-BASED SNF			8
9	HOSPITAL-BASED NF			9
10	HOSPITAL-BASED OLTG			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

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND
 PERIOD FROM 07/01/2011 TO 06/30/2012

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

		Y/N	DATE
		1	2
1	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET.	N	1
2	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	2

	GROUP	SNF	SWING BED	TOTAL
	1	DAYS	SNF DAYS	(COLS. 2 + 3)
		2	3	4
3	RUX			3
4	RUL			4
5	RVX			5
6	RVL			6
7	RHX			7
8	RHL			8
9	RMX			9
10	RML			10
11	RLX			11
12	RUC			12
13	RUB			13
14	RUA			14
15	RVC			15
16	RVB			16
17	RVA			17
18	RHC			18
19	RHB			19
20	RHA			20
21	RMC			21
22	RMB			22
23	RMA			23
24	RLB			24
25	RLA			25
26	ES3			26
27	ES2			27
28	ES1			28
29	HE2			29
30	HE1			30
31	HD2			31
32	HD1			32
33	HC2			33
34	HC1			34
35	HB2			35
36	HB1			36
37	LE2			37
38	LE1			38
39	LD2			39
40	LD1			40
41	LC2			41
42	LC1			42
43	LB2			43
44	LB1			44
45	CE2			45
46	CE1			46
47	CD2			47
48	CD1			48
49	CC2			49
50	CC1			50
51	CB2			51
52	CB1			52
53	CA2			53
54	CA1			54
55	SE3			55
56	SE2			56
57	SE1			57
58	SSC			58
59	SSB			59
60	SSA			60
61	IB2			61
62	IB1			62
63	IA1			63
64	IA2			64
65	BB2			65
66	BB1			66
67	BA2			67
68	BA1			68

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND
 PERIOD FROM 07/01/2011 TO 06/30/2012

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

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PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

	GROUP	SNF DAYS	SWING BED SNF DAYS	TOTAL (COLS. 2 + 3)
	1	2	3	4
69	PE2			69
70	PE1			70
71	PD2			71
72	PD1			72
73	PC2			73
74	PC1			74
75	PB2			75
76	PB1			76
77	PA2			77
78	PA1			78
199	AAA			199
200	TOTAL			200

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

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

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8)				0.368121	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)						
2	NET REVENUE FROM MEDICAID				1,346,208	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				4,962,673	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)				1,826,864	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.				480,656	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				44,112	18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)				480,656	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	1,166,621	201,879	1,368,500		20
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	429,458	74,316	503,774		21
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	52,485	26,599	79,084		22
23	COST OF CHARITY CARE	376,973	47,717	424,690		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)				1,007,584	25
26	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V				110,372	26
27	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)				897,212	27
28	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)				330,283	28
29	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)				754,973	29
30	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)				1,235,629	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		281,255	281,255	85,912	1
1.01	00101				55,275	1.01
2	00200		5,854,126	5,854,126	38,651	2
2.01	00201				6,231	2.01
3	00300					3
4	00400	102,203	3,561,978	3,664,181		4
5.01	00540		36,560	36,560	-1,329	5.01
5.02	00550	-38	62,871	62,833		5.02
5.03	00560	109,138	30,559	139,697	-16,032	5.03
5.04	00570	156,075	13,528	169,603		5.04
5.05	00580	281,273	50,103	331,376	-2,851	5.05
5.06	00590	829,664	3,195,358	4,025,022	-68,140	5.06
6	00600	193,115	-671,042	-477,927	-3,661	6
7	00700	174,997	629,153	804,150	-40,369	7
7.01	00701				43,424	7.01
8	00800		72,561	72,561		8
9	00900	316,871	83,982	400,853	6,488	9
10	01000	312,577	235,136	547,713	-158,128	10
11	01100	26,324	3,106	29,430	158,111	11
12	01200					12
13	01300	423,902	2,334	426,236		13
14	01400					14
15	01500					15
16	01600	326,025	92,765	418,790	-310	16
17	01700	51,190	4,077	55,267		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	1,269,717	79,402	1,349,119	-159,012	30
31	03100	21,926	929	22,855	-1,553	31
ANCILLARY SERVICE COST CENTERS						
50	05000	656,491	815,498	1,471,989	-690,780	50
53	05300		467,111	467,111	-7,540	53
54	05400	605,069	627,081	1,232,150	-103,647	54
60	06000	500,418	1,093,452	1,593,870	-2,216	60
62.30	06250					62.30
65	06500	146,748	106,771	253,519	-24,887	65
66	06600	462,264	23,971	486,235	-7,167	66
67	06700	71,999	709	72,708	-49	67
68	06800	32,488	-27,370	5,118	21,405	68
68.01	03040	65,014	75,565	140,579	13,671	68.01
71	07100	79,396	102,105	181,501	304,955	71
72	07200				497,839	72
73	07300	291,237	475,620	766,857	213,621	73
76.97	07697	93,296	2,567	95,863	-117	76.97
76.98	07698		478	478		76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	618,310	1,566,963	2,185,273	-46,872	91
92	09200					92
93	04950		424,432	424,432		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		109,693	109,693	-109,693	113
118		8,217,689	19,483,387	27,701,076	1,230	118
NONREIMBURSABLE COST CENTERS						
190	19000		14,640	14,640		190
192	19200	44,279	1,689,127	1,733,406	-1,060	192
194	07950	20,341	5,038	25,379	-170	194
194.01	07951					194.01
200		8,282,309	21,192,192	29,474,501		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7		
GENERAL SERVICE COST CENTERS						
1	00100	CAP REL COSTS-BLDG & FIXT	367,167	-568	366,599	1
1.01	00101	CAP REL COSTS-MAB BUILDING	55,275		55,275	1.01
2	00200	CAP REL COSTS-MVBLE EQUIP	5,892,777	-4,733,490	1,159,287	2
2.01	00201	CAP REL COSTS-MAB EQUIPMENT	6,231		6,231	2.01
3	00300	OTHER CAPITAL RELATED COSTS				3
4	00400	EMPLOYEE BENEFITS	3,664,181	-502,074	3,162,107	4
5.01	00540	COMMUNICATIONS	35,231		35,231	5.01
5.02	00550	INFORMATION SYSTEMS	62,833		62,833	5.02
5.03	00560	PURCHASING/RECEIVENG/STORES	123,665	-45	123,620	5.03
5.04	00570	ADMITTING	169,603		169,603	5.04
5.05	00580	PATIENT ACCOUNTING	328,525	950,430	1,278,955	5.05
5.06	00590	OTHER ADMIN & GENERAL	3,956,882	-1,404,654	2,552,228	5.06
6	00600	MAINTENANCE & REPAIRS	-481,588	697,375	215,787	6
7	00700	OPERATION OF PLANT	763,781		763,781	7
7.01	00701	PLANT OPS-MAB BUILDING	43,424		43,424	7.01
8	00800	LAUNDRY & LINEN SERVICE	72,561	-3,364	69,197	8
9	00900	HOUSEKEEPING	407,341	-15,799	391,542	9
10	01000	DIETARY	389,585	-68,658	320,927	10
11	01100	CAFETERIA	187,541	-21,771	165,770	11
12	01200	MAINTENANCE OF PERSONNEL				12
13	01300	NURSING ADMINISTRATION	426,236		426,236	13
14	01400	CENTRAL SERVICES & SUPPLY				14
15	01500	PHARMACY				15
16	01600	MEDICAL RECORDS & LIBRARY	418,480	-2,516	415,964	16
17	01700	SOCIAL SERVICE	55,267		55,267	17
19	01900	NONPHYSICIAN ANESTHETISTS				19
20	02000	NURSING SCHOOL				20
21	02100	I&R SRVCES-SALARY & FRINGES APPRVD				21
22	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22
23	02300	PARAMED ED PRGM-(SPECIFY)				23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	ADULTS & PEDIATRICS	1,190,107		1,190,107	30
31	03100	INTENSIVE CARE UNIT	21,302		21,302	31
ANCILLARY SERVICE COST CENTERS						
50	05000	OPERATING ROOM	781,209		781,209	50
53	05300	ANESTHESIOLOGY	459,571	-422,814	36,757	53
54	05400	RADIOLOGY-DIAGNOSTIC	1,128,503	-4,864	1,123,639	54
60	06000	LABORATORY	1,591,654	-21,866	1,569,788	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	06500	RESPIRATORY THERAPY	228,632	-26,812	201,820	65
66	06600	PHYSICAL THERAPY	479,068	-1,013	478,055	66
67	06700	OCCUPATIONAL THERAPY	72,659		72,659	67
68	06800	SPEECH PATHOLOGY	26,523		26,523	68
68.01	03040	AUDIOLOGY	154,250	-618	153,632	68.01
71	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	486,456	-1,045	485,411	71
72	07200	IMPL. DEV. CHARGED TO PATIENT	497,839		497,839	72
73	07300	DRUGS CHARGED TO PATIENTS	980,478		980,478	73
76.97	07697	CARDIAC REHABILITATION	95,746		95,746	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	478		478	76.98
76.99	07699	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	EMERGENCY	2,138,401	-1,154,609	983,792	91
92	09200	OBSERVATION BEDS				92
93	04950	O/P GERIATRIC PSYCH CENTER	424,432		424,432	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300	INTEREST EXPENSE				113
118		SUBTOTALS (SUM OF LINES 1-117)	27,702,306	-6,738,775	20,963,531	118
NONREIMBURSABLE COST CENTERS						
190	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,640		14,640	190
192	19200	PHYSICIANS' PRIVATE OFFICES	1,732,346	-1,647,979	84,367	192
194	07950	TRANSPORTATION	25,209		25,209	194
194.01	07951	FUND DEVELOPMENT				194.01
200		TOTAL (SUM OF LINES 118-199)	29,474,501	-8,386,754	21,087,747	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER	
			LINE #				
	1	2	3		4	5	
1 CAFETERIA EXPENSE	A	CAFETERIA	11		125,337	32,774	1
500 TOTAL RECLASSIFICATIONS					125,337	32,774	500
CODE LETTER - A							
1 RENTAL EXPENSE	B	CAP REL COSTS-MVBLE EQUIP	2			43,843	1
2		CAP REL COSTS-MAB EQUIPMENT	2.01			1,039	2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
500 TOTAL RECLASSIFICATIONS						44,882	500
CODE LETTER - B							
1 TELEPHONE EXPENSE	C	COMMUNICATIONS	5.01			229	1
2							2
500 TOTAL RECLASSIFICATIONS						229	500
CODE LETTER - C							
1 POSTAGE EXPENSE	D	OTHER ADMIN & GENERAL	5.06			18,992	1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
500 TOTAL RECLASSIFICATIONS						18,992	500
CODE LETTER - D							
1 INTEREST EXPENSE	E	CAP REL COSTS-BLDG & FIXT	1			109,693	1
500 TOTAL RECLASSIFICATIONS						109,693	500
CODE LETTER - E							
1 MEDICAL SUPPLIES EXPENSE	F	MEDICAL SUPPLIES CHRGD TO PA	71			304,993	1
2		IMPL. DEV. CHARGED TO PATIENT	72			497,839	2
3							3
4							4
5							5
6							6
7							7
500 TOTAL RECLASSIFICATIONS						802,832	500
CODE LETTER - F							
1 PHARMACY EXPENSE	G	DRUGS CHARGED TO PATIENTS	73			100,335	1
500 TOTAL RECLASSIFICATIONS						100,335	500
CODE LETTER - G							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER	
			LINE #	SALARY		
1	1	2	3	4	5	
1 MAB EXPENSE	H	CAP REL COSTS-MAB BUILDING	1.01		55,275	1
2		CAP REL COSTS-MAB EQUIPMENT	2.01		5,192	2
3		PLANT OPS-MAB BUILDING	7.01		43,424	3
500 TOTAL RECLASSIFICATIONS					103,891	500
CODE LETTER - H						
1 PROPERTY INSURANCE	I	CAP REL COSTS-BLDG & FIXT	1		31,494	1
500 TOTAL RECLASSIFICATIONS					31,494	500
CODE LETTER - I						
1 SURG PROCEDURES & DRUG ADMIN	J	OPERATING ROOM	50	42,265	16,308	1
2		DRUGS CHARGED TO PATIENTS	73	111,157	7,202	2
3						3
4						4
5						5
500 TOTAL RECLASSIFICATIONS				153,422	23,510	500
CODE LETTER - J						
1 SHARED COLLEAGUE	K	SPEECH PATHOLOGY	68	21,405		1
2		AUDIOLOGY	68.01	14,109		2
500 TOTAL RECLASSIFICATIONS				35,514		500
CODE LETTER - K						
1 SHARED DIRECTOR	L	MAINTENANCE & REPAIRS	6	3,374		1
2		OPERATION OF PLANT	7	3,114		2
3		HOUSEKEEPING	9	6,488		3
500 TOTAL RECLASSIFICATIONS				12,976		500
CODE LETTER - L						
GRAND TOTAL (INCREASES)				327,249	1,268,632	

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 CAFETERIA EXPENSE	A	DIETARY	10	125,337	32,774	1
500 TOTAL RECLASSIFICATIONS				125,337	32,774	500
CODE LETTER - A						
1 RENTAL EXPENSE	B	COMMUNICATIONS	5.01		1,558	10 1
2 PURCHASING/RECEIVENG/STORES			5.03		1,887	10 2
3						3
4 OTHER ADMIN & GENERAL			5.06		7,148	4
5 MAINTENANCE & REPAIRS			6		7,035	5
6						6
7 ADULTS & PEDIATRICS			30		5,790	7
8 OPERATING ROOM			50		10,551	8
9 ANESTHESIOLOGY			53		950	9
10 RADIOLOGY-DIAGNOSTIC			54		117	10
11 LABORATORY			60		1,494	11
12 RESPIRATORY THERAPY			65		1,024	12
13 PHYSICAL THERAPY			66		3,652	13
14 DRUGS CHARGED TO PATIENTS			73		180	14
15 CARDIAC REHABILITATION			76.97		117	15
16 EMERGENCY			91		2,340	16
17 PHYSICIANS' PRIVATE OFFICES			192		1,039	17
500 TOTAL RECLASSIFICATIONS					44,882	500
CODE LETTER - B						
1 TELEPHONE EXPENSE	C	OPERATION OF PLANT	7		59	1
2 TRANSPORTATION			194		170	2
500 TOTAL RECLASSIFICATIONS					229	500
CODE LETTER - C						
1 POSTAGE EXPENSE	D	PHYSICIANS' PRIVATE OFFICES	192		21	1
2 PURCHASING/RECEIVENG/STORES			5.03		14,145	2
3 PATIENT ACCOUNTING			5.05		2,851	3
4						4
5						5
6 DIETARY			10		17	6
7 MEDICAL RECORDS & LIBRARY			16		310	7
8 ADULTS & PEDIATRICS			30		45	8
9 OPERATING ROOM			50		897	9
10 ANESTHESIOLOGY			53		68	10
11 RADIOLOGY-DIAGNOSTIC			54		104	11
12 LABORATORY			60		254	12
13 RESPIRATORY THERAPY			65		9	13
14 PHYSICAL THERAPY			66		20	14
15 OCCUPATIONAL THERAPY			67		49	15
16 AUDIOLOGY			68.01		88	16
17 MEDICAL SUPPLIES CHRGED TO PA			71		38	17
18 DRUGS CHARGED TO PATIENTS			73		19	18
19 EMERGENCY			91		57	19
500 TOTAL RECLASSIFICATIONS					18,992	500
CODE LETTER - D						
1 INTEREST EXPENSE	E	INTEREST EXPENSE	113		109,693	11 1
500 TOTAL RECLASSIFICATIONS					109,693	500
CODE LETTER - E						
1 MEDICAL SUPPLIES EXPENSE	F	OPERATING ROOM	50		737,905	1
2 ANESTHESIOLOGY			53		6,522	2
3 RESPIRATORY THERAPY			65		23,854	3
4 PHYSICAL THERAPY			66		3,495	4
5 AUDIOLOGY			68.01		350	5
6 DRUGS CHARGED TO PATIENTS			73		4,874	6
7 EMERGENCY			91		25,832	7
500 TOTAL RECLASSIFICATIONS					802,832	500
CODE LETTER - F						
1 PHARMACY EXPENSE	G	RADIOLOGY-DIAGNOSTIC	54		100,335	1
500 TOTAL RECLASSIFICATIONS					100,335	500
CODE LETTER - G						

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 MAB EXPENSE	H	CAP REL COSTS-BLDG & FIXT	1		55,275	9 1
2		CAP REL COSTS-MVBLE EQUIP	2		5,192	9 2
3		OPERATION OF PLANT	7		43,424	3
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					103,891	500
1 PROPERTY INSURANCE	I	OTHER ADMIN & GENERAL	5.06		31,494	12 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					31,494	500
1 SURG PROCEDURES & DRUG ADMIN	J	ADULTS & PEDIATRICS	30	144,788	8,389	1
2		INTENSIVE CARE UNIT	31	1,490	63	2
3		RADIOLOGY-DIAGNOSTIC	54	1,653	1,438	3
4		LABORATORY	60	147	321	4
5		EMERGENCY	91	5,344	13,299	5
500 TOTAL RECLASSIFICATIONS CODE LETTER - J				153,422	23,510	500
1 SHARED COLLEAGUE	K	OTHER ADMIN & GENERAL	5.06	35,514		1
2						2
500 TOTAL RECLASSIFICATIONS CODE LETTER - K				35,514		500
1 SHARED DIRECTOR	L	OTHER ADMIN & GENERAL	5.06	12,976		1
2						2
3						3
500 TOTAL RECLASSIFICATIONS CODE LETTER - L GRAND TOTAL (DECREASES)				327,249	1,268,632	500

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	1,510,827					1,510,827	1
2 LAND IMPROVEMENTS	182,003				3,713	178,290	2
3 BUILDINGS AND FIXTURES	16,333,667	4,224,938		4,224,938	14,607,079	5,951,526	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	11,350,355	401,455		401,455	284,183	11,467,627	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	29,376,852	4,626,393		4,626,393	14,894,975	19,108,270	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	29,376,852	4,626,393		4,626,393	14,894,975	19,108,270	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	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	281,255						281,255 1
1.01 CAP REL COSTS-MAB BUILDING							1.01
2 CAP REL COSTS-MVBLE EQUIP	5,854,126						5,854,126 2
2.01 CAP REL COSTS-MAB EQUIPMENT							2.01
3 TOTAL (SUM OF LINES 1-2)	6,135,381						6,135,381 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER	TOTAL
			(COL. 1 - COL. 2)	RATIO (SEE INSTR.)			CAPITAL-RELATED COSTS	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	5,843,218		5,843,218	0.332049				1
1.01 CAP REL COSTS-MAB BUILDING	286,598		286,598	0.016286				1.01
2 CAP REL COSTS-MVBLE EQUIP	11,454,420		11,454,420	0.650914				2
2.01 CAP REL COSTS-MAB EQUIPMENT	13,207		13,207	0.000751				2.01
3 TOTAL (SUM OF LINES 1-2)	17,597,443		17,597,443	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPREC-IATION	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	225,412		109,693	31,494			366,599 1
1.01 CAP REL COSTS-MAB BUILDING	55,275						55,275 1.01
2 CAP REL COSTS-MVBLE EQUIP	1,115,444	43,843					1,159,287 2
2.01 CAP REL COSTS-MAB EQUIPMENT	5,192	1,039					6,231 2.01
3 TOTAL	1,401,323	44,882	109,693	31,494			1,587,392 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					11 3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-5,956	OTHER ADMIN & GENERAL	5.06	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-6,240	LABORATORY	60	6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-2,715	OTHER ADMIN & GENERAL	5.06	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,604,222			10 11
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					12
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	109,535			13
13 LAUNDRY AND LINEN SERVICE	B	-3,364	LAUNDRY & LINEN SERVICE	8	14
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-20,633	CAFETERIA	11	15
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					16
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					17
17 SALE OF DRUGS TO OTHER THAN PATIENTS					18
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2,516	MEDICAL RECORDS & LIBRARY	16	19
19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					20
20 VENDING MACHINES	B	-1,138	CAFETERIA	11	21
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					22
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					23
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	24
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	25
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	26
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	27
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	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
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	32
32 CAH HIT ADJ FOR DEPRECIATION AND					33
33 XRAY FILM REVENUE	B	-4,864	RADIOLOGY-DIAGNOSTIC	54	34
34 EDUCATIONAL CLASSES	B	-1,206	OTHER ADMIN & GENERAL	5.06	35
35 SANITARY MACHINES	B	-8	HOUSEKEEPING	9	36
36 SALE OF MEDICAL RECORDS	B	-1,295	PATIENT ACCOUNTING	5.05	37
37 MEALS ON WHEELS	B	-68,608	DIETARY	10	38
38 MESSAGE REVENUE	B	2,162	PHYSICAL THERAPY	66	38.01
38.01 EMPLOYEE FITNESS	B	-975	PHYSICAL THERAPY	66	9 39
39 GOODWILL	A	-214,595	CAP REL COSTS-MVBLE EQUIP	2	9 39.01
39.01 LOSS ON RETIREMENT OF OLD HOSPITAL	A	-4,518,895	CAP REL COSTS-MVBLE EQUIP	2	4 40
40 MISCELLANEOUS REVENUE	B	-750	EMPLOYEE BENEFITS	4	40.02
40.02 MISCELLANEOUS REVENUE	B	-45	PURCHASING/RECEIVENG/STORES	5.03	40.03
40.03 MISCELLANEOUS REVENUE	B	-524	PATIENT ACCOUNTING	5.05	40.04
40.04 MISCELLANEOUS REVENUE	B	-11,652	OTHER ADMIN & GENERAL	5.06	40.05
40.05 MISCELLANEOUS REVENUE	B	-4,457	MAINTENANCE & REPAIRS	6	40.06
40.06 MISCELLANEOUS REVENUE	B	-15,791	HOUSEKEEPING	9	40.07
40.07 MISCELLANEOUS REVENUE	B	-50	DIETARY	10	40.08
40.08 MISCELLANEOUS REVENUE	B	-15,626	LABORATORY	60	40.09
40.09 MISCELLANEOUS REVENUE	B	-2,200	PHYSICAL THERAPY	66	40.11
40.11 MISCELLANEOUS REVENUE	B	-618	AUDIOLOGY	68.01	40.12
40.12 MISCELLANEOUS REVENUE	B	-1,045	MEDICAL SUPPLIES CHRGD TO PATI	71	40.13
40.13 MISCELLANEOUS REVENUE	B	-13	EMERGENCY	91	41
41 PHYSICIAN RECRUITMENT EXPENSE	A	-171,432	OTHER ADMIN & GENERAL	5.06	41.01
41.01 HEALTH FAIR EXPENSE	A	-45,994	OTHER ADMIN & GENERAL	5.06	41.03
41.03 ADVERTISING EXPENSE	A	-240	OTHER ADMIN & GENERAL	5.06	41.04
41.04 LOBBYING DUES	A	-9,499	OTHER ADMIN & GENERAL	5.06	42
42 COMMUNITY REL SALARY EXPENSE	A	-80,331	OTHER ADMIN & GENERAL	5.06	42.01
42.01 COMMUNITY REL BENEFIT EXPENSE	A	-33,225	EMPLOYEE BENEFITS	4	42.02
42.02 COMMUNITY REL OTHER EXPENSE	A	-94,649	OTHER ADMIN & GENERAL	5.06	43
43 FUND DEVELOPMENT SALARIES	A	13,498	OTHER ADMIN & GENERAL	5.06	

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKSHEET A-8	
			COST CENTER 3	LINE NO. 4	WKST A-7 REF 5	
43.01 FUNDEVELOPMENT BENEFITS	A	-27,691	EMPLOYEE BENEFITS	4		43.01
44 DEPRECIATION LAPSING SCHEDULE	A	-568	CAP REL COSTS-BLDG & FIXT	1	9	44
45 NON REIMBURSABLE EXPENSE	A	-2,459	OTHER ADMIN & GENERAL	5.06		45
46 MEDICAID TAX ASSESSMENT	A	-236,287	OTHER ADMIN & GENERAL	5.06		46
47 SELF-INSURANCE EXPENSE	A	-353,426	EMPLOYEE BENEFITS	4		47
48 MEDICAL GROUP PURCHASE SVC EXPENSE	A	-1,647,979	PHYSICIANS' PRIVATE OFFICES	192		48
49 ASBESTOS ABATEMENT	A	701,832	MAINTENANCE & REPAIRS	6		49
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,386,754				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	4	EMPLOYEE BENEFITS	1,477,768	1,564,750	-86,982	1
2	5.05	PATIENT ACCOUNTING	952,249	952,249	952,249	2
3	5.06	OTHER ADMIN & GENERAL	693,268	1,449,000	-755,732	3
4						4
5		TOTALS (SUM OF LINES 1-4)	3,123,285	3,013,750	109,535	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B		HOSPITAL SISTERS HEALTH SYSTEM	100.00	CORPORATE OFFICE	6
7						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	LINE NO.	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	53 ANESTHESIOLOGY	422,814	422,814						1
	2	60 LABORATORY	77,525		77,525					2
	3	65 RESPIRATORY THERAPY	26,812	26,812						3
	4	91 EMERGENCY	1,352,145	993,120	359,025					4
	5	91 EMERGENCY	161,476	161,476						5
200		TOTAL	2,040,772	1,604,222	436,550					200

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
LINE NO.	11	12	13	14	15	16	17	18	
1	53 ANESTHESIOLOGY							422,814	1
2	60 LABORATORY								2
3	65 RESPIRATORY THERAPY							26,812	3
4	91 EMERGENCY							993,120	4
5	91 EMERGENCY							161,476	5
200	TOTAL							1,604,222	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL MAB BUILDING 1.01	CAP MOVABLE EQUIPMENT 2	CAP REL MAB EQUIPMENT 2.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	366,599	366,599				1
1.01 CAP REL COSTS-MAB BUILDING	55,275		55,275			1.01
2 CAP REL COSTS-MVBLE EQUIP	1,159,287			1,159,287		2
2.01 CAP REL COSTS-MAB EQUIPMENT	6,231				6,231	2.01
4 EMPLOYEE BENEFITS	3,162,107	2,391				4
5.01 COMMUNICATIONS	35,231	343		49,554		5.01
5.02 INFORMATION SYSTEMS	62,833	9,676		279,582		5.02
5.03 PURCHASING/RECEIVENG/STORES	123,620	11,047		2,387		5.03
5.04 ADMITTING	169,603	1,544		1,644		5.04
5.05 PATIENT ACCOUNTING	1,278,955	5,236		1,918		5.05
5.06 OTHER ADMIN & GENERAL	2,552,228	32,389	1,360	31,286		5.06
6 MAINTENANCE & REPAIRS	215,787	17,850		7,796		6
7 OPERATION OF PLANT	763,781	28,026	939	98,444		7
7.01 PLANT OPS-MAB BUILDING	43,424					7.01
8 LAUNDRY & LINEN SERVICE	69,197	9,483				8
9 HOUSEKEEPING	391,542	7,497	130	1,343		9
10 DIETARY	320,927	13,214		10,571		10
11 CAFETERIA	165,770	11,921		2,315		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	426,236	2,857		166		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	415,964	9,633		157		16
17 SOCIAL SERVICE	55,267	1,186				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,190,107	39,847		48,717		30
31 INTENSIVE CARE UNIT	21,302	9,911		7,786		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	781,209	47,436		94,478		50
53 ANESTHESIOLOGY	36,757			13,793		53
54 RADIOLOGY-DIAGNOSTIC	1,123,639	17,176	1,409	321,006		54
60 LABORATORY	1,569,788	15,220		55,808		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	201,820	8,817		9,241		65
66 PHYSICAL THERAPY	478,055	7,504	14,374	6,819		66
67 OCCUPATIONAL THERAPY	72,659	2,510	1,125			67
68 SPEECH PATHOLOGY	26,523			343		68
68.01 AUDIOLOGY	153,632		1,409	8,114		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	485,411	8,371		8,263		71
72 IMPL. DEV. CHARGED TO PATIENT	497,839					72
73 DRUGS CHARGED TO PATIENTS	980,478	4,844		39,658		73
76.97 CARDIAC REHABILITATION	95,746		2,341	8,929		76.97
76.98 HYPERBARIC OXYGEN THERAPY	478					76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	983,792	17,145	301	22,639		91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	424,432	17,311		1,517		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	20,963,531	360,385	23,388	1,134,274		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,640	1,032		471		190
192 PHYSICIANS' PRIVATE OFFICES	84,367	3,361	31,887	24,542	6,231	192
194 TRANSPORTATION	25,209					194
194.01 FUND DEVELOPMENT		1,821				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	21,087,747	366,599	55,275	1,159,287	6,231	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 4	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS	3,164,498					4
5.01 COMMUNICATIONS		85,128				5.01
5.02 INFORMATION SYSTEMS		4,467	356,558			5.02
5.03 PURCHASING/RECEIVENG/STORES	41,809	1,985	7,203	188,051		5.03
5.04 ADMITTING	59,790	1,241	21,610	1,081	256,513	5.04
5.05 PATIENT ACCOUNTING	107,751	2,978	36,016	307		5.05
5.06 OTHER ADMIN & GENERAL	330,074	9,183	61,225	978		5.06
6 MAINTENANCE & REPAIRS	75,272	3,475	3,602	492		6
7 OPERATION OF PLANT	68,231			156		7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE		248		92		8
9 HOUSEKEEPING	123,874	1,241	7,203	642		9
10 DIETARY	71,729	1,489	7,203	567		10
11 CAFETERIA	58,099			34		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	162,390	745	10,805	40		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	124,895	3,226	18,008	210		16
17 SOCIAL SERVICE	19,610	496	3,602	2		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	430,938	4,964	25,211	6,434	43,188	30
31 INTENSIVE CARE UNIT	7,829	1,241		93	1,147	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	267,682	5,708	14,406	1,811	19,976	50
53 ANESTHESIOLOGY				130	8,834	53
54 RADIOLOGY-DIAGNOSTIC	231,159	4,219	14,406	9,065	22,876	54
60 LABORATORY	191,646	4,716	18,008	62,645	46,060	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	56,217	1,985	3,602	469	9,729	65
66 PHYSICAL THERAPY	177,086	4,716	10,805	334	7,149	66
67 OCCUPATIONAL THERAPY	27,582	248		66	2,542	67
68 SPEECH PATHOLOGY	20,646				332	68
68.01 AUDIOLOGY	30,311	248	3,602	9,311		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	30,415	745	3,602	39,699	25,449	71
72 IMPL. DEV. CHARGED TO PATIENT				49,779	12,997	72
73 DRUGS CHARGED TO PATIENTS	154,151	1,489	7,203	216	51,025	73
76.97 CARDIAC REHABILITATION	35,740	745	3,602	274		76.97
76.98 HYPERBARIC OXYGEN THERAPY				46		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	234,817	4,467	21,610	923	5,209	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		2,730	3,602	298		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,139,743	68,995	306,136	186,194	256,513	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		248		1,165		190
192 PHYSICIANS' PRIVATE OFFICES	16,963	15,389	50,422	681		192
194 TRANSPORTATION	7,792	248		11		194
194.01 FUND DEVELOPMENT		248				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,164,498	85,128	356,558	188,051	256,513	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PATIENT ACCOUNTING 5.05	SUBTOTAL (COLS.0-4) 4A	OTHER ADMIN & GENERAL 5.06	MAIN-TENANCE + REPAIRS 6	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING	1,433,161					5.05
5.06 OTHER ADMIN & GENERAL		3,018,723	3,018,723			5.06
6 MAINTENANCE & REPAIRS		324,274	54,175	378,449		6
7 OPERATION OF PLANT		959,577	160,313		1,119,890	7
7.01 PLANT OPS-MAB BUILDING		43,424	7,255			7.01
8 LAUNDRY & LINEN SERVICE		79,020	13,202	4,004	41,148	8
9 HOUSEKEEPING		533,472	89,125	11,852	32,528	9
10 DIETARY		425,700	71,120	37,637	57,337	10
11 CAFETERIA		238,139	39,785	7,367	51,723	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		603,239	100,781	7,848	12,396	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		572,093	95,577	4,164	41,800	16
17 SOCIAL SERVICE		80,163	13,393	801	5,146	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	68,889	1,858,295	310,458	64,543	172,896	30
31 INTENSIVE CARE UNIT	1,631	50,940	8,510	5,766	43,003	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	122,936	1,355,642	226,482	41,160	205,824	50
53 ANESTHESIOLOGY	33,839	93,353	15,596			53
54 RADIOLOGY-DIAGNOSTIC	377,765	2,122,720	354,634	11,531	74,528	54
60 LABORATORY	353,932	2,317,823	387,230	21,941	66,041	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	39,951	331,831	55,438	7,687	38,258	65
66 PHYSICAL THERAPY	43,468	750,310	125,351	8,328	32,561	66
67 OCCUPATIONAL THERAPY	6,342	113,074	18,891		10,893	67
68 SPEECH PATHOLOGY	1,760	49,604	8,287			68
68.01 AUDIOLOGY	6,759	213,386	35,650	801		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	55,424	657,379	109,826	8,168	36,320	71
72 IMPL. DEV. CHARGED TO PATIENT	24,177	584,792	97,699			72
73 DRUGS CHARGED TO PATIENTS	120,291	1,359,355	227,102	1,602	21,017	73
76.97 CARDIAC REHABILITATION	4,646	152,023	25,398	4,965		76.97
76.98 HYPERBARIC OXYGEN THERAPY		524	88			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	156,209	1,447,112	241,763	26,105	74,394	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	15,142	465,032	77,691	2,883	75,113	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,433,161	20,801,019	2,970,820	279,153	1,092,926	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,556	2,933		4,477	190
192 PHYSICIANS' PRIVATE OFFICES		233,843	39,067	99,296	14,585	192
194 TRANSPORTATION		33,260	5,557			194
194.01 FUND DEVELOPMENT		2,069	346		7,902	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,433,161	21,087,747	3,018,723	378,449	1,119,890	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PLANT OPS MAB BUILDING 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPS-MAB BUILDING	50,679					7.01
8 LAUNDRY & LINEN SERVICE		137,374				8
9 HOUSEKEEPING	124		667,101			9
10 DIETARY		3,600	90	595,484		10
11 CAFETERIA		567	28,775		366,356	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			492		12,829	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			6,534		30,704	16
17 SOCIAL SERVICE			269		3,176	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		59,761	211,402	479,410	89,122	30
31 INTENSIVE CARE UNIT		430	5,683	4,345	1,090	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		22,061	56,655	16,454	41,602	50
53 ANESTHESIOLOGY			45			53
54 RADIOLOGY-DIAGNOSTIC	1,348	11,252	32,892		32,167	54
60 LABORATORY		231	33,608		38,146	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		1,483	17,319		12,300	65
66 PHYSICAL THERAPY	13,751	13,424	27,522		26,219	66
67 OCCUPATIONAL THERAPY	1,076				2,989	67
68 SPEECH PATHOLOGY					2,865	68
68.01 AUDIOLOGY	1,348		3,401		4,453	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		1,010	6,936		7,069	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			8,100		11,771	73
76.97 CARDIAC REHABILITATION	2,239		3,938		4,795	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	288	21,792	69,632	13,930	33,849	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		52	17,900	81,345		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	20,174	135,663	531,193	595,484	355,146	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	30,505	1,711	135,908		4,920	192
194 TRANSPORTATION					3,176	194
194.01 FUND DEVELOPMENT					3,114	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	50,679	137,374	667,101	595,484	366,356	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-MAB BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
2.01 CAP REL COSTS-MAB EQUIPMENT					2.01
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPS-MAB BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	737,585				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		750,872			16
17 SOCIAL SERVICE			102,948		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	353,297	148,191	100,714	3,848,089	30
31 INTENSIVE CARE UNIT	7,750	601	971	129,089	31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	160,588	73,043		2,199,511	50
53 ANESTHESIOLOGY				108,994	53
54 RADIOLOGY-DIAGNOSTIC		168,330		2,809,402	54
60 LABORATORY		57,413		2,922,433	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				464,316	65
66 PHYSICAL THERAPY		27,053		1,024,519	66
67 OCCUPATIONAL THERAPY		7,214		154,137	67
68 SPEECH PATHOLOGY		1,503		62,259	68
68.01 AUDIOLOGY		7,515		266,554	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				826,708	71
72 IMPL. DEV. CHARGED TO PATIENT				682,491	72
73 DRUGS CHARGED TO PATIENTS				1,628,947	73
76.97 CARDIAC REHABILITATION	28,577			221,935	76.97
76.98 HYPERBARIC OXYGEN THERAPY				612	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	166,189	253,396	340	2,348,790	91
92 OBSERVATION BEDS					92
93 O/P GERIATRIC PSYCH CENTER	21,184	6,613		747,813	93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	737,585	750,872	102,025	20,446,599	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				24,966	190
192 PHYSICIANS' PRIVATE OFFICES			923	560,758	192
194 TRANSPORTATION				41,993	194
194.01 FUND DEVELOPMENT				13,431	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	737,585	750,872	102,948	21,087,747	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	CAP REL COSTS-MAB BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
2.01	CAP REL COSTS-MAB EQUIPMENT		2.01
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	INFORMATION SYSTEMS		5.02
5.03	PURCHASING/RECEIVENG/STORES		5.03
5.04	ADMITTING		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	OTHER ADMIN & GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPS-MAB BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	3,848,089	30
31	INTENSIVE CARE UNIT	129,089	31
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	2,199,511	50
53	ANESTHESIOLOGY	108,994	53
54	RADIOLOGY-DIAGNOSTIC	2,809,402	54
60	LABORATORY	2,922,433	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	464,316	65
66	PHYSICAL THERAPY	1,024,519	66
67	OCCUPATIONAL THERAPY	154,137	67
68	SPEECH PATHOLOGY	62,259	68
68.01	AUDIOLOGY	266,554	68.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	826,708	71
72	IMPL. DEV. CHARGED TO PATIENT	682,491	72
73	DRUGS CHARGED TO PATIENTS	1,628,947	73
76.97	CARDIAC REHABILITATION	221,935	76.97
76.98	HYPERBARIC OXYGEN THERAPY	612	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	2,348,790	91
92	OBSERVATION BEDS		92
93	O/P GERIATRIC PSYCH CENTER	747,813	93
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	20,446,599	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,966	190
192	PHYSICIANS' PRIVATE OFFICES	560,758	192
194	TRANSPORTATION	41,993	194
194.01	FUND DEVELOPMENT	13,431	194.01
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	21,087,747	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL MAB BUILDING 1.01	CAP MOVABLE EQUIPMENT 2	CAP REL MAB EQUIPMENT 2.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS		2,391				4
5.01 COMMUNICATIONS		343		49,554		5.01
5.02 INFORMATION SYSTEMS		9,676		279,582		5.02
5.03 PURCHASING/RECEIVENG/STORES		11,047		2,387		5.03
5.04 ADMITTING		1,544		1,644		5.04
5.05 PATIENT ACCOUNTING	350,338	5,236		1,918		5.05
5.06 OTHER ADMIN & GENERAL	18,966	32,389	1,360	31,286		5.06
6 MAINTENANCE & REPAIRS		17,850		7,796		6
7 OPERATION OF PLANT		28,026	939	98,444		7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE		9,483				8
9 HOUSEKEEPING		7,497	130	1,343		9
10 DIETARY		13,214		10,571		10
11 CAFETERIA		11,921		2,315		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,857		166		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		9,633		157		16
17 SOCIAL SERVICE		1,186				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		39,847		48,717		30
31 INTENSIVE CARE UNIT		9,911		7,786		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		47,436		94,478		50
53 ANESTHESIOLOGY				13,793		53
54 RADIOLOGY-DIAGNOSTIC		17,176	1,409	321,006		54
60 LABORATORY		15,220		55,808		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		8,817		9,241		65
66 PHYSICAL THERAPY		7,504	14,374	6,819		66
67 OCCUPATIONAL THERAPY		2,510	1,125			67
68 SPEECH PATHOLOGY				343		68
68.01 AUDIOLOGY			1,409	8,114		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		8,371		8,263		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		4,844		39,658		73
76.97 CARDIAC REHABILITATION			2,341	8,929		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		17,145	301	22,639		91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		17,311		1,517		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	369,304	360,385	23,388	1,134,274		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,032		471		190
192 PHYSICIANS' PRIVATE OFFICES		3,361	31,887	24,542	6,231	192
194 TRANSPORTATION						194
194.01 FUND DEVELOPMENT		1,821				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	369,304	366,599	55,275	1,159,287	6,231	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS	2,391	2,391				4
5.01 COMMUNICATIONS	49,897		49,897			5.01
5.02 INFORMATION SYSTEMS	289,258		2,619	291,877		5.02
5.03 PURCHASING/RECEIVENG/STORES	13,434	32	1,164	5,897	20,527	5.03
5.04 ADMITTING	3,188	45	727	17,690	118	5.04
5.05 PATIENT ACCOUNTING	357,492	81	1,746	29,483	34	5.05
5.06 OTHER ADMIN & GENERAL	84,001	249	5,382	50,118	107	5.06
6 MAINTENANCE & REPAIRS	25,646	57	2,037	2,948	54	6
7 OPERATION OF PLANT	127,409	51			17	7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	9,483		145		10	8
9 HOUSEKEEPING	8,970	93	727	5,897	70	9
10 DIETARY	23,785	54	873	5,897	62	10
11 CAFETERIA	14,236	44			4	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3,023	123	436	8,845	4	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	9,790	94	1,891	14,741	23	16
17 SOCIAL SERVICE	1,186	15	291	2,948		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	88,564	328	2,909	20,638	702	30
31 INTENSIVE CARE UNIT	17,697	6	727		10	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	141,914	202	3,346	11,793	198	50
53 ANESTHESIOLOGY	13,793				14	53
54 RADIOLOGY-DIAGNOSTIC	339,591	174	2,473	11,793	990	54
60 LABORATORY	71,028	145	2,764	14,741	6,838	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	18,058	42	1,164	2,948	51	65
66 PHYSICAL THERAPY	28,697	134	2,764	8,845	36	66
67 OCCUPATIONAL THERAPY	3,635	21	145		7	67
68 SPEECH PATHOLOGY	343	16				68
68.01 AUDIOLOGY	9,523	23	145	2,948	1,016	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	16,634	23	436	2,948	4,334	71
72 IMPL. DEV. CHARGED TO PATIENT					5,434	72
73 DRUGS CHARGED TO PATIENTS	44,502	116	873	5,897	24	73
76.97 CARDIAC REHABILITATION	11,270	27	436	2,948	30	76.97
76.98 HYPERBARIC OXYGEN THERAPY					5	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	40,085	177	2,619	17,690	101	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	18,828		1,600	2,948	32	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,887,351	2,372	40,439	250,601	20,325	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,503		145		127	190
192 PHYSICIANS' PRIVATE OFFICES	66,021	13	9,023	41,276	74	192
194 TRANSPORTATION		6	145		1	194
194.01 FUND DEVELOPMENT	1,821		145			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,956,696	2,391	49,897	291,877	20,527	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMITTING 5.04	PATIENT ACCOUNTING 5.05	OTHER ADMIN & GENERAL 5.06	MAIN- TENANCE + REPAIRS 6	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING	21,768					5.04
5.05 PATIENT ACCOUNTING		388,836				5.05
5.06 OTHER ADMIN & GENERAL			139,857			5.06
6 MAINTENANCE & REPAIRS			2,510	33,252		6
7 OPERATION OF PLANT			7,427		134,904	7
7.01 PLANT OPS-MAB BUILDING			336			7.01
8 LAUNDRY & LINEN SERVICE			612	352	4,957	8
9 HOUSEKEEPING			4,129	1,041	3,918	9
10 DIETARY			3,295	3,307	6,907	10
11 CAFETERIA			1,843	647	6,231	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			4,669	690	1,493	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			4,428	366	5,035	16
17 SOCIAL SERVICE			620	70	620	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	3,665	18,690	14,383	5,671	20,827	30
31 INTENSIVE CARE UNIT	97	442	394	507	5,180	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,695	33,354	10,493	3,616	24,795	50
53 ANESTHESIOLOGY	750	9,181	723			53
54 RADIOLOGY-DIAGNOSTIC	1,941	102,495	16,430	1,013	8,978	54
60 LABORATORY	3,909	96,026	17,944	1,928	7,955	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	826	10,839	2,568	675	4,609	65
66 PHYSICAL THERAPY	607	11,794	5,807	732	3,922	66
67 OCCUPATIONAL THERAPY	216	1,721	875		1,312	67
68 SPEECH PATHOLOGY	28	477	384			68
68.01 AUDIOLOGY		1,834	1,652	70		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,160	15,037	5,088	718	4,375	71
72 IMPL. DEV. CHARGED TO PATIENT	1,103	6,560	4,526			72
73 DRUGS CHARGED TO PATIENTS	4,329	32,636	10,521	141	2,532	73
76.97 CARDIAC REHABILITATION		1,261	1,177	436		76.97
76.98 HYPERBARIC OXYGEN THERAPY			4			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	442	42,381	11,201	2,294	8,962	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		4,108	3,599	253	9,048	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	21,768	388,836	137,638	24,527	131,656	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			136		539	190
192 PHYSICIANS' PRIVATE OFFICES			1,810	8,725	1,757	192
194 TRANSPORTATION			257			194
194.01 FUND DEVELOPMENT			16		952	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	21,768	388,836	139,857	33,252	134,904	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PLANT OPS MAB BUILDING 7.01	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	CAFETERIA 11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPS-MAB BUILDING	336					7.01
8 LAUNDRY & LINEN SERVICE		15,559				8
9 HOUSEKEEPING	1		24,846			9
10 DIETARY		408	3	44,591		10
11 CAFETERIA		64	1,072		24,141	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			18		845	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			243		2,023	16
17 SOCIAL SERVICE			10		209	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		6,769	7,873	35,900	5,873	30
31 INTENSIVE CARE UNIT		49	212	325	72	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		2,499	2,110	1,232	2,741	50
53 ANESTHESIOLOGY			2			53
54 RADIOLOGY-DIAGNOSTIC	9	1,274	1,225		2,120	54
60 LABORATORY		26	1,252		2,514	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		168	645		811	65
66 PHYSICAL THERAPY	91	1,520	1,025		1,728	66
67 OCCUPATIONAL THERAPY	7				197	67
68 SPEECH PATHOLOGY					189	68
68.01 AUDIOLOGY	9		127		293	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		114	258		466	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			302		776	73
76.97 CARDIAC REHABILITATION	15		147		316	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	2	2,468	2,593	1,043	2,230	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		6	667	6,091		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	134	15,365	19,784	44,591	23,403	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	202	194	5,062		324	192
194 TRANSPORTATION					209	194
194.01 FUND DEVELOPMENT					205	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	336	15,559	24,846	44,591	24,141	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-MAB BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
2.01 CAP REL COSTS-MAB EQUIPMENT					2.01
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPS-MAB BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	20,146				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		38,634			16
17 SOCIAL SERVICE			5,969		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	9,649	7,625	5,840	255,906	30
31 INTENSIVE CARE UNIT	212	31	56	26,017	31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,386	3,758		248,132	50
53 ANESTHESIOLOGY				24,463	53
54 RADIOLOGY-DIAGNOSTIC		8,661		499,167	54
60 LABORATORY		2,954		230,024	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				43,404	65
66 PHYSICAL THERAPY		1,392		69,094	66
67 OCCUPATIONAL THERAPY		371		8,507	67
68 SPEECH PATHOLOGY		77		1,514	68
68.01 AUDIOLOGY		387		18,027	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				52,591	71
72 IMPL. DEV. CHARGED TO PATIENT				17,623	72
73 DRUGS CHARGED TO PATIENTS				102,649	73
76.97 CARDIAC REHABILITATION	781			18,844	76.97
76.98 HYPERBARIC OXYGEN THERAPY				9	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	4,539	13,038	20	151,885	91
92 OBSERVATION BEDS					92
93 O/P GERIATRIC PSYCH CENTER	579	340		48,099	93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	20,146	38,634	5,916	1,815,955	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,450	190
192 PHYSICIANS' PRIVATE OFFICES			53	134,534	192
194 TRANSPORTATION				618	194
194.01 FUND DEVELOPMENT				3,139	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	20,146	38,634	5,969	1,956,696	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	CAP REL COSTS-MAB BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
2.01	CAP REL COSTS-MAB EQUIPMENT		2.01
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	INFORMATION SYSTEMS		5.02
5.03	PURCHASING/RECEIVENG/STORES		5.03
5.04	ADMITTING		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	OTHER ADMIN & GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPS-MAB BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	255,906	30
31	INTENSIVE CARE UNIT	26,017	31
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	248,132	50
53	ANESTHESIOLOGY	24,463	53
54	RADIOLOGY-DIAGNOSTIC	499,167	54
60	LABORATORY	230,024	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	43,404	65
66	PHYSICAL THERAPY	69,094	66
67	OCCUPATIONAL THERAPY	8,507	67
68	SPEECH PATHOLOGY	1,514	68
68.01	AUDIOLOGY	18,027	68.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	52,591	71
72	IMPL. DEV. CHARGED TO PATIENT	17,623	72
73	DRUGS CHARGED TO PATIENTS	102,649	73
76.97	CARDIAC REHABILITATION	18,844	76.97
76.98	HYPERBARIC OXYGEN THERAPY	9	76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	151,885	91
92	OBSERVATION BEDS		92
93	O/P GERIATRIC PSYCH CENTER	48,099	93
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	1,815,955	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,450	190
192	PHYSICIANS' PRIVATE OFFICES	134,534	192
194	TRANSPORTATION	618	194
194.01	FUND DEVELOPMENT	3,139	194.01
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	1,956,696	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP REL MAB BUILDING SQUARE FOOTAGE 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	CAP REL MAB EQUIPMENT DEPREC EXP 2.01	EMPLOYEE BENEFITS GROSS SALARIES 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	95,213					1
1.01 CAP REL COSTS-MAB BUILDING		15,774				1.01
2 CAP REL COSTS-MVBLE EQUIP			1,159,286			2
2.01 CAP REL COSTS-MAB EQUIPMENT				6,232		2.01
4 EMPLOYEE BENEFITS	621				8,260,592	4
5.01 COMMUNICATIONS	89		49,554			5.01
5.02 INFORMATION SYSTEMS	2,513		279,582			5.02
5.03 PURCHASING/RECEIVENG/STORES	2,869		2,387		109,138	5.03
5.04 ADMITTING	401		1,644		156,075	5.04
5.05 PATIENT ACCOUNTING	1,360		1,918		281,273	5.05
5.06 OTHER ADMIN & GENERAL	8,412	388	31,286		861,622	5.06
6 MAINTENANCE & REPAIRS	4,636		7,796		196,489	6
7 OPERATION OF PLANT	7,279	268	98,444		178,111	7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	2,463					8
9 HOUSEKEEPING	1,947	37	1,343		323,359	9
10 DIETARY	3,432		10,571		187,240	10
11 CAFETERIA	3,096		2,315		151,661	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	742		166		423,902	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,502		157		326,025	16
17 SOCIAL SERVICE	308				51,190	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,349		48,717		1,124,929	30
31 INTENSIVE CARE UNIT	2,574		7,786		20,436	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,320		94,478		698,756	50
53 ANESTHESIOLOGY			13,793			53
54 RADIOLOGY-DIAGNOSTIC	4,461	402	321,005		603,416	54
60 LABORATORY	3,953		55,808		500,271	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,290		9,241		146,748	65
66 PHYSICAL THERAPY	1,949	4,102	6,819		462,264	66
67 OCCUPATIONAL THERAPY	652	321			71,999	67
68 SPEECH PATHOLOGY			343		53,893	68
68.01 AUDIOLOGY		402	8,114		79,123	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,174		8,263		79,396	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	1,258		39,658		402,394	73
76.97 CARDIAC REHABILITATION		668	8,929		93,296	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,453	86	22,639		612,966	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	4,496		1,517			93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	93,599	6,674	1,134,273		8,195,972	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	268		471			190
192 PHYSICIANS' PRIVATE OFFICES	873	9,100	24,542	6,232	44,279	192
194 TRANSPORTATION					20,341	194
194.01 FUND DEVELOPMENT	473					194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	366,599	55,275	1,159,287	6,231	3,164,498	202
203 UNIT COST MULT-WS B PT I	3.850304	3.504184	1.000001	0.999840	0.383084	203
204 COST TO BE ALLOC PER B PT II					2,391	204
205 UNIT COST MULT-WS B PT II					0.000289	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	COMMUNICAT TELEPHONES 5.01	INFORMATIO TECHNOLOGY TIME SPENT 5.02	PURCHASING RECEIVING STORES SUPPLY EXPENSE 5.03	ADMITTING INPATIENT REVENUE 5.04	PATIENT ACCOUNTING TOTAL REVENUE 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	343					5.01
5.02 INFORMATION SYSTEMS	18	99				5.02
5.03 PURCHASING/RECEIVENG/STORES	8	2	1,880,675			5.03
5.04 ADMITTING	5	6	10,809	15,013,956		5.04
5.05 PATIENT ACCOUNTING	12	10	3,075		59,021,554	5.05
5.06 OTHER ADMIN & GENERAL	37	17	9,781			5.06
6 MAINTENANCE & REPAIRS	14	1	4,923			6
7 OPERATION OF PLANT			1,563			7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	1		920			8
9 HOUSEKEEPING	5	2	6,422			9
10 DIETARY	6	2	5,668			10
11 CAFETERIA			341			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	3	3	401			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	13	5	2,096			16
17 SOCIAL SERVICE	2	1	22			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	20	7	64,341	2,527,805	2,837,041	30
31 INTENSIVE CARE UNIT	5		929	67,160	67,160	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	23	4	18,107	1,169,204	5,062,838	50
53 ANESTHESIOLOGY			1,297	517,046	1,393,582	53
54 RADIOLOGY-DIAGNOSTIC	17	4	90,663	1,338,960	15,557,387	54
60 LABORATORY	19	5	626,490	2,695,908	14,575,882	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	8	1	4,691	569,450	1,645,289	65
66 PHYSICAL THERAPY	19	3	3,341	418,440	1,790,149	66
67 OCCUPATIONAL THERAPY	1		660	148,764	261,201	67
68 SPEECH PATHOLOGY			5	19,430	72,470	68
68.01 AUDIOLOGY	1	1	93,117		278,374	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	3	1	397,024	1,489,579	2,282,510	71
72 IMPL. DEV. CHARGED TO PATIENT			497,839	760,725	995,677	72
73 DRUGS CHARGED TO PATIENTS	6	2	2,158	2,986,626	4,953,924	73
76.97 CARDIAC REHABILITATION	3	1	2,745		191,348	76.97
76.98 HYPERBARIC OXYGEN THERAPY			460			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	18	6	9,232	304,859	6,433,127	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	11	1	2,977		623,595	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	278	85	1,862,097	15,013,956	59,021,554	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1		11,654			190
192 PHYSICIANS' PRIVATE OFFICES	62	14	6,810			192
194 TRANSPORTATION	1		114			194
194.01 FUND DEVELOPMENT	1					194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	85,128	356,558	188,051	256,513	1,433,161	202
203 UNIT COST MULT-WS B PT I	248.186589	3,601.595960	0.099991	0.017085	0.024282	203
204 COST TO BE ALLOC PER B PT II	49,897	291,877	20,527	21,768	388,836	204
205 UNIT COST MULT-WS B PT II	145.472303	2,948.252525	0.010915	0.001450	0.006588	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS TIME SPENT	OPERATION OF PLANT SQUARE FEET	PLANT OPS MAB BUILDING SQUARE FOOTAGE	
	5A.06	5.06	6	7	7.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL	-3,018,723	18,069,024				5.06
6 MAINTENANCE & REPAIRS		324,274	2,363			6
7 OPERATION OF PLANT		959,577		67,033		7
7.01 PLANT OPS-MAB BUILDING		43,424			15,118	7.01
8 LAUNDRY & LINEN SERVICE		79,020	25	2,463		8
9 HOUSEKEEPING		533,472	74	1,947	37	9
10 DIETARY		425,700	235	3,432		10
11 CAFETERIA		238,139	46	3,096		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		603,239	49	742		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		572,093	26	2,502		16
17 SOCIAL SERVICE		80,163	5	308		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,858,295	403	10,349		30
31 INTENSIVE CARE UNIT		50,940	36	2,574		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,355,642	257	12,320		50
53 ANESTHESIOLOGY		93,353				53
54 RADIOLOGY-DIAGNOSTIC		2,122,720	72	4,461	402	54
60 LABORATORY		2,317,823	137	3,953		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		331,831	48	2,290		65
66 PHYSICAL THERAPY		750,310	52	1,949	4,102	66
67 OCCUPATIONAL THERAPY		113,074		652	321	67
68 SPEECH PATHOLOGY		49,604				68
68.01 AUDIOLOGY		213,386	5		402	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		657,379	51	2,174		71
72 IMPL. DEV. CHARGED TO PATIENT		584,792				72
73 DRUGS CHARGED TO PATIENTS		1,359,355	10	1,258		73
76.97 CARDIAC REHABILITATION		152,023	31		668	76.97
76.98 HYPERBARIC OXYGEN THERAPY		524				76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		1,447,112	163	4,453	86	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		465,032	18	4,496		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	-3,018,723	17,782,296	1,743	65,419	6,018	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		17,556		268		190
192 PHYSICIANS' PRIVATE OFFICES		233,843	620	873	9,100	192
194 TRANSPORTATION		33,260				194
194.01 FUND DEVELOPMENT		2,069		473		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		3,018,723	378,449	1,119,890	50,679	202
203 UNIT COST MULT-WS B PT I		0.167066	160.156157	16.706548	3.352229	203
204 COST TO BE ALLOC PER B PT II		139,857	33,252	134,904	336	204
205 UNIT COST MULT-WS B PT II		0.007740	14.071942	2.012501	0.022225	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8	HOUSE-KEEPING HOURS OF SERVICE 9	DIETARY MEALS SERVED 10	CAFETERIA FTES 11	NURSING ADMINIS-TRATION DIRECT NRSING HRS 13	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	122,460					8
9 HOUSEKEEPING		14,907				9
10 DIETARY	3,209	2	18,638			10
11 CAFETERIA	505	643		11,765		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		11		412	72,423	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		146		986		16
17 SOCIAL SERVICE		6		102		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	53,275	4,724	15,005	2,862	34,690	30
31 INTENSIVE CARE UNIT	383	127	136	35	761	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	19,666	1,266	515	1,336	15,768	50
53 ANESTHESIOLOGY		1				53
54 RADIOLOGY-DIAGNOSTIC	10,030	735		1,033		54
60 LABORATORY	206	751		1,225		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,322	387		395		65
66 PHYSICAL THERAPY	11,967	615		842		66
67 OCCUPATIONAL THERAPY				96		67
68 SPEECH PATHOLOGY				92		68
68.01 AUDIOLOGY		76		143		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	900	155		227		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		181		378		73
76.97 CARDIAC REHABILITATION		88		154	2,806	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	19,426	1,556	436	1,087	16,318	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	46	400	2,546		2,080	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	120,935	11,870	18,638	11,405	72,423	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	1,525	3,037		158		192
194 TRANSPORTATION				102		194
194.01 FUND DEVELOPMENT				100		194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	137,374	667,101	595,484	366,356	737,585	202
203 UNIT COST MULT-WS B PT I	1.121787	44.750855	31.949995	31.139482	10.184403	203
204 COST TO BE ALLOC PER B PT II	15,559	24,846	44,591	24,141	20,146	204
205 UNIT COST MULT-WS B PT II	0.127054	1.666734	2.392478	2.051934	0.278171	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT	
	16	17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 CAP REL COSTS-MAB BUILDING			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
2.01 CAP REL COSTS-MAB EQUIPMENT			2.01
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 INFORMATION SYSTEMS			5.02
5.03 PURCHASING/RECEIVENG/STORES			5.03
5.04 ADMITTING			5.04
5.05 PATIENT ACCOUNTING			5.05
5.06 OTHER ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 PLANT OPS-MAB BUILDING			7.01
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY	2,498		16
17 SOCIAL SERVICE		2,120	17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	493	2,074	30
31 INTENSIVE CARE UNIT	2	20	31
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	243		50
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	560		54
60 LABORATORY	191		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY	90		66
67 OCCUPATIONAL THERAPY	24		67
68 SPEECH PATHOLOGY	5		68
68.01 AUDIOLOGY	25		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	843	7	91
92 OBSERVATION BEDS			92
93 O/P GERIATRIC PSYCH CENTER	22		93
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	2,498	2,101	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES		19	192
194 TRANSPORTATION			194
194.01 FUND DEVELOPMENT			194.01
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	750,872	102,948	202
203 UNIT COST MULT-WS B PT I	300.589271	48.560377	203
204 COST TO BE ALLOC PER B PT II	38,634	5,969	204
205 UNIT COST MULT-WS B PT II	15.465973	2.815566	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	3,848,089		3,848,089		30
31 INTENSIVE CARE UNIT	129,089		129,089		31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,199,511		2,199,511		50
53 ANESTHESIOLOGY	108,994		108,994		53
54 RADIOLOGY-DIAGNOSTIC	2,809,402		2,809,402		54
60 LABORATORY	2,922,433		2,922,433		60
62.30 BLOOD CLOTTING FOR HEMOPHIL					62.30
65 RESPIRATORY THERAPY	464,316		464,316		65
66 PHYSICAL THERAPY	1,024,519		1,024,519		66
67 OCCUPATIONAL THERAPY	154,137		154,137		67
68 SPEECH PATHOLOGY	62,259		62,259		68
68.01 AUDIOLOGY	266,554		266,554		68.01
71 MEDICAL SUPPLIES CHRGED TO	826,708		826,708		71
72 IMPL. DEV. CHARGED TO PATIE	682,491		682,491		72
73 DRUGS CHARGED TO PATIENTS	1,628,947		1,628,947		73
76.97 CARDIAC REHABILITATION	221,935		221,935		76.97
76.98 HYPERBARIC OXYGEN THERAPY	612		612		76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	2,348,790		2,348,790		91
92 OBSERVATION BEDS	256,581		256,581		92
93 O/P GERIATRIC PSYCH CENTER	747,813		747,813		93
OTHER REIMBURSABLE COST CENTERS					
113 INTEREST EXPENSE					113
200 SUBTOTAL (SEE INSTRUCTIONS)	20,703,180		20,703,180		200
201 LESS OBSERVATION BEDS	256,581		256,581		201
202 TOTAL (SEE INSTRUCTIONS)	20,446,599		20,446,599		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	2,492,454		2,492,454			30
31 INTENSIVE CARE UNIT	67,160		67,160			31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,115,667	3,796,202	4,911,869	0.447795		50
53 ANESTHESIOLOGY	334,384	498,734	833,118	0.130827		53
54 RADIOLOGY-DIAGNOSTIC	1,333,275	13,996,816	15,330,091	0.183261		54
60 LABORATORY	2,688,833	11,710,624	14,399,457	0.202954		60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	549,627	973,130	1,522,757	0.304918		65
66 PHYSICAL THERAPY	413,793	1,335,045	1,748,838	0.585828		66
67 OCCUPATIONAL THERAPY	148,003	107,002	255,005	0.604447		67
68 SPEECH PATHOLOGY	19,430	53,040	72,470	0.859100		68
68.01 AUDIOLOGY		277,421	277,421	0.960828		68.01
71 MEDICAL SUPPLIES CHRGD TO	1,489,078	789,848	2,278,926	0.362762		71
72 IMPL. DEV. CHARGED TO PATIE	760,725	234,952	995,677	0.685454		72
73 DRUGS CHARGED TO PATIENTS	2,979,401	1,944,162	4,923,563	0.330847		73
76.97 CARDIAC REHABILITATION		186,683	186,683	1.188833		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	198,792	4,093,821	4,292,613	0.547170		91
92 OBSERVATION BEDS	26,672	304,754	331,426	0.774173		92
93 O/P GERIATRIC PSYCH CENTER		623,595	623,595	1.199197		93
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	14,617,294	40,925,829	55,543,123			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)		40,925,829	55,543,123			202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-1336) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST			
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS						
	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.447795		1,504,205			673,575		50	
53 ANESTHESIOLOGY	0.130827		134,277			17,567		53	
54 RADIOLOGY-DIAGNOSTIC	0.183261		5,095,091			933,731		54	
60 LABORATORY	0.202954		4,574,817			928,477		60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30	
65 RESPIRATORY THERAPY	0.304918		415,711			126,758		65	
66 PHYSICAL THERAPY	0.585828		535,645			313,796		66	
67 OCCUPATIONAL THERAPY	0.604447		41,646			25,173		67	
68 SPEECH PATHOLOGY	0.859100		19,220			16,512		68	
68.01 AUDIOLOGY	0.960828		25,420			24,424		68.01	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.362762		309,635			112,324		71	
72 IMPL. DEV. CHARGED TO PATIENT	0.685454		127,704			87,535		72	
73 DRUGS CHARGED TO PATIENTS	0.330847		913,899	9,378		302,361	3,103	73	
76.97 CARDIAC REHABILITATION	1.188833		103,523			123,072		76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.547170		1,409,849			771,427		91	
92 OBSERVATION BEDS	0.774173		208,642			161,525		92	
93 O/P GERIATRIC PSYCH CENTER	1.199197		616,670			739,509		93	
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)			16,035,954	9,378		5,357,766	3,103	200	
201 LESS PBP CLINIC LAB SERVICES								201	
202 NET CHARGES (LINE 200 - LINE 201)			16,035,954	9,378		5,357,766	3,103	202	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [] HOSPITAL [] SUB (OTHER) [XX] S/B-SNF (14-Z336)
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCES NOT	COST SERVICES	COST SVCES NOT	
	FROM WKST C, PT I, COL. 9	REIMBURSED SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.447795						50
53 ANESTHESIOLOGY	0.130827						53
54 RADIOLOGY-DIAGNOSTIC	0.183261						54
60 LABORATORY	0.202954						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.304918						65
66 PHYSICAL THERAPY	0.585828						66
67 OCCUPATIONAL THERAPY	0.604447						67
68 SPEECH PATHOLOGY	0.859100						68
68.01 AUDIOLOGY	0.960828						68.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.362762						71
72 IMPL. DEV. CHARGED TO PATIENT	0.685454						72
73 DRUGS CHARGED TO PATIENTS	0.330847						73
76.97 CARDIAC REHABILITATION	1.188833						76.97
76.98 HYPERBARIC OXYGEN THERAPY							76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
91 EMERGENCY	0.547170						91
92 OBSERVATION BEDS	0.774173						92
93 O/P GERIATRIC PSYCH CENTER	1.199197						93
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-1336) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] 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)	4,961	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,475	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,156	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	656	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)	622	6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	92	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)	116	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,194	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	656	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)	622	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	120.63	19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	120.63	20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,848,089	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)	11,098	24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	13,993	25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,053,025	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,795,064	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,083,900	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,083,900	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)	1.341266	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)	660.30	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,795,064	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-1336) [] SUB (OTHER) [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] 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) 804.33 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 1,764,700 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) 1,764,700 41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	129,089	45	2,868.64	33	94,665	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					1,982,717	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					3,842,082	49

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

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

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 527,640 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 500,293 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 1,027,933 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) 319 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 804.33 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 256,581 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	255,906	2,795,064	0.091556	256,581	23,492	90
91 NURSING SCHOOL COST						91
92 ALLIED HEALTH COST						92
93 ALL OTHER MEDICAL EDUCATION						93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-1336) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS		1,455,668		30
31 INTENSIVE CARE UNIT		48,180		31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.447795	603,306	270,157	50
53 ANESTHESIOLOGY	0.130827	167,848	21,959	53
54 RADIOLOGY-DIAGNOSTIC	0.183261	609,276	111,657	54
60 LABORATORY	0.202954	1,414,900	287,160	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.304918	289,395	88,242	65
66 PHYSICAL THERAPY	0.585828	125,952	73,786	66
67 OCCUPATIONAL THERAPY	0.604447	25,506	15,417	67
68 SPEECH PATHOLOGY	0.859100	9,590	8,239	68
68.01 AUDIOLOGY	0.960828			68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.362762	853,019	309,443	71
72 IMPL. DEV. CHARGED TO PATIENT	0.685454	432,512	296,467	72
73 DRUGS CHARGED TO PATIENTS	0.330847	1,501,325	496,709	73
76.97 CARDIAC REHABILITATION	1.188833			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.547170			91
92 OBSERVATION BEDS	0.774173	4,497	3,481	92
93 O/P GERIATRIC PSYCH CENTER	1.199197			93
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		6,037,126	1,982,717	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		6,037,126		202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] S/B SNF (14-Z336) [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.447795	2,465	1,104	50
53 ANESTHESIOLOGY	0.130827			53
54 RADIOLOGY-DIAGNOSTIC	0.183261	63,921	11,714	54
60 LABORATORY	0.202954	371,078	75,312	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.304918	119,907	36,562	65
66 PHYSICAL THERAPY	0.585828	211,592	123,957	66
67 OCCUPATIONAL THERAPY	0.604447	99,674	60,248	67
68 SPEECH PATHOLOGY	0.859100	7,864	6,756	68
68.01 AUDIOLOGY	0.960828			68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.362762	236,464	85,780	71
72 IMPL. DEV. CHARGED TO PATIENT	0.685454			72
73 DRUGS CHARGED TO PATIENTS	0.330847	612,191	202,542	73
76.97 CARDIAC REHABILITATION	1.188833			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.547170			91
92 OBSERVATION BEDS	0.774173			92
93 O/P GERIATRIC PSYCH CENTER	1.199197			93
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		1,725,156	603,975	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		1,725,156		202

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-1336) 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		3,723,585		3,520,805
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.		NONE		NONE
				3.01
				3.02
				3.03
				3.04
				3.05
				3.06
				3.07
				3.08
				3.09
	03/23/2012	54,622	03/23/2012	385,867
	06/29/2012	10,087	06/29/2012	59,409
				3.50
				3.51
				3.52
				3.53
				3.54
				3.55
				3.56
				3.57
				3.58
				3.59
				3.99
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-64,709		-445,276
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,658,876		3,075,529

TO BE COMPLETED BY CONTRACTOR

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK APPLICABLE BOX:	[] HOSPITAL [] IPF [] IRF	[] SUB (OTHER) [] SNF [XX] SWING BED SNF (14-Z336)	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
DESCRIPTION			1	2	3	4
1				1,632,043		1
2				NONE		2
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.						
3		.01		NONE		3.01
		.02				3.02
		.03				3.03
		.04				3.04
		.05				3.05
		.06				3.06
		.07				3.07
		.08				3.08
		.09				3.09
		.50	03/23/2012	37,350		3.50
		.51	06/29/2012	2,765		3.51
		.52				3.52
		.53				3.53
		.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)						
4				-40,115		
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)						
				1,591,928		4

TO BE COMPLETED BY CONTRACTOR

5		.01				5.01
		.02				5.02
		.03				5.03
		.04				5.04
		.05				5.05
		.06				5.06
		.07				5.07
		.08				5.08
		.09				5.09
		.50				5.50
		.51				5.51
		.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		.01				6.01
6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT						
		.02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)						
						7
8	NAME OF CONTRACTOR:			CONTRACTOR NUMBER:		NPR DATE:
	_____			_____		_____

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 16:18

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK HOSPITAL (14-1336) 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	903	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	2,227	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	3,201	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	55,543,123	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	1,368,500	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

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND
PERIOD FROM 07/01/2011 TO 06/30/2012

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

VERSION: 2011.10
11/27/2012 16:18

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

WORKSHEET E-2

CHECK [] TITLE V [XX] SWING BED - SNF (14-2336)
APPLICABLE [XX] TITLE XVIII [] SWING BED - NF
BOXES [] TITLE XIX

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A	PART B
	1	2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS)	1,038,212	1
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS)		2
3 ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS)	610,015	3
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		4
5 PROGRAM DAYS	1,278	5
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		6
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		7
8 SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7)	1,648,227	8
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		9
10 SUBTOTAL (LINE 8 MINUS LINE 9)	1,648,227	10
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		11
12 SUBTOTAL (LINE 10 MINUS LINE 11)	1,648,227	12
13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	30,443	13
14 80% OF PART B COSTS (LINE 12 x 80%)		14
15 SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14)	1,617,784	15
16 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
17 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		17
18 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		18
19 TOTAL (SUM OF LINES 15 AND 17 PLUS/MINUS LINE 16)	1,617,784	19
20 INTERIM PAYMENTS	1,591,928	20
21 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		21
22 BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS THE SUM OF LINES 20 AND 21)	25,856	22
23 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		23

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART V

CHECK [XX] HOSPITAL (14-1336)
APPLICABLE BOX: [] SUB (OTHER)

PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)

1	INPATIENT SERVICES	3,842,082	1
2	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		2
3	ORGAN ACQUISITION		3
4	SUBTOTAL (SUM OF LINES 1-3)	3,842,082	4
5	PRIMARY PAYER PAYMENTS		5
6	TOTAL COST (LINE 4 LESS LINE 5) (FOR CAH, SEE INSTRUCTIONS)	3,880,503	6
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES		7
8	ANCILLARY SERVICE CHARGES		8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		9
10	TOTAL REASONABLE CHARGES		10
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		11
12	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)		12
13	RATIO OF LINE 11 TO LINE 12 (NOT TO EXCEED 1.000000)		13
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		14
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 14 EXCEEDS LINE 6) (SEE INSTR.)		15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 14) (SEE INSTR.)		16
17	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		17
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		18
19	COST OF COVERED SERVICES (SUM OF LINES 6 AND 17)	3,880,503	19
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	458,773	20
21	EXCESS REASONABLE COST (FROM LINE 16)		21
22	SUBTOTAL (LINE 19 MINUS LINE 20)	3,421,730	22
23	COINSURANCE	15,811	23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	3,405,919	24
25	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	20,343	25
26	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	20,343	26
27	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	10,449	27
28	SUBTOTAL (SUM OF LINES 24 AND 25 OR 26)	3,426,262	28
29	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		29
30	SUBTOTAL (LINE 28 PLUS OR MINUS LINE 29)	3,426,262	30
31	INTERIM PAYMENTS	3,658,876	31
32	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		32
33	BALANCE DUE PROVIDER/PROGRAM (LINE 30 MINUS THE SUM OF LINES 31 AND 32)	-232,614	33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		34

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	14,545			1
2	TEMPORARY INVESTMENTS	1,741,124			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	4,683,110			4
5	OTHER RECEIVABLES	416,795			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,134,926			6
7	INVENTORY	361,656			7
8	PREPAID EXPENSES	172,099			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	6,254,403			11
FIXED ASSETS					
12	LAND	1,520,675			12
13	LAND IMPROVEMENTS	168,443			13
14	ACCUMULATED DEPRECIATION	-167,347			14
15	BUILDINGS	5,914,275			15
16	ACCUMULATED DEPRECIATION	-389,010			16
17	LEASEHOLD IMPROVEMENTS	37,251			17
18	ACCUMULATED AMORTIZATION	-3,713			18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	11,467,626			23
24	ACCUMULATED DEPRECIATION	-9,747,556			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)	8,800,644			30
OTHER ASSETS					
31	INVESTMENTS	6,984,607			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	25,814			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	7,010,421			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	22,065,468			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	883,409			37
38	SALARIES, WAGES & FEES PAYABLE	1,022,390			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	10,965,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	1,094,277			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	13,965,076			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	3,987,026			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	8,395,275			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	12,382,301			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	26,347,377			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	-4,281,909			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	-4,281,909			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	22,065,468			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		4,374,868							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		-7,385,765							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		-3,010,897							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 FOUNDATION CONTRIBUTIONS	2,223,236								5
6 INVESTMENT INCOME		26,298							6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,249,534							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		-761,363							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATES	894,000								13
14 CHANGE IN PENSION FUND STAT		2,626,546							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		3,520,546							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		-4,281,909							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	2,088,023		2,088,023	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF	396,175		396,175	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)	2,484,198		2,484,198	
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	67,160		67,160	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)	67,160		67,160	
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	2,551,358		2,551,358	17
18 ANCILLARY SERVICES	12,163,559		12,163,559	18
19 OUTPATIENT SERVICES		41,530,750	41,530,750	19
20 RHC				20
21 FQHC				21
22 HOME HEALTH AGENCY				22
23 AMBULANCE				23
25 ASC				25
26 HOSPICE				26
27 OTHER (SPECIFY)				27
27.01 PROFESSIONAL CHARGES	303,100	2,472,785	2,775,885	27.01
27.02 DIABETIC EDUCATION		8,361	8,361	27.02
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	15,018,017	44,011,896	59,029,913	28

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		29,474,501	29
30 PROVISION FOR BAD DEBT	1,093,361		30
31 ROUNDING		8	31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		1,093,369	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		30,567,870	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	59,029,913	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	35,974,527	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	23,055,386	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	30,567,870	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-7,512,484	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	4,280	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	624	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	3,364	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	20,633	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	618	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3,811	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	17,467	20
21	RENTAL OF VENDING MACHINES	1,138	21
22	RENTAL OF HOSPITAL SPACE	106,449	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISCELLANEOUS OPERATING REVENUE)	99,174	24
24.01	OTHER (HEALTH FAIR)	92,947	24.01
24.02	OTHER (EDUCATIONAL CLASSES)	1,206	24.02
24.03	OTHER (VAN SERVICE)	2,546	24.03
24.04	OTHER (MEALS ON WHEELS)	68,608	24.04
24.05	OTHER (MASSAGE REVENUE)	-2,162	24.05
24.06	OTHER (EMPLOYEE FITNESS)	975	24.06
24.07	OTHER (BENEFIT INTEREST)	2,807	24.07
24.08	OTHER (GRANT REVENUE)	28,877	24.08
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	453,362	25
26	TOTAL (LINE 5 PLUS LINE 25)	-7,059,122	26
27	OTHER EXPENSES (LOSS ON INVESTMENTS)	326,643	27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)	326,643	28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	-7,385,765	29

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI-	SUBTOTAL	SUBTOTAL	I&R COST &	TOTAL
	NARY CAP- REL COSTS	(COLS.0-4) 2A		POST STEP- DOWN ADJS	
	0		24	25	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-MAB BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
2.01 CAP REL COSTS-MAB EQUIPMENT					2.01
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPS-MAB BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
68.01 AUDIOLOGY					68.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
93 O/P GERIATRIC PSYCH CENTER					93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
194 TRANSPORTATION					194
194.01 FUND DEVELOPMENT					194.01
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