

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: 17:34
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 HOLY FAMILY MEDICAL CENTER (14-2011) (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		379,868	75,444			1
2 SUBPROVIDER - IPF						2
3 SUBPROVIDER - IRF						3
4 SUBPROVIDER (OTHER)						4
5 SWING BED - SNF						5
6 SWING BED - NF						6
7 SKILLED NURSING FACILITY						7
8 NURSING FACILITY						8
9 HOME HEALTH AGENCY						9
10 HEALTH CLINIC - RHC						10
11 HEALTH CLINIC - FQHC						11
12 OUTPATIENT REHABILITATION PROVIDER						12
200 TOTAL		379,868	75,444			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: 100 NORTH RIVER ROAD 2ND FLOOR P.O.BOX: 1
 2 CITY: DES PLAINES STATE: IL ZIP CODE: 60016 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	CCN NUMBER 2	CBSA NUMBER 3	PROV TYPE 4	DATE CERTIFIED 5	PAYMENT SYSTEM (P, T, O, OR N)				
						V 6	XVIII 7	XIX 8		
3	HOSPITAL	HOLY FAMILY MEDICAL CENTER	14-2011	16974	2	03/01/2006	N	P	O	3
4	SUBPROVIDER - IPF									4
5	SUBPROVIDER - IRF									5
6	SUBPROVIDER - (OTHER)									6
7	SWING BEDS - SNF									7
8	SWING BEDS - NF									8
9	HOSPITAL-BASED SNF									9
10	HOSPITAL-BASED NF									10
11	HOSPITAL-BASED OLTC									11
12	HOSPITAL-BASED HHA									12
13	SEPARATELY CERTIFIED ASC									13
14	HOSPITAL-BASED HOSPICE									14
15	HOSPITAL-BASED HEALTH CLINIC - RHC									15
16	HOSPITAL-BASED HEALTH CLINIC - FQHC									16
17	HOSPITAL-BASED (CMHC)									17
18	RENAL DIALYSIS									18
19	OTHER									19
20	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 07/01/2011				TO: 06/30/2012				20
21	TYPE OF CONTROL									21

INPATIENT PPS INFORMATION

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

	IN-STATE MEDICAID PAID DAYS 1	IN-STATE MEDICAID UNPAID DAYS 2	OUT-OF- STATE MEDICAID PAID DAYS 3	OUT-OF- STATE MEDICAID UNPAID DAYS 4	MEDICAID HMO DAYS 5	OTHER MEDICAID DAYS 6	
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.			1			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.			1			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.						37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:	38

PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

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

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	1 Y	2 14H082	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: RESURRECTION HEALTH CARE	CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 100 NORTH RIVER ROAD	P.O. BOX: PO BOX 61		142
143	CITY: DES PLAINES	STATE: IN	ZIP CODE: 46206-6160	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y		144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	Y		145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N		146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		149

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

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

PROVIDER CCN: 14-2011 HOLY FAMILY MEDICAL CENTER
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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I (CONT)

MULTICAMPUS

165 IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs?
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
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR. 169

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

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

COMPLETED BY ALL HOSPITALS

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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

COST REPORT PREPARER CONTACT INFORMATION

41	FIRST NAME:	LAST NAME:	TITLE:	41
42	EMPLOYER:			42
43	PHONE NUMBER:	E-MAIL ADDRESS:		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	31,772,585	-205,332	1,211,864.00	1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A ADMINISTRATIVE		245,196		1,982.00	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		4,146	125.51	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)					10
OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)			64,130	1,105.00	11
12	CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE					13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS		4,662,564		115,633.00	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)		7,741,825			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		60,613			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		1,025			25
26	EMPLOYEE BENEFITS		-9,084			26
27	ADMINISTRATIVE & GENERAL		3,629,805	-209,478	107,443.00	27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)					28
29	MAINTENANCE & REPAIRS		406,547		16,844.00	29
30	OPERATION OF PLANT		371,734		13,277.00	30
31	LAUNDRY & LINEN SERVICE					31
32	HOUSEKEEPING		1,048,634		85,337.00	32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY		907,977	-303,019	27,944.00	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA			303,019	30,541.00	36
37	MAINTENANCE OF PERSONNEL					37
38	NURSING ADMINISTRATION		586,485		13,300.00	38
39	CENTRAL SERVICES AND SUPPLY		160,162		9,451.00	39
40	PHARMACY		998,446		26,701.00	40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		351,233		18,149.00	41
42	SOCIAL SERVICE					42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	31,772,585	-209,478	31,563,107	1,211,738.49	26.05	1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)						2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	31,772,585	-209,478	31,563,107	1,211,738.49	26.05	3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)	4,662,564	64,130	4,726,694	116,738.00	40.49	4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)	7,802,438		7,802,438		24.72%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	44,237,587	-145,348	44,092,239	1,328,476.49	33.19	6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	8,451,939	-209,478	8,242,461	348,987.00	23.62	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)	1,305,201	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)	3,555,000	8
9 PRESCRIPTION DRUG PLAN		9
10 DENTAL, HEARING AND VISION PLAN	100,991	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	43,249	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	94,302	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)		14
15 WORKERS' COMPENSATION INSURANCE	240,396	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)		16
TAXES		
17 FICA-EMPLOYERS PORTION ONLY	2,318,451	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY		18
19 UNEMPLOYMENT INSURANCE	63,425	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	82,448	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	7,803,463	24
PART B - OTHER THAN CORE RELATED COST		
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)		25

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		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

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		4,461,450	4,461,450	-2,065,393	1
2	00200				4,123,404	2
3	00300					3
4	00400	-9,084	10,498	1,414		4
5.01	00540		199,974	199,974		5.01
5.02	00550					5.02
5.03	00560		19,746	19,746	-3,092	5.03
5.04	00570					5.04
5.05	00580					5.05
5.06	00590	3,629,805	14,043,719	17,673,524	-96,131	5.06
6	00600	406,547	374,456	781,003		6
7	00700	371,734	2,634,878	3,006,612	-1,735	7
8	00800		277,927	277,927		8
9	00900	1,048,634	746,420	1,795,054	-4,735	9
10	01000	907,977	824,571	1,732,548	-688,520	10
11	01100				684,284	11
12	01200					12
13	01300	586,485	106,635	693,120		13
14	01400	160,162	1,457,881	1,618,043	-1,492,204	14
15	01500	998,446	3,221,874	4,220,320	-3,153,333	15
16	01600	351,233	286,938	638,171	-2,932	16
17	01700					17
19	01900					19
20	02000					20
21	02100				4,146	21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	11,838,840	4,483,977	16,322,817	34,526	30
31	03100	1,464,475	414,463	1,878,938	-278	31
ANCILLARY SERVICE COST CENTERS						
50	05000	1,231,307	1,016,571	2,247,878	-662,161	50
53	05300		417,989	417,989		53
54	05400	643,570	277,501	921,071	-79,831	54
55	05500					55
56	05600	87,720	40,516	128,236	-94	56
57	05700	175,227	73,173	248,400		57
57.01	03630	196,243	40,295	236,538		57.01
58	05800	101,379	24,615	125,994		58
60	06000	294,772	1,993,620	2,288,392	-1,519	60
62.30	06250					62.30
65	06500	3,120,535	1,054,269	4,174,804	9,563	65
66	06600	2,292,459	625,645	2,918,104	-25,932	66
68	06800					68
69	06900	67,936	18,908	86,844	-1,111	69
70	07000	187,225	69,332	256,557	-5,573	70
71	07100				1,107,827	71
72	07200				541,296	72
73	07300				3,152,628	73
74	07400	728,463	286,639	1,015,102		74
76.97	07697					76.97
76.98	07698	727,239	549,502	1,276,741	-151,759	76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
90	09000	54,177	86,515	140,692	-18,657	90
90.02	09001	109,079	53,541	162,620	-12,980	90.02
92	09200					92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		1,189,704	1,189,704	-1,189,704	113
118		31,772,585	41,383,742	73,156,327		118
NONREIMBURSABLE COST CENTERS						
200		31,772,585	41,383,742	73,156,327		200

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	2,396,057		2,396,057	1
2	00200	4,123,404	-268,595	3,854,809	2
3	00300				3
4	00400	1,414	318,140	319,554	4
5.01	00540	199,974		199,974	5.01
5.02	00550		1,633,226	1,633,226	5.02
5.03	00560	16,654	463,616	480,270	5.03
5.04	00570		186,587	186,587	5.04
5.05	00580		980,623	980,623	5.05
5.06	00590	17,577,393	-3,880,340	13,697,053	5.06
6	00600	781,003		781,003	6
7	00700	3,004,877		3,004,877	7
8	00800	277,927		277,927	8
9	00900	1,790,319		1,790,319	9
10	01000	1,044,028		1,044,028	10
11	01100	684,284	-318,439	365,845	11
12	01200				12
13	01300	693,120		693,120	13
14	01400	125,839	84,945	210,784	14
15	01500	1,066,987	-4,490	1,062,497	15
16	01600	635,239	-12,228	623,011	16
17	01700				17
19	01900				19
20	02000				20
21	02100	4,146		4,146	21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	16,357,343	-328,593	16,028,750	30
31	03100	1,878,660	137,482	2,016,142	31
ANCILLARY SERVICE COST CENTERS					
50	05000	1,585,717		1,585,717	50
53	05300	417,989	-392,218	25,771	53
54	05400	841,240		841,240	54
55	05500				55
56	05600	128,142		128,142	56
57	05700	248,400		248,400	57
57.01	03630	236,538		236,538	57.01
58	05800	125,994		125,994	58
60	06000	2,286,873	-49,159	2,237,714	60
62.30	06250				62.30
65	06500	4,184,367	-10,442	4,173,925	65
66	06600	2,892,172		2,892,172	66
68	06800				68
69	06900	85,733		85,733	69
70	07000	250,984		250,984	70
71	07100	1,107,827		1,107,827	71
72	07200	541,296		541,296	72
73	07300	3,152,628		3,152,628	73
74	07400	1,015,102		1,015,102	74
76.97	07697				76.97
76.98	07698	1,124,982		1,124,982	76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
90	09000	122,035		122,035	90
90.02	09001	149,640		149,640	90.02
92	09200				92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		73,156,327	-1,459,885	71,696,442	118
200		73,156,327	-1,459,885	71,696,442	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3	4	5	
1 DEPRECIATION	A	CAP REL COSTS-MVBLE EQUIP	2			2,065,393 1
500 TOTAL RECLASSIFICATIONS						2,065,393 500
CODE LETTER - A						
1 DEPRECIATION EXPENSE	B	CAP REL COSTS-MVBLE EQUIP	2			1,189,704 1
500 TOTAL RECLASSIFICATIONS						1,189,704 500
CODE LETTER - B						
1 CAFETERIA	C	CAFETERIA	11		303,019	381,265 1
500 TOTAL RECLASSIFICATIONS					303,019	381,265 500
CODE LETTER - C						
1 MEDICAL SUPPLIES CHARGED TO PATIENT	D	MEDICAL SUPPLIES CHRGD TO PA	71			1,107,827 1
2		IMPL. DEV. CHARGED TO PATIENT	72			541,296 2
3						3
4						4
5						5
6						6
7						7
500 TOTAL RECLASSIFICATIONS						1,649,123 500
CODE LETTER - D						
1 DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	73			3,152,628 1
500 TOTAL RECLASSIFICATIONS						3,152,628 500
CODE LETTER - E						
1 INTERNS & RESIDENTS	F	I&R SRVCES-SALARY & FRINGES A	21		4,146	1
500 TOTAL RECLASSIFICATIONS					4,146	500
CODE LETTER - F						
1 ADULTS & PEDS	G	ADULTS & PEDIATRICS	30			55,534 1
2 RESPIRATORY THERAPY	G	RESPIRATORY THERAPY	65			30,831 2
3 CHAIR SURGERY	G	OTHER ADMINISTRATIVE & GENERA	5.06			123,113 3
500 TOTAL RECLASSIFICATIONS						209,478 500
CODE LETTER - G						
1 RENTALS	H	CAP REL COSTS-MVBLE EQUIP	2			868,307 1
2		RADIOLOGY-DIAGNOSTIC	54			177 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
20						20
500 TOTAL RECLASSIFICATIONS						868,484 500
CODE LETTER - H						
GRAND TOTAL (INCREASES)					307,165	9,516,075

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 DEPRECIATION	A	CAP REL COSTS-BLDG & FIXT	1		2,065,393	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - A					2,065,393	500
1 DEPRECIATION EXPENSE	B	INTEREST EXPENSE	113		1,189,704	9 1
500 TOTAL RECLASSIFICATIONS CODE LETTER - B					1,189,704	500
1 CAFETERIA	C	DIETARY	10	303,019	381,265	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - C				303,019	381,265	500
1 MEDICAL SUPPLIES CHARGED TO PATIENT	D	CENTRAL SERVICES & SUPPLY	14		859,059	1
2 OPERATING ROOM			50		652,683	2
3 RADIOLOGY-DIAGNOSTIC			54		80,008	3
4 PHYSICAL THERAPY			66		22,423	4
5 ELECTROENCEPHALOGRAPHY			70		3,958	5
6 CLINIC			90		18,563	6
7 WOMENS DIAGNOSTIC CENTER			90.02		12,429	7
500 TOTAL RECLASSIFICATIONS CODE LETTER - D					1,649,123	500
1 DRUGS CHARGED TO PATIENTS	E	PHARMACY	15		3,152,628	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - E					3,152,628	500
1 INTERNS & RESIDENTS	F	ADULTS & PEDIATRICS	30		4,146	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - F					4,146	500
1 ADULTS & PEDS	G	OTHER ADMINISTRATIVE & GENERA	5.06	55,534		1
2 RESPIRATORY THERAPY	G	OTHER ADMINISTRATIVE & GENERA	5.06	30,831		2
3 CHAIR SURGERY	G	OTHER ADMINISTRATIVE & GENERA	5.06	123,113		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - G				209,478		500
1 RENTALS	H	PURCHASING AND RECEIVING	5.03		3,092	9 1
2 OTHER ADMINISTRATIVE & GENERA			5.06		9,766	2
3 OPERATION OF PLANT			7		1,735	3
4 HOUSEKEEPING			9		4,735	4
5 DIETARY			10		4,236	5
6 CENTRAL SERVICES & SUPPLY			14		633,145	6
7 PHARMACY			15		705	7
8 MEDICAL RECORDS & LIBRARY			16		2,932	8
9 ADULTS & PEDIATRICS			30		16,862	9
10 INTENSIVE CARE UNIT			31		278	10
11 OPERATING ROOM			50		9,478	11
12 RADIOISOTOPE			56		94	12
13 LABORATORY			60		1,519	13
14 RESPIRATORY THERAPY			65		21,268	14
15 PHYSICAL THERAPY			66		3,509	15
16 ELECTROCARDIOLOGY			69		1,111	16
17 ELECTROENCEPHALOGRAPHY			70		1,615	17
18 HYPERBARIC OXYGEN THERAPY			76.98		151,759	18
19 CLINIC			90		94	19
20 WOMENS DIAGNOSTIC CENTER			90.02		551	20
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					868,484	500
GRAND TOTAL (DECREASES)				512,497	9,310,743	

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	342,000					342,000		1
2 LAND IMPROVEMENTS	4,077,827					4,077,827		2
3 BUILDINGS AND FIXTURES	84,699,396		2,622	2,622		84,702,018		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	2,059,408					2,059,408		5
6 MOVABLE EQUIPMENT	32,065,759		1,569,494	1,569,494		33,635,253		6
7 HIT DESIGNATED ASSETS								7
8 SUBTOTAL (SUM OF LINES 1-7)	123,244,390		1,572,116	1,572,116		124,816,506		8
9 RECONCILING ITEMS								9
10 TOTAL (LINE 7 MINUS LINE 9)	123,244,390		1,572,116	1,572,116		124,816,506		10

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

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(1)	
							(SUM OF COLS. 9-14)	
1 CAP REL COSTS-BLDG & FIXT	4,461,450						4,461,450	1
2 CAP REL COSTS-MVBLE EQUIP								2
3 TOTAL (SUM OF LINES 1-2)	4,461,450						4,461,450	3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

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

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

DESCRIPTION	DEPREC- IATION 9	LEASE 10	INTEREST 11	INSURANCE (SEE INSTR.) 12	TAXES (SEE INSTR.) 13	OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14	TOTAL(2)	
							(SUM OF COLS. 9-14)	
1 CAP REL COSTS-BLDG & FIXT	2,396,057						2,396,057	1
2 CAP REL COSTS-MVBLE EQUIP	3,854,809						3,854,809	2
3 TOTAL	6,250,866						6,250,866	3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)					3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)					5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)					6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)					8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-744,269			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	610,851			12
13 LAUNDRY AND LINEN SERVICE					13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-318,439	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-12,228	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES					20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		RESPIRATORY THERAPY	65	23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		PHYSICAL THERAPY	66	24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		OCCUPATIONAL THERAPY	67	30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3		SPEECH PATHOLOGY	68	31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 SUBSTANCE ABUSE REVENUE	B	-4,009	ADULTS & PEDIATRICS	30	33
34 MISC. ADMIN INCOME	B	-86,984	OTHER ADMINISTRATIVE & GENERAL	5.06	34
35 RENT REVENUE - OFFICE BLDG	B	-803,551	CAP REL COSTS-MVBLE EQUIP	2	9 35
36 FINANCE - INTEREST INCOME	B	-140,640	OTHER ADMINISTRATIVE & GENERAL	5.06	36
37 LAB MISC REVENUE	B	-32,134	LABORATORY	60	37
38 PATIENT TRANSPORTATION REVENUE	B	-14,338	OTHER ADMINISTRATIVE & GENERAL	5.06	38
39 RADIOLOGY MISC REVENUE	B	-4,490	PHARMACY	15	39
40 CY PORTION OF 1995 LOSS	A	10,119	CAP REL COSTS-MVBLE EQUIP	2	9 40
41 CY PORTION OF 1996 LOSS	A	4,680	CAP REL COSTS-MVBLE EQUIP	2	9 41
42 1977 & 1983 EXCESS INTEREST	A	43,295	CAP REL COSTS-MVBLE EQUIP	2	9 42
43 DEMOLITION ADD BACK	A	32,252	CAP REL COSTS-MVBLE EQUIP	2	9 43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,459,885			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	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE CAPITAL	353,025		353,025	9 1
2	2	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE DIRECT CAPITA	91,585		91,585	9 2
3	5.06	OTHER ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	4,511,548	8,149,926	-3,638,378	3
4	5.05	CASHIERING	CASHIERING	980,623		980,623	4
4.01	5.03	PURCHASING AND RECEIVING	PURCHASING COSTS	463,616		463,616	4.01
4.02	5.02	DATA PROCESSING	DATA PROCESSING COSTS	1,633,226		1,633,226	4.02
4.03	4	EMPLOYEE BENEFITS	BENEFIT COSTS	318,140		318,140	4.03
4.04	14	CENTRAL SERVICES & SUPPLY	SUPPLY COSTS	84,945		84,945	4.04
4.05	31	INTENSIVE CARE UNIT	ELECTRONIC ICU	137,482		137,482	4.05
4.06	5.04	ADMITTING	ADMITTING	186,587		186,587	4.06
5		TOTALS (SUM OF LINES 1-4)		8,760,777	8,149,926	610,851	5
		TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
6	B	RESURRECTION HEALTH CARE	100.00			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	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9	
1	53	ANESTHESIOLOGY	ANESTHESIA							1
2	30	ADULTS & PEDIATRICS	HOUSE STAFF							2
3	60	LABORATORY	MEDICAL DIRECTO		39,345	177,200	262	22,320	1,116	3
4	30	ADULTS & PEDIATRICS	MEDICAL DIRECTO		114,317	177,200	976	83,148	4,157	4
5	50	OPERATING ROOM	DEPT CHAIRMAN			208,000				5
6	70	ELECTROENCEPHALOGRAPHY	MEDICAL DIRECTO							6
7	65	RESPIRATORY THERAPY	MEDICAL DIRECTO		36,000	177,200	300	25,558	1,278	7
8	30	ADULTS & PEDIATRICS	MEDICAL DIRECTO		55,534	177,200	444	37,825	1,891	8
200		TOTAL			913,120	667,924	245,196	1,982	168,851	8,442 200

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

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

VERSION: 2011.10
 11/27/2012 17:34

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT	
10	11	12	13	14	15	16	17	18	
1 53	ANESTHESIOLOGY		ANESTHESIA					392,218	1
2 30	ADULTS & PEDIATRICS		HOUSE STAFF					275,706	2
3 60	LABORATORY		MEDICAL DIRECTO			22,320	17,025	17,025	3
4 30	ADULTS & PEDIATRICS		MEDICAL DIRECTO			83,148	31,169	31,169	4
5 50	OPERATING ROOM		DEPT CHAIRMAN						5
6 70	ELECTROENCEPHALOGRAPHY		MEDICAL DIRECTO						6
7 65	RESPIRATORY THERAPY		MEDICAL DIRECTO			25,558	10,442	10,442	7
8 30	ADULTS & PEDIATRICS		MEDICAL DIRECTO			37,825	17,709	17,709	8
200	TOTAL					168,851	76,345	744,269	200

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 4	NON PATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	2,396,057	2,396,057				1
2 CAP REL COSTS-MVBLE EQUIP	3,854,809		3,854,809			2
4 EMPLOYEE BENEFITS	319,554			319,554		4
5.01 NON-PATIENT TELEPHONES	199,974	21,765	35,016		256,755	5.01
5.02 DATA PROCESSING	1,633,226				17,458	5.02
5.03 PURCHASING AND RECEIVING	480,270	58,912	94,778		5,819	5.03
5.04 ADMITTING	186,587	16,524	26,584		8,380	5.04
5.05 CASHIERING	980,623				13,036	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	13,697,053	373,302	600,574	34,614	37,012	5.06
6 MAINTENANCE & REPAIRS	781,003	104,330	167,848	4,114	3,492	6
7 OPERATION OF PLANT	3,004,877	396,955	638,628	3,762	4,888	7
8 LAUNDRY & LINEN SERVICE	277,927	46,339	74,551			8
9 HOUSEKEEPING	1,790,319	32,864	52,872	10,612	1,862	9
10 DIETARY	1,044,028	134,643	216,615	6,122	1,629	10
11 CAFETERIA	365,845			3,067	2,328	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	693,120			5,935	466	13
14 CENTRAL SERVICES & SUPPLY	210,784	65,267	105,003	1,621	2,328	14
15 PHARMACY	1,062,497	36,954	59,451	10,104	5,121	15
16 MEDICAL RECORDS & LIBRARY	623,011	44,138	71,010	3,554	16,993	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	4,146			42		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	16,028,750	392,673	631,737	119,810	64,013	30
31 INTENSIVE CARE UNIT	2,016,142	38,750	62,341	14,820	1,164	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,585,717	261,576	420,827	12,461	20,485	50
53 ANESTHESIOLOGY	25,771	1,032	1,660		1,629	53
54 RADIOLOGY-DIAGNOSTIC	841,240	69,753	112,220	6,513	19,786	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	128,142	12,112	19,486	888		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	248,400	4,771	7,676	1,773		57
57.01 ULTRASOUND	236,538	6,586	10,595	1,986		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	125,994			1,026	466	58
60 LABORATORY	2,237,714	60,119	96,720	2,983	13,734	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	4,173,925	4,900	7,883	31,580	5,587	65
66 PHYSICAL THERAPY	2,892,172	104,385	167,937	23,200	5,121	66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	85,733	16,570	26,658	688		69
70 ELECTROENCEPHALOGRAPHY	250,984	28,185	45,344	1,895	2,793	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	1,107,827					71
72 IMPL. DEV. CHARGED TO PATIENT	541,296					72
73 DRUGS CHARGED TO PATIENTS	3,152,628					73
74 RENAL DIALYSIS	1,015,102	3,012	4,846	7,372	233	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,124,982	1,032	1,660	7,360	466	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	122,035	32,357	52,057	548		90
90.02 WOMENS DIAGNOSTIC CENTER	149,640	26,251	42,232	1,104	466	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	71,696,442	2,396,057	3,854,809	319,554	256,755	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	71,696,442	2,396,057	3,854,809	319,554	256,755	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA	PURCHASING	ADMITTING	CASHIERING	SUBTOTAL (COLS. 0-4) 4A	
	PROCESSING	RECEIVING				
	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	1,650,684					5.02
5.03 PURCHASING AND RECEIVING	33,965	673,744				5.03
5.04 ADMITTING	149,445		387,520			5.04
5.05 CASHIERING	149,445			1,143,104		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	353,231	99,494			15,195,280	5.06
6 MAINTENANCE & REPAIRS	20,379	21,756			1,102,922	6
7 OPERATION OF PLANT	6,793	18,736			4,074,639	7
8 LAUNDRY & LINEN SERVICE	6,793	9			405,619	8
9 HOUSEKEEPING	6,793	54,653			1,949,975	9
10 DIETARY	6,793	168,041			1,577,871	10
11 CAFETERIA	6,793				378,033	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		969			700,490	13
14 CENTRAL SERVICES & SUPPLY	6,793				391,796	14
15 PHARMACY	33,965	70,584			1,278,676	15
16 MEDICAL RECORDS & LIBRARY	149,445	3,997			912,148	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					4,188	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	95,101	105,579	136,270	367,874	17,941,807	30
31 INTENSIVE CARE UNIT		10,883	10,535	26,368	2,181,003	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	88,308	18,713	1,487	43,930	2,453,504	50
53 ANESTHESIOLOGY		892	443	14,009	45,436	53
54 RADIOLOGY-DIAGNOSTIC	224,167	9,953	4,753	16,820	1,305,205	54
55 RADIOLOGY-THERAPEUTIC				11	11	55
56 RADIOISOTOPE		58	128	2,009	162,823	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		3,662	4,003	16,171	286,456	57
57.01 ULTRASOUND		15	1,256	10,318	267,294	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	6,793	1,887	54	6,021	142,241	58
60 LABORATORY	176,616	45,250	24,863	85,593	2,743,592	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	33,965	24,481	91,641	229,387	4,603,349	65
66 PHYSICAL THERAPY	67,929	3,163	11,873	38,140	3,313,920	66
68 SPEECH PATHOLOGY			7	17	24	68
69 ELECTROCARDIOLOGY		288	1,448	7,179	138,564	69
70 ELECTROENCEPHALOGRAPHY	20,379	1,130	185	7,165	358,060	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			17,551	45,510	1,170,888	71
72 IMPL. DEV. CHARGED TO PATIENT			140	3,875	545,311	72
73 DRUGS CHARGED TO PATIENTS			74,737	195,969	3,423,334	73
74 RENAL DIALYSIS		67	6,033	15,102	1,051,767	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		3,817	113	5,497	1,144,927	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		1,947		1,067	210,011	90
90.02 WOMENS DIAGNOSTIC CENTER	6,793	3,720		5,072	235,278	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,650,684	673,744	387,520	1,143,104	71,696,442	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,650,684	673,744	387,520	1,143,104	71,696,442	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	A & G	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	
	5.06	6	7	8	9	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	15,195,280					5.06
6 MAINTENANCE & REPAIRS	296,617	1,399,539				6
7 OPERATION OF PLANT	1,095,821	305,043	5,475,503			7
8 LAUNDRY & LINEN SERVICE	109,086	35,610	178,148	728,463		8
9 HOUSEKEEPING	524,420	25,255	126,343		2,625,993	9
10 DIETARY	424,348	103,468	517,625		262,865	10
11 CAFETERIA	101,667					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	188,388					13
14 CENTRAL SERVICES & SUPPLY	105,368	50,155	250,916		127,423	14
15 PHARMACY	343,883	28,397	142,065		72,145	15
16 MEDICAL RECORDS & LIBRARY	245,310	33,918	169,685		86,171	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD	1,126					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,825,245	301,754	1,509,607	589,315	766,620	30
31 INTENSIVE CARE UNIT	586,552	29,778	148,970	51,639	75,652	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	659,838	201,011	1,005,612	40,511	510,680	50
53 ANESTHESIOLOGY	12,219	793	3,966		2,014	53
54 RADIOLOGY-DIAGNOSTIC	351,018	53,602	268,161	7,139	136,180	54
55 RADIOLOGY-THERAPEUTIC	3					55
56 RADIOISOTOPE	43,789	9,308	46,564		23,647	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	77,039	3,666	18,342	4,927	9,315	57
57.01 ULTRASOUND	71,885	5,061	25,318	7,575	12,857	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	38,254			702		58
60 LABORATORY	737,853	46,199	231,122		117,371	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,238,011	3,766	18,838		9,567	65
66 PHYSICAL THERAPY	891,236	80,216	401,303	12,050	203,794	66
68 SPEECH PATHOLOGY	6					68
69 ELECTROCARDIOLOGY	37,265	12,734	63,703	1,269	32,350	69
70 ELECTROENCEPHALOGRAPHY	96,296	21,659	108,355	4,791	55,026	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	314,895					71
72 IMPL. DEV. CHARGED TO PATIENT	146,654					72
73 DRUGS CHARGED TO PATIENTS	920,661					73
74 RENAL DIALYSIS	282,859	2,315	11,579		5,880	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	307,913	793	3,966	3,046	2,014	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	56,480	24,865	124,396		63,172	90
90.02 WOMENS DIAGNOSTIC CENTER	63,275	20,173	100,919	5,499	51,250	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	15,195,280	1,399,539	5,475,503	728,463	2,625,993	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	15,195,280	1,399,539	5,475,503	728,463	2,625,993	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10	11	13	14	15	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY	2,886,177					10
11 CAFETERIA		479,700				11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			888,878			13
14 CENTRAL SERVICES & SUPPLY				925,658		14
15 PHARMACY					1,865,166	15
16 MEDICAL RECORDS & LIBRARY						16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,709,500	479,700	690,264			30
31 INTENSIVE CARE UNIT	176,677		62,089			31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM			52,680			50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
57.01 ULTRASOUND						57.01
58 MAGNETIC RESONANCE IMAGING (MRI)						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY			3,206			69
70 ELECTROENCEPHALOGRAPHY			10,638			70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				621,826		71
72 IMPL. DEV. CHARGED TO PATIENT				303,832		72
73 DRUGS CHARGED TO PATIENTS					1,865,166	73
74 RENAL DIALYSIS			27,569			74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY			35,210			76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC			1,858			90
90.02 WOMENS DIAGNOSTIC CENTER			5,364			90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,886,177	479,700	888,878	925,658	1,865,166	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	2,886,177	479,700	888,878	925,658	1,865,166	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY 16	I&R SALARY & FRINGES 21	SUBTOTAL 24	I&R COST & POST STEP-DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	1,447,232					16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD		5,314				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 ADULTS & PEDIATRICS	465,655	5,314	30,284,781	-5,314	30,279,467	30
31 INTENSIVE CARE UNIT	33,387		3,345,747		3,345,747	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	55,623		4,979,459		4,979,459	50
53 ANESTHESIOLOGY	17,738		82,166		82,166	53
54 RADIOLOGY-DIAGNOSTIC	21,297		2,142,602		2,142,602	54
55 RADIOLOGY-THERAPEUTIC	14		28		28	55
56 RADIOISOTOPE	2,544		288,675		288,675	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	20,476		420,221		420,221	57
57.01 ULTRASOUND	13,064		403,054		403,054	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	7,624		188,821		188,821	58
60 LABORATORY	108,376		3,984,513		3,984,513	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	290,444		6,163,975		6,163,975	65
66 PHYSICAL THERAPY	48,292		4,950,811		4,950,811	66
68 SPEECH PATHOLOGY	22		52		52	68
69 ELECTROCARDIOLOGY	9,089		298,180		298,180	69
70 ELECTROENCEPHALOGRAPHY	9,073		663,898		663,898	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	57,623		2,165,232		2,165,232	71
72 IMPL. DEV. CHARGED TO PATIENT	4,906		1,000,703		1,000,703	72
73 DRUGS CHARGED TO PATIENTS	248,131		6,457,292		6,457,292	73
74 RENAL DIALYSIS	19,121		1,401,090		1,401,090	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	6,960		1,504,829		1,504,829	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	1,351		482,133		482,133	90
90.02 WOMENS DIAGNOSTIC CENTER	6,422		488,180		488,180	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,447,232	5,314	71,696,442	-5,314	71,691,128	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,447,232	5,314	71,696,442	-5,314	71,691,128	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP MOVABLE EQUIPMENT 2	SUBTOTAL 2A	NON PATIENT TELEPHONES 5.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES		21,765	35,016	56,781	56,781	5.01
5.02 DATA PROCESSING					3,861	5.02
5.03 PURCHASING AND RECEIVING		58,912	94,778	153,690	1,287	5.03
5.04 ADMITTING		16,524	26,584	43,108	1,853	5.04
5.05 CASHIERING					2,883	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL		373,302	600,574	973,876	8,185	5.06
6 MAINTENANCE & REPAIRS		104,330	167,848	272,178	772	6
7 OPERATION OF PLANT		396,955	638,628	1,035,583	1,081	7
8 LAUNDRY & LINEN SERVICE		46,339	74,551	120,890		8
9 HOUSEKEEPING		32,864	52,872	85,736	412	9
10 DIETARY		134,643	216,615	351,258	360	10
11 CAFETERIA					515	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION					103	13
14 CENTRAL SERVICES & SUPPLY		65,267	105,003	170,270	515	14
15 PHARMACY		36,954	59,451	96,405	1,133	15
16 MEDICAL RECORDS & LIBRARY		44,138	71,010	115,148	3,758	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		392,673	631,737	1,024,410	14,157	30
31 INTENSIVE CARE UNIT		38,750	62,341	101,091	257	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		261,576	420,827	682,403	4,530	50
53 ANESTHESIOLOGY		1,032	1,660	2,692	360	53
54 RADIOLOGY-DIAGNOSTIC		69,753	112,220	181,973	4,376	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE		12,112	19,486	31,598		56
57 COMPUTED TOMOGRAPHY (CT) SCAN		4,771	7,676	12,447		57
57.01 ULTRASOUND		6,586	10,595	17,181		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)					103	58
60 LABORATORY		60,119	96,720	156,839	3,037	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		4,900	7,883	12,783	1,235	65
66 PHYSICAL THERAPY		104,385	167,937	272,322	1,133	66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY		16,570	26,658	43,228		69
70 ELECTROENCEPHALOGRAPHY		28,185	45,344	73,529	618	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS		3,012	4,846	7,858	51	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,032	1,660	2,692	103	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		32,357	52,057	84,414		90
90.02 WOMENS DIAGNOSTIC CENTER		26,251	42,232	68,483	103	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)		2,396,057	3,854,809	6,250,866	56,781	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)		2,396,057	3,854,809	6,250,866	56,781	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	ADMITTING	CASHIERING	A & G	
	5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING	3,861					5.02
5.03 PURCHASING AND RECEIVING	79	155,056				5.03
5.04 ADMITTING	350		45,311			5.04
5.05 CASHIERING	350			3,233		5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	825	22,898			1,005,784	5.06
6 MAINTENANCE & REPAIRS	48	5,007			19,633	6
7 OPERATION OF PLANT	16	4,312			72,533	7
8 LAUNDRY & LINEN SERVICE	16	2			7,220	8
9 HOUSEKEEPING	16	12,578			34,712	9
10 DIETARY	16	38,674			28,088	10
11 CAFETERIA	16				6,729	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		223			12,469	13
14 CENTRAL SERVICES & SUPPLY	16				6,974	14
15 PHARMACY	79	16,244			22,762	15
16 MEDICAL RECORDS & LIBRARY	350	920			16,237	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					75	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
30 INPATIENT ROUTINE SERV COST CENTERS						
ADULTS & PEDIATRICS	222	24,298	15,869	988	319,389	30
31 INTENSIVE CARE UNIT		2,505	1,234	76	38,824	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	207	4,307	174	127	43,675	50
53 ANESTHESIOLOGY		205	52	41	809	53
54 RADIOLOGY-DIAGNOSTIC	524	2,291	557	49	23,234	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE		13	15	6	2,898	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		843	469	47	5,099	57
57.01 ULTRASOUND		3	147	30	4,758	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	16	434	6	17	2,532	58
60 LABORATORY	413	10,414	2,914	248	48,839	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	79	5,634	10,739	664	81,944	65
66 PHYSICAL THERAPY	159	728	1,391	110	58,991	66
68 SPEECH PATHOLOGY			1			68
69 ELECTROCARDIOLOGY		66	170	21	2,467	69
70 ELECTROENCEPHALOGRAPHY	48	260	22	21	6,374	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			2,057	132	20,843	71
72 IMPL. DEV. CHARGED TO PATIENT			16	11	9,707	72
73 DRUGS CHARGED TO PATIENTS			8,758	567	60,939	73
74 RENAL DIALYSIS		15	707	44	18,723	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		878	13	16	20,381	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		448		3	3,738	90
90.02 WOMENS DIAGNOSTIC CENTER	16	856		15	4,188	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	3,861	155,056	45,311	3,233	1,005,784	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,861	155,056	45,311	3,233	1,005,784	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS 6	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSE- KEEPING 9	DIETARY 10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	297,638					6
7 OPERATION OF PLANT	64,874	1,178,399				7
8 LAUNDRY & LINEN SERVICE	7,573	38,340	174,041			8
9 HOUSEKEEPING	5,371	27,191		166,016		9
10 DIETARY	22,004	111,400		16,618	568,418	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	10,666	54,000		8,056		14
15 PHARMACY	6,039	30,574		4,561		15
16 MEDICAL RECORDS & LIBRARY	7,213	36,518		5,448		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	64,174	324,885	140,795	48,466	533,622	30
31 INTENSIVE CARE UNIT	6,333	32,060	12,337	4,783	34,796	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	42,749	216,421	9,679	32,285		50
53 ANESTHESIOLOGY	169	854		127		53
54 RADIOLOGY-DIAGNOSTIC	11,400	57,712	1,706	8,609		54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	1,979	10,021		1,495		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	780	3,948	1,177	589		57
57.01 ULTRASOUND	1,076	5,449	1,810	813		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)			168			58
60 LABORATORY	9,825	49,740		7,420		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	801	4,054		605		65
66 PHYSICAL THERAPY	17,059	86,366	2,879	12,884		66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	2,708	13,710	303	2,045		69
70 ELECTROENCEPHALOGRAPHY	4,606	23,319	1,145	3,479		70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	492	2,492		372		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	169	854	728	127		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,288	26,772		3,994		90
90.02 WOMENS DIAGNOSTIC CENTER	4,290	21,719	1,314	3,240		90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	297,638	1,178,399	174,041	166,016	568,418	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	297,638	1,178,399	174,041	166,016	568,418	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	CAFETERIA 11	NURSING ADMINIS- TRATION 13	CENTRAL SERVICES & SUPPLY 14	PHARMACY 15	MEDICAL RECORDS + LIBRARY 16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	7,260					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		12,795				13
14 CENTRAL SERVICES & SUPPLY			250,497			14
15 PHARMACY				177,797		15
16 MEDICAL RECORDS & LIBRARY					185,592	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
30 ADULTS & PEDIATRICS	7,260	9,936			59,786	30
31 INTENSIVE CARE UNIT		894			4,279	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		758			7,129	50
53 ANESTHESIOLOGY					2,273	53
54 RADIOLOGY-DIAGNOSTIC					2,730	54
55 RADIOLOGY-THERAPEUTIC					2	55
56 RADIOISOTOPE					326	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					2,624	57
57.01 ULTRASOUND					1,674	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)					977	58
60 LABORATORY					13,890	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					37,226	65
66 PHYSICAL THERAPY					6,190	66
68 SPEECH PATHOLOGY					3	68
69 ELECTROCARDIOLOGY		46			1,165	69
70 ELECTROENCEPHALOGRAPHY		153			1,163	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS			168,276		7,385	71
72 IMPL. DEV. CHARGED TO PATIENT			82,221		629	72
73 DRUGS CHARGED TO PATIENTS				177,797	31,802	73
74 RENAL DIALYSIS		397			2,451	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		507			892	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		27			173	90
90.02 WOMENS DIAGNOSTIC CENTER		77			823	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	7,260	12,795	250,497	177,797	185,592	118
NONREIMBURSABLE COST CENTERS						
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	7,260	12,795	250,497	177,797	185,592	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES 21	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25	TOTAL 26	
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
2 CAP REL COSTS-MVBLE EQUIP					2
4 EMPLOYEE BENEFITS					4
5.01 NON-PATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING AND RECEIVING					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING					5.05
5.06 OTHER ADMINISTRATIVE & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD	75				21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
30 INPATIENT ROUTINE SERV COST CENTERS					
ADULTS & PEDIATRICS		2,588,257		2,588,257	30
31 INTENSIVE CARE UNIT		239,469		239,469	31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM		1,044,444		1,044,444	50
53 ANESTHESIOLOGY		7,582		7,582	53
54 RADIOLOGY-DIAGNOSTIC		295,161		295,161	54
55 RADIOLOGY-THERAPEUTIC		2		2	55
56 RADIOISOTOPE		48,351		48,351	56
57 COMPUTED TOMOGRAPHY (CT) SCAN		28,023		28,023	57
57.01 ULTRASOUND		32,941		32,941	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)		4,253		4,253	58
60 LABORATORY		303,579		303,579	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY		155,764		155,764	65
66 PHYSICAL THERAPY		460,212		460,212	66
68 SPEECH PATHOLOGY		4		4	68
69 ELECTROCARDIOLOGY		65,929		65,929	69
70 ELECTROENCEPHALOGRAPHY		114,737		114,737	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		198,693		198,693	71
72 IMPL. DEV. CHARGED TO PATIENT		92,584		92,584	72
73 DRUGS CHARGED TO PATIENTS		279,863		279,863	73
74 RENAL DIALYSIS		33,602		33,602	74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY		27,360		27,360	76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC		124,857		124,857	90
90.02 WOMENS DIAGNOSTIC CENTER		105,124		105,124	90.02
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)		6,250,791		6,250,791	118
NONREIMBURSABLE COST CENTERS					
200 CROSS FOOT ADJUSTMENTS	75	75		75	200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	75	6,250,866		6,250,866	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT TELEPHONES # OF LINES	DATA PROCESSING # OF INSTRUMENT	
	1	2	4	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	260,137					1
2 CAP REL COSTS-MVBLE EQUIP		260,137				2
4 EMPLOYEE BENEFITS			31,576,337			4
5.01 NON-PATIENT TELEPHONES	2,363	2,363		1,103		5.01
5.02 DATA PROCESSING				75	243	5.02
5.03 PURCHASING AND RECEIVING	6,396	6,396		25	5	5.03
5.04 ADMITTING	1,794	1,794		36	22	5.04
5.05 CASHIERING				56	22	5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	40,529	40,529	3,420,327	159	52	5.06
6 MAINTENANCE & REPAIRS	11,327	11,327	406,547	15	3	6
7 OPERATION OF PLANT	43,097	43,097	371,734	21	1	7
8 LAUNDRY & LINEN SERVICE	5,031	5,031			1	8
9 HOUSEKEEPING	3,568	3,568	1,048,634	8	1	9
10 DIETARY	14,618	14,618	604,958	7	1	10
11 CAFETERIA			303,019	10	1	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			586,485	2		13
14 CENTRAL SERVICES & SUPPLY	7,086	7,086	160,162	10	1	14
15 PHARMACY	4,012	4,012	998,446	22	5	15
16 MEDICAL RECORDS & LIBRARY	4,792	4,792	351,233	73	22	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD			4,146			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,632	42,632	11,838,840	275	14	30
31 INTENSIVE CARE UNIT	4,207	4,207	1,464,475	5		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,399	28,399	1,231,307	88	13	50
53 ANESTHESIOLOGY	112	112		7		53
54 RADIOLOGY-DIAGNOSTIC	7,573	7,573	643,570	85	33	54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	1,315	1,315	87,720			56
57 COMPUTED TOMOGRAPHY (CT) SCAN	518	518	175,227			57
57.01 ULTRASOUND	715	715	196,243			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)			101,379	2	1	58
60 LABORATORY	6,527	6,527	294,772	59	26	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	532	532	3,120,535	24	5	65
66 PHYSICAL THERAPY	11,333	11,333	2,292,459	22	10	66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,799	1,799	67,936			69
70 ELECTROENCEPHALOGRAPHY	3,060	3,060	187,225	12	3	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	327	327	728,463	1		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	112	112	727,239	2		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,513	3,513	54,177			90
90.02 WOMENS DIAGNOSTIC CENTER	2,850	2,850	109,079	2	1	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	260,137	260,137	31,576,337	1,103	243	118
NONREIMBURSABLE COST CENTERS						
CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	2,396,057	3,854,809	319,554	256,755	1,650,684	202
203 UNIT COST MULT-WS B PT I	9.210750	14.818380	0.010120	232.778785	6,792.938272	203
204 COST TO BE ALLOC PER B PT II				56,781	3,861	204
205 UNIT COST MULT-WS B PT II				51.478694	15.888889	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING RECEIVING	ADMITTING	CASHIERING	RECON-CILIATION	A & G	
	COST OF REQUISITIO 5.03	INPATIENT REVENUE 5.04	GROSS REVENUE 5.05	5A.06	ACCUM COST 5.06	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING	1,862,542					5.03
5.04 ADMITTING		255,132,910				5.04
5.05 CASHIERING			300,646,947			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL	275,047			-15,195,280	56,501,162	5.06
6 MAINTENANCE & REPAIRS	60,144				1,102,922	6
7 OPERATION OF PLANT	51,795				4,074,639	7
8 LAUNDRY & LINEN SERVICE	24				405,619	8
9 HOUSEKEEPING	151,085				1,949,975	9
10 DIETARY	464,548				1,577,871	10
11 CAFETERIA					378,033	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,678				700,490	13
14 CENTRAL SERVICES & SUPPLY					391,796	14
15 PHARMACY	195,127				1,278,676	15
16 MEDICAL RECORDS & LIBRARY	11,049				912,148	16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD					4,188	21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	291,870	89,727,996	96,746,547		17,941,807	30
31 INTENSIVE CARE UNIT	30,086	6,935,305	6,935,305		2,181,003	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	51,731	978,645	11,554,475		2,453,504	50
53 ANESTHESIOLOGY	2,466	291,731	3,684,636		45,436	53
54 RADIOLOGY-DIAGNOSTIC	27,515	3,129,286	4,423,991		1,305,205	54
55 RADIOLOGY-THERAPEUTIC			2,896		11	55
56 RADIOISOTOPE	161	84,201	528,392		162,823	56
57 COMPUTED TOMOGRAPHY (CT) SCAN	10,123	2,635,358	4,253,333		286,456	57
57.01 ULTRASOUND	41	827,186	2,713,743		267,294	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	5,216	35,476	1,583,616		142,241	58
60 LABORATORY	125,093	16,368,156	22,512,753		2,743,592	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	67,676	60,329,860	60,333,171		4,603,349	65
66 PHYSICAL THERAPY	8,743	7,816,458	10,031,621		3,313,920	66
68 SPEECH PATHOLOGY		4,590	4,590		24	68
69 ELECTROCARDIOLOGY	795	953,021	1,888,096		138,564	69
70 ELECTROENCEPHALOGRAPHY	3,124	121,655	1,884,658		358,060	70
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		11,553,997	11,969,954		1,170,888	71
72 IMPL. DEV. CHARGED TO PATIENT		92,219	1,019,128		545,311	72
73 DRUGS CHARGED TO PATIENTS		49,201,449	51,543,658		3,423,334	73
74 RENAL DIALYSIS	186	3,972,000	3,972,000		1,051,767	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	10,552	74,321	1,445,744		1,144,927	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	5,382		280,606		210,011	90
90.02 WOMENS DIAGNOSTIC CENTER	10,285		1,334,034		235,278	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	1,862,542	255,132,910	300,646,947	-15,195,280	56,501,162	118
NONREIMBURSABLE COST CENTERS						
CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	673,744	387,520	1,143,104		15,195,280	202
203 UNIT COST MULT-WS B PT I	0.361734	0.001519	0.003802		0.268937	203
204 COST TO BE ALLOC PER B PT II	155,056	45,311	3,233		1,005,784	204
205 UNIT COST MULT-WS B PT II	0.083250	0.000178	0.000011		0.017801	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN-	OPERATION	LAUNDRY	HOUSE-	DIETARY	
	TENANCE & REPAIRS SQUARE FEET	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED	
	6	7	8	9	10	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS	197,728					6
7 OPERATION OF PLANT	43,097	154,631				7
8 LAUNDRY & LINEN SERVICE	5,031	5,031	513,741			8
9 HOUSEKEEPING	3,568	3,568		146,032		9
10 DIETARY	14,618	14,618		14,618	103,749	10
11 CAFETERIA						11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION						13
14 CENTRAL SERVICES & SUPPLY	7,086	7,086		7,086		14
15 PHARMACY	4,012	4,012		4,012		15
16 MEDICAL RECORDS & LIBRARY	4,792	4,792		4,792		16
17 SOCIAL SERVICE						17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	42,632	42,632	415,608	42,632	97,398	30
31 INTENSIVE CARE UNIT	4,207	4,207	36,418	4,207	6,351	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	28,399	28,399	28,570	28,399		50
53 ANESTHESIOLOGY	112	112		112		53
54 RADIOLOGY-DIAGNOSTIC	7,573	7,573	5,035	7,573		54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE	1,315	1,315		1,315		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	518	518	3,475	518		57
57.01 ULTRASOUND	715	715	5,342	715		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)			495			58
60 LABORATORY	6,527	6,527		6,527		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	532	532		532		65
66 PHYSICAL THERAPY	11,333	11,333	8,498	11,333		66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY	1,799	1,799	895	1,799		69
70 ELECTROENCEPHALOGRAPHY	3,060	3,060	3,379	3,060		70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS	327	327		327		74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	112	112	2,148	112		76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	3,513	3,513		3,513		90
90.02 WOMENS DIAGNOSTIC CENTER	2,850	2,850	3,878	2,850		90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	197,728	154,631	513,741	146,032	103,749	118
NONREIMBURSABLE COST CENTERS						
CROSS FOOT ADJUSTMENTS						
200 NEGATIVE COST CENTER						200
201 COST TO BE ALLOC PER B PT I	1,399,539	5,475,503	728,463	2,625,993	2,886,177	201
202 UNIT COST MULT-WS B PT I	7.078102	35.410125	1.417958	17.982312	27.818842	202
203 COST TO BE ALLOC PER B PT II	297,638	1,178,399	174,041	166,016	568,418	203
204 UNIT COST MULT-WS B PT II	1.505290	7.620716	0.338772	1.136847	5.478781	204
205						205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS + LIBRARY GROSS REVENUE	
	MEALS SERVED	13	14	15	16	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
2 CAP REL COSTS-MVBLE EQUIP						2
4 EMPLOYEE BENEFITS						4
5.01 NON-PATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING AND RECEIVING						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING						5.05
5.06 OTHER ADMINISTRATIVE & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
8 LAUNDRY & LINEN SERVICE						8
9 HOUSEKEEPING						9
10 DIETARY						10
11 CAFETERIA	160,217					11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		29,663				13
14 CENTRAL SERVICES & SUPPLY			1,649,121			14
15 PHARMACY				2,928,065		15
16 MEDICAL RECORDS & LIBRARY					300,646,947	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	160,217	23,035			96,746,547	30
31 INTENSIVE CARE UNIT		2,072			6,935,305	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,758			11,554,475	50
53 ANESTHESIOLOGY					3,684,636	53
54 RADIOLOGY-DIAGNOSTIC					4,423,991	54
55 RADIOLOGY-THERAPEUTIC					2,896	55
56 RADIOISOTOPE					528,392	56
57 COMPUTED TOMOGRAPHY (CT) SCAN					4,253,333	57
57.01 ULTRASOUND					2,713,743	57.01
58 MAGNETIC RESONANCE IMAGING (MRI)					1,583,616	58
60 LABORATORY					22,512,753	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY					60,333,171	65
66 PHYSICAL THERAPY					10,031,621	66
68 SPEECH PATHOLOGY					4,590	68
69 ELECTROCARDIOLOGY		107			1,888,096	69
70 ELECTROENCEPHALOGRAPHY		355			1,884,658	70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			1,107,825		11,969,954	71
72 IMPL. DEV. CHARGED TO PATIENT			541,296		1,019,128	72
73 DRUGS CHARGED TO PATIENTS				2,928,065	51,543,658	73
74 RENAL DIALYSIS		920			3,972,000	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY		1,175			1,445,744	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		62			280,606	90
90.02 WOMENS DIAGNOSTIC CENTER		179			1,334,034	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	160,217	29,663	1,649,121	2,928,065	300,646,947	118
NONREIMBURSABLE COST CENTERS						
CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I	479,700	888,878	925,658	1,865,166	1,447,232	202
203 UNIT COST MULT-WS B PT I	2.994064	29.965883	0.561304	0.636996	0.004814	203
204 COST TO BE ALLOC PER B PT II	7,260	12,795	250,497	177,797	185,592	204
205 UNIT COST MULT-WS B PT II	0.045314	0.431345	0.151897	0.060722	0.000617	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I&R	I&R	
	SALARY & FRINGES ASSIGNED TIME	PROGRAM COSTS ASSIGNED TIME	
	21	22	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
2 CAP REL COSTS-MVBLE EQUIP			2
4 EMPLOYEE BENEFITS			4
5.01 NON-PATIENT TELEPHONES			5.01
5.02 DATA PROCESSING			5.02
5.03 PURCHASING AND RECEIVING			5.03
5.04 ADMITTING			5.04
5.05 CASHIERING			5.05
5.06 OTHER ADMINISTRATIVE & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY			16
17 SOCIAL SERVICE			17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD	61		21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD		100	22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	61	100	30
31 INTENSIVE CARE UNIT			31
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM			50
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC			54
55 RADIOLOGY-THERAPEUTIC			55
56 RADIOISOTOPE			56
57 COMPUTED TOMOGRAPHY (CT) SCAN			57
57.01 ULTRASOUND			57.01
58 MAGNETIC RESONANCE IMAGING (MRI)			58
60 LABORATORY			60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY			66
68 SPEECH PATHOLOGY			68
69 ELECTROCARDIOLOGY			69
70 ELECTROENCEPHALOGRAPHY			70
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
74 RENAL DIALYSIS			74
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
90 CLINIC			90
90.02 WOMENS DIAGNOSTIC CENTER			90.02
92 OBSERVATION BEDS			92
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	61	100	118
NONREIMBURSABLE COST CENTERS			
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	5,314		202
203 UNIT COST MULT-WS B PT I	87.114754		203
204 COST TO BE ALLOC PER B PT II	75		204
205 UNIT COST MULT-WS B PT II	1.229508		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	30,279,467		30,279,467	48,878	30,328,345	30
31 INTENSIVE CARE UNIT	3,345,747		3,345,747		3,345,747	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	4,979,459		4,979,459		4,979,459	50
53 ANESTHESIOLOGY	82,166		82,166		82,166	53
54 RADIOLOGY-DIAGNOSTIC	2,142,602		2,142,602		2,142,602	54
55 RADIOLOGY-THERAPEUTIC	28		28		28	55
56 RADIOISOTOPE	288,675		288,675		288,675	56
57 COMPUTED TOMOGRAPHY (CT) SC	420,221		420,221		420,221	57
57.01 ULTRASOUND	403,054		403,054		403,054	57.01
58 MAGNETIC RESONANCE IMAGING	188,821		188,821		188,821	58
60 LABORATORY	3,984,513		3,984,513	17,025	4,001,538	60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	6,163,975		6,163,975	10,442	6,174,417	65
66 PHYSICAL THERAPY	4,950,811		4,950,811		4,950,811	66
68 SPEECH PATHOLOGY	52		52		52	68
69 ELECTROCARDIOLOGY	298,180		298,180		298,180	69
70 ELECTROENCEPHALOGRAPHY	663,898		663,898		663,898	70
71 MEDICAL SUPPLIES CHRGD TO	2,165,232		2,165,232		2,165,232	71
72 IMPL. DEV. CHARGED TO PATIE	1,000,703		1,000,703		1,000,703	72
73 DRUGS CHARGED TO PATIENTS	6,457,292		6,457,292		6,457,292	73
74 RENAL DIALYSIS	1,401,090		1,401,090		1,401,090	74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	1,504,829		1,504,829		1,504,829	76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC	482,133		482,133		482,133	90
90.02 WOMENS DIAGNOSTIC CENTER	488,180		488,180		488,180	90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	71,691,128		71,691,128	76,345	71,767,473	200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	71,691,128		71,691,128		71,767,473	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	89,727,996		89,727,996			30
31 INTENSIVE CARE UNIT	6,935,305		6,935,305			31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	978,645	10,575,830	11,554,475	0.430955	0.430955	0.430955 50
53 ANESTHESIOLOGY	291,731	3,392,905	3,684,636	0.022300	0.022300	0.022300 53
54 RADIOLOGY-DIAGNOSTIC	3,129,286	1,294,705	4,423,991	0.484314	0.484314	0.484314 54
55 RADIOLOGY-THERAPEUTIC		2,896	2,896	0.009669	0.009669	0.009669 55
56 RADIOISOTOPE	84,201	444,191	528,392	0.546327	0.546327	0.546327 56
57 COMPUTED TOMOGRAPHY (CT) SC	2,635,358	1,617,975	4,253,333	0.098798	0.098798	0.098798 57
57.01 ULTRASOUND	827,186	1,886,557	2,713,743	0.148523	0.148523	0.148523 57.01
58 MAGNETIC RESONANCE IMAGING	35,476	1,548,140	1,583,616	0.119234	0.119234	0.119234 58
60 LABORATORY	16,368,156	6,144,597	22,512,753	0.176989	0.176989	0.177745 60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	60,329,860	3,311	60,333,171	0.102166	0.102166	0.102339 65
66 PHYSICAL THERAPY	7,816,458	2,215,163	10,031,621	0.493521	0.493521	0.493521 66
68 SPEECH PATHOLOGY	4,590		4,590	0.011329	0.011329	0.011329 68
69 ELECTROCARDIOLOGY	953,021	935,075	1,888,096	0.157926	0.157926	0.157926 69
70 ELECTROENCEPHALOGRAPHY	121,655	1,763,003	1,884,658	0.352264	0.352264	0.352264 70
71 MEDICAL SUPPLIES CHRGD TO	11,553,997	415,957	11,969,954	0.180889	0.180889	0.180889 71
72 IMPL. DEV. CHARGED TO PATIE	92,219	926,909	1,019,128	0.981921	0.981921	0.981921 72
73 DRUGS CHARGED TO PATIENTS	49,201,449	2,342,209	51,543,658	0.125278	0.125278	0.125278 73
74 RENAL DIALYSIS	3,972,000		3,972,000	0.352742	0.352742	0.352742 74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY	74,321	1,371,423	1,445,744	1.040868	1.040868	1.040868 76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC		280,606	280,606	1.718185	1.718185	1.718185 90
90.02 WOMENS DIAGNOSTIC CENTER		1,334,034	1,334,034	0.365943	0.365943	0.365943 90.02
92 OBSERVATION BEDS	150,000	6,868,551	7,018,551			92
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	255,282,910	45,364,037	300,646,947			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)	255,282,910	45,364,037	300,646,947			202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,588,257		2,588,257	32,466	79.72	16,403	1,307,647	30
31 INTENSIVE CARE UNIT	239,469		239,469	2,117	113.12	1,084	122,622	31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,827,726		2,827,726	34,583		17,487	1,430,269	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX	[XX] [] []	HOSPITAL (14-2011) IPF IRF	[] [] []	SUB (OTHER)	[XX] []	PPS TEFRA						
	COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26)	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2)	INPATIENT PROGRAM CHARGES	CAPITAL (COL.3 x COL.4)							
		1	2	3	4	5							
	ANCILLARY SERVICE COST CENTERS												
50	OPERATING ROOM	1,044,444	11,554,475	0.090393	671,725	60,719							50
53	ANESTHESIOLOGY	7,582	3,684,636	0.002058	162,148	334							53
54	RADIOLOGY-DIAGNOSTIC	295,161	4,423,991	0.066718	1,747,370	116,581							54
55	RADIOLOGY-THERAPEUTIC	2	2,896	0.000691									55
56	RADIOISOTOPE	48,351	528,392	0.091506	47,330	4,331							56
57	COMPUTED TOMOGRAPHY (CT) SCAN	28,023	4,253,333	0.006588	1,442,227	9,501							57
57.01	ULTRASOUND	32,941	2,713,743	0.012139	476,585	5,785							57.01
58	MAGNETIC RESONANCE IMAGING (M	4,253	1,583,616	0.002686	21,013	56							58
60	LABORATORY	303,579	22,512,753	0.013485	11,326,949	152,744							60
62.30	BLOOD CLOTTING FOR HEMOPHILIA												62.30
65	RESPIRATORY THERAPY	155,764	60,333,171	0.002582	26,996,321	69,705							65
66	PHYSICAL THERAPY	460,212	10,031,621	0.045876	4,116,497	188,848							66
68	SPEECH PATHOLOGY	4	4,590	0.000871	2,499	2							68
69	ELECTROCARDIOLOGY	65,929	1,888,096	0.034918	503,305	17,574							69
70	ELECTROENCEPHALOGRAPHY	114,737	1,884,658	0.060879	59,626	3,630							70
71	MEDICAL SUPPLIES CHRGED TO PA	198,693	11,969,954	0.016599	11,553,997	191,785							71
72	IMPL. DEV. CHARGED TO PATIENT	92,584	1,019,128	0.090846	62,909	5,715							72
73	DRUGS CHARGED TO PATIENTS	279,863	51,543,658	0.005430	25,813,502	140,167							73
74	RENAL DIALYSIS	33,602	3,972,000	0.008460	2,469,754	20,894							74
76.97	CARDIAC REHABILITATION												76.97
76.98	HYPERBARIC OXYGEN THERAPY	27,360	1,445,744	0.018925									76.98
76.99	LITHOTRIPSY												76.99
	OUTPATIENT SERVICE COST CENTERS												
90	CLINIC	124,857	280,606	0.444955									90
90.02	WOMENS DIAGNOSTIC CENTER	105,124	1,334,034	0.078802									90.02
92	OBSERVATION BEDS		7,018,551	7,018,551	5,109								92
	OTHER REIMBURSABLE COST CENTERS												
200	TOTAL (SUM OF LINES 50-199)	3,423,065	203,983,646		87,478,866	988,371							200

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

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

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

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	32,466		16,403		30
31 INTENSIVE CARE UNIT	2,117		1,084		31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	34,583		17,487		200

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

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5	COST (SUM OF COLS.2-4) 6
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
57.01 ULTRASOUND						57.01
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.02 WOMENS DIAGNOSTIC CENTER						90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-2011)	[] SUB (OTHER)	[] ICF/MR	[XX] PPS		
APPLICABLE	[XX] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[] TITLE XIX	[] IRF	[] NF				
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,554,475		671,725		3,451,243	50
53	ANESTHESIOLOGY	3,684,636		162,148		837,115	53
54	RADIOLOGY-DIAGNOSTIC	4,423,991		1,747,370		331,145	54
55	RADIOLOGY-THERAPEUTIC	2,896				785	55
56	RADIOISOTOPE	528,392		47,330		172,818	56
57	COMPUTED TOMOGRAPHY (CT) SCA	4,253,333		1,442,227		537,845	57
57.01	ULTRASOUND	2,713,743		476,585		449,929	57.01
58	MAGNETIC RESONANCE IMAGING (1,583,616		21,013		458,068	58
60	LABORATORY	22,512,753		11,326,949		1,657,673	60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	60,333,171		26,996,321		1,032	65
66	PHYSICAL THERAPY	10,031,621		4,116,497		687,702	66
68	SPEECH PATHOLOGY	4,590		2,499			68
69	ELECTROCARDIOLOGY	1,888,096		503,305		312,307	69
70	ELECTROENCEPHALOGRAPHY	1,884,658		59,626		599,102	70
71	MEDICAL SUPPLIES CHRGED TO P	11,969,954		11,553,997		232,567	71
72	IMPL. DEV. CHARGED TO PATIEN	1,019,128		62,909		350,130	72
73	DRUGS CHARGED TO PATIENTS	51,543,658		25,813,502		967,018	73
74	RENAL DIALYSIS	3,972,000		2,469,754			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,445,744					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	280,606				89,260	90
90.02	WOMENS DIAGNOSTIC CENTER	1,334,034				490,143	90.02
92	OBSERVATION BEDS	7,018,551		5,109		1,822,559	92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	203,983,646		87,478,866		13,448,441	200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-2011) [] 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	SVCES NOT SUBJECT TO DED & COINS	PPS SERVICES	SUBJECT TO DED & COINS	SVCES NOT SUBJECT TO DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50 OPERATING ROOM	0.430955	3,451,243			1,487,330		50
53 ANESTHESIOLOGY	0.022300	837,115			18,668		53
54 RADIOLOGY-DIAGNOSTIC	0.484314	331,145			160,378		54
55 RADIOLOGY-THERAPEUTIC	0.009669	785			8		55
56 RADIOISOTOPE	0.546327	172,818			94,415		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.098798	537,845			53,138		57
57.01 ULTRASOUND	0.148523	449,929			66,825		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.119234	458,068			54,617		58
60 LABORATORY	0.176989	1,657,673			293,390		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.102166	1,032			105		65
66 PHYSICAL THERAPY	0.493521	687,702			339,395		66
68 SPEECH PATHOLOGY	0.011329						68
69 ELECTROCARDIOLOGY	0.157926	312,307			49,321		69
70 ELECTROENCEPHALOGRAPHY	0.352264	599,102			211,042		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.180889	232,567			42,069		71
72 IMPL. DEV. CHARGED TO PATIENT	0.981921	350,130			343,800		72
73 DRUGS CHARGED TO PATIENTS	0.125278	967,018			121,146		73
74 RENAL DIALYSIS	0.352742						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1.040868						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.718185	89,260			153,365		90
90.02 WOMENS DIAGNOSTIC CENTER	0.365943	490,143			179,364		90.02
92 OBSERVATION BEDS		1,822,559					92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)		13,448,441			3,668,376		200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)		13,448,441			3,668,376		202

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	CAP-REL COST		REDUCED CAP-REL COST	TOTAL PATIENT DAYS	PER DIEM (COL.3 ÷ COL.4)	INPAT PGM DAYS	INPAT PGM CAP COST (COL.5 x COL.6)	
	(FROM WKST B, PT. II, COL. 26)	SWING-BED ADJUSTMENT	(COL.1 MINUS COL.2)					
	1	2	3	4	5	6	7	
INPAT ROUTINE SERV COST CTRS								
30 ADULTS & PEDIATRICS	2,588,257		2,588,257	32,466	79.72	4,192	334,186	30
31 INTENSIVE CARE UNIT	239,469		239,469	2,117	113.12			31
32 CORONARY CARE UNIT								32
33 BURN INTENSIVE CARE UNIT								33
34 SURGICAL INTENSIVE CARE UNIT								34
35 OTHER SPECIAL CARE (SPECIFY)								35
40 SUBPROVIDER - IPF								40
41 SUBPROVIDER - IRF								41
42 SUBPROVIDER I								42
43 NURSERY								43
44 SKILLED NURSING FACILITY								44
45 NURSING FACILITY								45
200 TOTAL (LINES 30-199)	2,827,726		2,827,726	34,583		4,192	334,186	200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK APPLICABLE BOXES	[] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX	[XX] [] []	HOSPITAL (14-2011) IPF IRF	[] SUB (OTHER)	[] PPS [] TEFRA [XX] OTHER
COST CENTER DESCRIPTION	CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2	RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3	INPATIENT PROGRAM CHARGES 4	CAPITAL (COL.3 x COL.4) 5
ANCILLARY SERVICE COST CENTERS					
50	OPERATING ROOM	1,044,444	11,554,475	0.090393	50
53	ANESTHESIOLOGY	7,582	3,684,636	0.002058	53
54	RADIOLOGY-DIAGNOSTIC	295,161	4,423,991	0.066718	54
55	RADIOLOGY-THERAPEUTIC	2	2,896	0.000691	55
56	RADIOISOTOPE	48,351	528,392	0.091506	56
57	COMPUTED TOMOGRAPHY (CT) SCAN	28,023	4,253,333	0.006588	57
57.01	ULTRASOUND	32,941	2,713,743	0.012139	57.01
58	MAGNETIC RESONANCE IMAGING (M	4,253	1,583,616	0.002686	58
60	LABORATORY	303,579	22,512,753	0.013485	60
62.30	BLOOD CLOTTING FOR HEMOPHILIA				62.30
65	RESPIRATORY THERAPY	155,764	60,333,171	0.002582	65
66	PHYSICAL THERAPY	460,212	10,031,621	0.045876	66
68	SPEECH PATHOLOGY	4	4,590	0.000871	68
69	ELECTROCARDIOLOGY	65,929	1,888,096	0.034918	69
70	ELECTROENCEPHALOGRAPHY	114,737	1,884,658	0.060879	70
71	MEDICAL SUPPLIES CHRGED TO PA	198,693	11,969,954	0.016599	71
72	IMPL. DEV. CHARGED TO PATIENT	92,584	1,019,128	0.090846	72
73	DRUGS CHARGED TO PATIENTS	279,863	51,543,658	0.005430	73
74	RENAL DIALYSIS	33,602	3,972,000	0.008460	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY	27,360	1,445,744	0.018925	76.98
76.99	LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS					
90	CLINIC	124,857	280,606	0.444955	90
90.02	WOMENS DIAGNOSTIC CENTER	105,124	1,334,034	0.078802	90.02
92	OBSERVATION BEDS		7,018,551	7,018,551	92
OTHER REIMBURSABLE COST CENTERS					
200	TOTAL (SUM OF LINES 50-199)	3,423,065	203,983,646		200

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

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

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

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

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 6	PER DIEM COL.5 ÷ COL.6) 7	INPATIENT PROGRAM DAYS 8	INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9	
INPAT ROUTINE SERV COST CTRS					
30 ADULTS & PEDIATRICS	32,466		4,192		30
31 INTENSIVE CARE UNIT	2,117				31
32 CORONARY CARE UNIT					32
33 BURN INTENSIVE CARE UNIT					33
34 SURGICAL INTENSIVE CARE UNIT					34
35 OTHER SPECIAL CARE (SPECIFY)					35
40 SUBPROVIDER - IPF					40
41 SUBPROVIDER - IRF					41
42 SUBPROVIDER I					42
43 NURSERY					43
44 SKILLED NURSING FACILITY					44
45 NURSING FACILITY					45
200 TOTAL (SUM OF LINES 30-199)	34,583		4,192		200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

COST CENTER DESCRIPTION	NON	NURSING	ALLIED	ALL OTHER	TOTAL	TOTAL O/P
	PHYSICIAN ANESTHETIST COST 1			SCHOOL 2	MEDICAL EDUCATION COST 4	COST (SUM OF COLS.1-4) 5
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM						50
53 ANESTHESIOLOGY						53
54 RADIOLOGY-DIAGNOSTIC						54
55 RADIOLOGY-THERAPEUTIC						55
56 RADIOISOTOPE						56
57 COMPUTED TOMOGRAPHY (CT) SCAN						57
57.01 ULTRASOUND						57.01
58 MAGNETIC RESONANCE IMAGING (M						58
60 LABORATORY						60
62.30 BLOOD CLOTTING FOR HEMOPHILIA						62.30
65 RESPIRATORY THERAPY						65
66 PHYSICAL THERAPY						66
68 SPEECH PATHOLOGY						68
69 ELECTROCARDIOLOGY						69
70 ELECTROENCEPHALOGRAPHY						70
71 MEDICAL SUPPLIES CHRGD TO PA						71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS						73
74 RENAL DIALYSIS						74
76.97 CARDIAC REHABILITATION						76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90 CLINIC						90
90.02 WOMENS DIAGNOSTIC CENTER						90.02
92 OBSERVATION BEDS						92
OTHER REIMBURSABLE COST CENTERS						
200 TOTAL (SUM OF LINES 50-199)						200

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[] TITLE V	[XX] HOSPITAL (14-2011)	[] SUB (OTHER)	[] ICF/MR	[] PPS		
APPLICABLE	[] TITLE XVIII-PT A	[] IPF	[] SNF		[] TEFRA		
BOXES	[XX] TITLE XIX	[] IRF	[] NF		[XX] OTHER		
COST CENTER DESCRIPTION	TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)	RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)	O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)	INPAT PGM CHARGES	INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)	O/P PGM CHARGES	O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)
	7	8	9	10	11	12	13
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	11,554,475					50
53	ANESTHESIOLOGY	3,684,636					53
54	RADIOLOGY-DIAGNOSTIC	4,423,991					54
55	RADIOLOGY-THERAPEUTIC	2,896					55
56	RADIOISOTOPE	528,392					56
57	COMPUTED TOMOGRAPHY (CT) SCA	4,253,333					57
57.01	ULTRASOUND	2,713,743					57.01
58	MAGNETIC RESONANCE IMAGING (1,583,616					58
60	LABORATORY	22,512,753					60
62.30	BLOOD CLOTTING FOR HEMOPHILI						62.30
65	RESPIRATORY THERAPY	60,333,171					65
66	PHYSICAL THERAPY	10,031,621					66
68	SPEECH PATHOLOGY	4,590					68
69	ELECTROCARDIOLOGY	1,888,096					69
70	ELECTROENCEPHALOGRAPHY	1,884,658					70
71	MEDICAL SUPPLIES CHRGED TO P	11,969,954					71
72	IMPL. DEV. CHARGED TO PATIEN	1,019,128					72
73	DRUGS CHARGED TO PATIENTS	51,543,658					73
74	RENAL DIALYSIS	3,972,000					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY	1,445,744					76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
90	CLINIC	280,606					90
90.02	WOMENS DIAGNOSTIC CENTER	1,334,034					90.02
92	OBSERVATION BEDS	7,018,551					92
OTHER REIMBURSABLE COST CENTERS							
200	TOTAL (SUM OF LINES 50-199)	203,983,646					200

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS		
	COST TO	PPS	COST REIMB. SERVICES	COST REIMB. SVCS NOT	COST SERVICES	COST SVCS 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	0.430955						50
53 ANESTHESIOLOGY	0.022300						53
54 RADIOLOGY-DIAGNOSTIC	0.484314						54
55 RADIOLOGY-THERAPEUTIC	0.009669						55
56 RADIOISOTOPE	0.546327						56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.098798						57
57.01 ULTRASOUND	0.148523						57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.119234						58
60 LABORATORY	0.176989						60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65 RESPIRATORY THERAPY	0.102166						65
66 PHYSICAL THERAPY	0.493521						66
68 SPEECH PATHOLOGY	0.011329						68
69 ELECTROCARDIOLOGY	0.157926						69
70 ELECTROENCEPHALOGRAPHY	0.352264						70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.180889						71
72 IMPL. DEV. CHARGED TO PATIENT	0.981921						72
73 DRUGS CHARGED TO PATIENTS	0.125278						73
74 RENAL DIALYSIS	0.352742						74
76.97 CARDIAC REHABILITATION							76.97
76.98 HYPERBARIC OXYGEN THERAPY	1.040868						76.98
76.99 LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS							
90 CLINIC	1.718185						90
90.02 WOMENS DIAGNOSTIC CENTER	0.365943						90.02
92 OBSERVATION BEDS							92
OTHER REIMBURSABLE COST CENTERS							
200 SUBTOTAL (SEE INSTRUCTIONS)							200
201 LESS PBP CLINIC LAB SERVICES							201
202 NET CHARGES (LINE 200 - LINE 201)							202

WORKSHEET D-1
 PART I

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] NF [] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	32,466	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,466	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,466	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	16,403	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	30,328,345	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,328,345	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	30,328,345	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2011) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 934.16 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 15,323,026 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) 15,323,026 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	3,345,747	2,117	1,580.42	1,084	1,713,175	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					14,546,004	48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					31,582,205	49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,430,269 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 988,371 51
 52 TOTAL PROGRAM EXCLUDABLE COST 2,418,640 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 29,163,565 53

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 934.16 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	32,466	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	32,466	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	32,466	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,192	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	30,279,467	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)		25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)		26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	30,279,467	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)		28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28)		31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4)		33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	30,279,467	37

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [XX] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 932.65 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 3,909,669 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 3,909,669 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	3,345,747	2,117	1,580.42		43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					3,909,669 49

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 334,186 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 334,186 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

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

PROGRAM INPATIENT ROUTINE SWING BED COST
 64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 64
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (TITLE XVIII ONLY) 65
 66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66
 67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67
 68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68
 69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

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

	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	5
90 CAPITAL-RELATED COST		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 (14-2011) [] SUB (OTHER) [] S/B SNF [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF [] ICF/MR [] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		43,792,110			30
31 INTENSIVE CARE UNIT		3,872,329			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.430955	671,725	289,483		50
53 ANESTHESIOLOGY	0.022300	162,148	3,616		53
54 RADIOLOGY-DIAGNOSTIC	0.484314	1,747,370	846,276		54
55 RADIOLOGY-THERAPEUTIC	0.009669				55
56 RADIOISOTOPE	0.546327	47,330	25,858		56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.098798	1,442,227	142,489		57
57.01 ULTRASOUND	0.148523	476,585	70,784		57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.119234	21,013	2,505		58
60 LABORATORY	0.177745	11,326,949	2,013,309		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.102339	26,996,321	2,762,776		65
66 PHYSICAL THERAPY	0.493521	4,116,497	2,031,578		66
68 SPEECH PATHOLOGY	0.011329	2,499	28		68
69 ELECTROCARDIOLOGY	0.157926	503,305	79,485		69
70 ELECTROENCEPHALOGRAPHY	0.352264	59,626	21,004		70
71 MEDICAL SUPPLIES CHRGED TO PATI	0.180889	11,553,997	2,089,991		71
72 IMPL. DEV. CHARGED TO PATIENT	0.981921	62,909	61,772		72
73 DRUGS CHARGED TO PATIENTS	0.125278	25,813,502	3,233,864		73
74 RENAL DIALYSIS	0.352742	2,469,754	871,186		74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	1.040868				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.718185				90
90.02 WOMENS DIAGNOSTIC CENTER	0.365943				90.02
92 OBSERVATION BEDS		5,109			92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		87,478,866	14,546,004		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		87,478,866			202

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-2011) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
			COL.1	COL.2	
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.430955				50
53 ANESTHESIOLOGY	0.022300				53
54 RADIOLOGY-DIAGNOSTIC	0.484314				54
55 RADIOLOGY-THERAPEUTIC	0.009669				55
56 RADIOISOTOPE	0.546327				56
57 COMPUTED TOMOGRAPHY (CT) SCAN	0.098798				57
57.01 ULTRASOUND	0.148523				57.01
58 MAGNETIC RESONANCE IMAGING (MRI)	0.119234				58
60 LABORATORY	0.176989				60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.102166				65
66 PHYSICAL THERAPY	0.493521				66
68 SPEECH PATHOLOGY	0.011329				68
69 ELECTROCARDIOLOGY	0.157926				69
70 ELECTROENCEPHALOGRAPHY	0.352264				70
71 MEDICAL SUPPLIES CHRGD TO PATI	0.180889				71
72 IMPL. DEV. CHARGED TO PATIENT	0.981921				72
73 DRUGS CHARGED TO PATIENTS	0.125278				73
74 RENAL DIALYSIS	0.352742				74
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY	1.040868				76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
90 CLINIC	1.718185				90
90.02 WOMENS DIAGNOSTIC CENTER	0.365943				90.02
92 OBSERVATION BEDS					92
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)					200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)					202

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-2011) [] 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		26,982,288		1,684,763
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01	NONE		NONE
	.02			3.01
	.03			3.02
	.04			3.03
	.05			3.04
	.06			3.05
	.07			3.06
	.08			3.07
	.09			3.08
	.10			3.09
	.11			3.10
	.12			3.11
	.13			3.12
	.14			3.13
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	1.00			3.99
	1.01			4.00
	1.02			4.01
	1.03			4.02
	1.04			4.03
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	1.97			4.96
	1.98			4.97
	1.99			4.98
	2.00			4.99
	2.01			5.00
	2.02			5.01
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	2.69			5.68
	2.70			5.69
	2.71			5.70
	2.72			5.71
	2.73			5.72
	2.74			5.73
	2.75			5.74
	2.76			5.75
	2.77			5.76
	2.78			5.77
	2.79			5.78

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-2011) [] 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	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	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	32,466 4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168	7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)	8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30	INITIAL/INTERIM HIT PAYMENT(S)	30
31	OTHER ADJUSTMENTS (SPECIFY)	31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)	32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART IV

CHECK [XX] HOSPITAL (14-2011)
APPLICABLE BOX:

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)	24,847,175	1
2	OUTLIER PAYMENTS	5,119,006	2
3	TOTAL PPS PAYMENTS (SUM OF LINES 1 AND 2)	29,966,181	3
4	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)		4
5	ORGAN ACQUISITION		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL (SEE INSTRUCTIONS)	29,966,181	7
8	PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL (LINE 7 LESS LINE 8)	29,966,181	9
10	DEDUCTIBLES	56,020	10
11	SUBTOTAL (LINE 9 MINUS LINE 10)	29,910,161	11
12	COINSURANCE	2,924,897	12
13	SUBTOTAL (LINE 11 MINUS LINE 12)	26,985,264	13
14	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	536,578	14
15	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	375,605	15
16	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	479,431	16
17	SUBTOTAL (SUM OF LINES 13 AND 15)	27,360,869	17
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING LTCH ONLY)	1,287	18
19	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		19
20	OUTLIER PAYMENTS RECONCILIATION		20
21	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		21
22	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	27,362,156	22
23	INTERIM PAYMENTS	26,982,288	23
24	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		24
25	BALANCE DUE PROVIDER/PROGRAM (LINE 22 MINUS THE SUM OF LINES 23 AND 24)	379,868	25
26	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		26
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (SEE INSTRUCTIONS)		50
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		52
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK [] TITLE V [XX] HOSPITAL (14-2011) [] SNF [] PPS
 APPLICABLE [XX] TITLE XIX [] IPF [] NF [] TEFRA
 BOXES: [] IRF [] ICF/MR [XX] OTHER
 [] SUB (OTHER)

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

	INPATIENT TITLE V OR TITLE XIX	OUTPATIENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES			
1	3,909,669		1
2			2
3			3
4	3,909,669		4
5			5
6			6
7	3,909,669		7
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES			
8			8
9			9
10			10
11			11
12			12
CUSTOMARY CHARGES			
13			13
14			14
15	1.000000	1.000000	15
16			16
17			17
18	3,909,669		18
19			19
20			20
21			21
PROSPECTIVE PAYMENT AMOUNT			
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			2.57 1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			1.19 3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			-1.35 4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			0.03 5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			0.06 6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			0.03 7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR	0.06		0.06 8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6	0.03		0.03 9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT	0.03		11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	0.03		12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	0.04		13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)	0.03		14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT	0.03		17
18	PER RESIDENT AMOUNT	94,711.17	93,681.40	18
19	APPROVED AMOUNT FOR RESIDENT COSTS	2,841		2,841 19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			0.03 21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			2,841 25
COMPUTATION OF PROGRAM PATIENT LOAD		INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	17,487		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	34,583		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.505653		28
29	PROGRAM DIRECT GME AMOUNT	1,437		29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			1,437 31
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			3,972,000 33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
APPORTIONMENT OF MEDICARE REASONABLE COST OF GME				
PART A REASONABLE COST				
37	REASONABLE COST (SEE INSTRUCTIONS)			31,582,205 37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			31,582,205 41
PART B REASONABLE COST				
42	REASONABLE COST (SEE INSTRUCTIONS)			3,668,376 42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			3,668,376 44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			35,250,581 45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			0.895934 46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			0.104066 47
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			1,437 48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			1,287 49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			150 50

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

WORKSHEET E-4

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE DECEMBER 31, 1996			1
2	UNWEIGHTED FTE RESIDENT CAP ADD-ON FOR NEW PROGRAMS PER 42 CFR 413.79(e)(1) (SEE INSTRUCTIONS)			2
3	AMOUNT OF REDUCTION TO DIRECT GME CAP UNDER SECTION 422 OF MMA			3
3.01	DIRECT GME CAP REDUCTION AMOUNT UNDER ACA §5503 IN ACCORDANCE WITH CFR §413.79(m). (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			3.01
4	ADJUSTMENT (PLUS OR MINUS) TO THE FTE CAP FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS DUE TO A MEDICARE GME AFFILIATION AGREEMENT (42 CFR §413.75(b) AND §413.79(f))			4
4.01	ACA SECTION 5503 INCREASE TO THE DIRECT GME FTE CAP (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.01
4.02	ACA SECTION 5506 NUMBER OF ADDITIONAL DIRECT GME FTE CAP SLOTS (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2011)			4.02
5	FTE ADJUSTED CAP (LINE 1 PLUS LINE 2 MINUS LINE 3 AND 3.01 PLUS OR MINUS LINE 4 PLUS LINE 4.01 PLUS LINE 4.02 PLUS APPLICABLE SUBSCRIPTS)			5
6	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS (SEE INSTRUCTIONS)			6
7	ENTER THE LESSER OF LINE 5 OR LINE 6			7
		PRIMARY CARE	OTHER	TOTAL
		1	2	3
8	WEIGHTED FTE COUNT FOR PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR			8
9	IF LINE 6 IS LESS THAN LINE 5 ENTER THE AMOUNT FROM LINE 8, OTHERWISE MULTIPLY LINE 8 TIMES THE RESULT OF LINE 5 DIVIDED BY THE AMOUNT ON LINE 6			9
10	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR			10
11	TOTAL WEIGHTED FTE COUNT			11
12	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			12
13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			13
14	ROLLING AVERAGE FTE COUNT (SUM OF LINES 11-13 DIVIDED BY 3)			14
15	ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF NEW PROGRAMS			15
16	ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE			16
17	ADJUSTED ROLLING AVERAGE FTE COUNT			17
18	PER RESIDENT AMOUNT			18
19	APPROVED AMOUNT FOR RESIDENT COSTS			19
20	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)			20
21	GME FTE UNWEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			21
22	ALLOWABLE ADDITIONAL DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)			22
23	ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)			23
24	MULTIPLY LINE 22 TIMES LINE 23			24
25	TOTAL DIRECT GME AMOUNT (SUM OF LINES 19 AND 24)			25
	COMPUTATION OF PROGRAM PATIENT LOAD	INPATIENT	MANAGED	
		PART A	CARE	
26	INPATIENT DAYS	4,192		26
27	TOTAL INPATIENT DAYS (SEE INSTRUCTIONS)	34,583		27
28	RATIO OF INPATIENT DAYS TO TOTAL INPATIENT DAYS	0.121216		28
29	PROGRAM DIRECT GME AMOUNT			29
30	REDUCTION FOR DIRECT GME PAYMENTS FOR MEDICARE MANAGED CARE			30
31	NET PROGRAM DIRECT GME AMOUNT			31
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS (FROM WKST B, PART I, SUM OF COLS. 20 AND 23, LINES 74 AND 94)			32
33	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES (WKST C, PART I, COL. 8, SUM OF LINES 74 AND 94)			33
34	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES (LINE 32 ÷ LINE 33)			34
35	MEDICARE OUTPATIENT ESRD CHARGES (SEE INSTRUCTIONS)			35
36	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS (LINE 34 x LINE 35)			36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME			
	PART A REASONABLE COST			
37	REASONABLE COST (SEE INSTRUCTIONS)			37
38	ORGAN ACQUISITION COSTS (WKST D-4, PART III, COL. 1, LINE 69)			38
39	COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20)			39
40	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			40
41	TOTAL PART A REASONABLE COST (SUM OF LINES 37-39 MINUS LINE 40)			41
	PART B REASONABLE COST			
42	REASONABLE COST (SEE INSTRUCTIONS)			42
43	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)			43
44	TOTAL PART B REASONABLE COST (LINE 42 MINUS LINE 43)			44
45	TOTAL REASONABLE COST (SUM OF LINES 41 AND 44)			45
46	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST (LINE 41 ÷ LINE 45)			46
47	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST (LINE 44 ÷ LINE 45)			47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	TOTAL PROGRAM GME PAYMENT (LINE 31)			48
49	PART A MEDICARE GME PAYMENT (LINE 46 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			49
50	PART B MEDICARE GME PAYMENT (LINE 47 x LINE 48) (TITLE XVIII ONLY) (SEE INSTRUCTIONS)			50

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				1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	55,182,010			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-33,189,900			6
7 INVENTORY	1,186,747			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	87,215			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	23,266,072			11
FIXED ASSETS				
12 LAND	342,000			12
13 LAND IMPROVEMENTS	4,077,827			13
14 ACCUMULATED DEPRECIATION	-3,950,434			14
15 BUILDINGS	84,702,018			15
16 ACCUMULATED DEPRECIATION	-66,490,551			16
17 LEASEHOLD IMPROVEMENTS				17
18 ACCUMULATED AMORTIZATION				18
19 FIXED EQUIPMENT	2,059,408			19
20 ACCUMULATED DEPRECIATION	-2,010,830			20
21 AUTOMOBILES AND TRUCKS				21
22 ACCUMULATED DEPRECIATION				22
23 MAJOR MOVABLE EQUIPMENT	33,635,253			23
24 ACCUMULATED DEPRECIATION	-26,358,995			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)	26,005,696			30
OTHER ASSETS				
31 INVESTMENTS	1,284,208			31
32 DEPOSITS ON LEASES				32
33 DUE FROM OWNERS/OFFICERS				33
34 OTHER ASSETS	1,112,549			34
35 TOTAL OTHER ASSETS (SUM OF LINES 31-34)	2,396,757			35
36 TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	51,668,525			36
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
37 ACCOUNTS PAYABLE	742,440			37
38 SALARIES, WAGES & FEES PAYABLE				38
39 PAYROLL TAXES PAYABLE				39
40 NOTES & LOANS PAYABLE (SHORT TERM)	1,220,000			40
41 DEFERRED INCOME				41
42 ACCELERATED PAYMENTS				42
43 DUE TO OTHER FUNDS	26,146,313			43
44 OTHER CURRENT LIABILITIES	7,648,105			44
45 TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	35,756,858			45
LONG-TERM LIABILITIES				
46 MORTGAGE PAYABLE	27,334,255			46
47 NOTES PAYABLE				47
48 UNSECURED LOANS				48
49 OTHER LONG TERM LIABILITIES	5,650,493			49
50 TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	32,984,748			50
51 TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	68,741,606			51
CAPITAL ACCOUNTS				
52 GENERAL FUND BALANCE	-17,073,081			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)	-17,073,081			59
60 TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	51,668,525			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		-21,469,557							1
2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)		4,814,873							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		-16,654,684							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5									5
6									6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)									10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		-16,654,684							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	418,397								12
13									13
14									14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		418,397							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		-17,073,081							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	96,278,496		96,278,496	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	96,278,496		96,278,496	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)				17
18 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	96,278,496		96,278,496	18
19 ANCILLARY SERVICES	158,845,252		158,845,252	19
20 OUTPATIENT SERVICES		45,524,132	45,524,132	20
21 RHC				21
22 FQHC				22
23 HOME HEALTH AGENCY				23
25 AMBULANCE				25
26 ASC				26
27 HOSPICE				27
28 OTHER (SPECIFY)				28
TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	255,123,748	45,524,132	300,647,880	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		73,156,327	29
30 ADD (SPECIFY)			30
31			31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)			36
37 DEDUCT (SPECIFY)			37
38			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)		73,156,327	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	300,647,880	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	224,005,106	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	76,642,774	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	73,156,327	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	3,486,447	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	2,845	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	318,439	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1,329	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	803,551	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (INTEREST INCOME FROM LATE PAYMENTS)	41,321	24
24.01	OTHER (REALIZED LOSSES)		24.01
24.02	OTHER (MISCELLANEOUS INCOME)	160,941	24.02
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,328,426	25
26	TOTAL (LINE 5 PLUS LINE 25)	4,814,873	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	4,814,873	29