

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

WORKSHEET S  
 PARTS I & II

INTERMEDIARY [ ] AUDITED DATE RECEIVED \_\_\_\_\_ [ XX ] INITIAL [ ] RE-OPENING  
 USE ONLY: [ ] DESK REVIEWED INTERMEDIARY NO. \_\_\_\_\_ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK \_\_\_\_\_ ELECTRONICALLY FILED COST REPORT DATE: \_\_\_\_\_  
 APPLICABLE BOX \_\_\_\_\_ MANUALLY SUBMITTED COST REPORT TIME: \_\_\_\_\_

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. CATHERINE HOSPT., INC (15-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2006 AND ENDING 06/30/2007, AND THAT 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 II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	1	2	3	4
2	SUBPROVIDER I		17791	48391	1
2.01	SUBPROVIDER II		-69515		2
3	SWING BED - SNF		-160645		2.01
4	SWING BED - NF				3
5	SKILLED NURSING FACILITY				4
6	NURSING FACILITY				5
7	HOME HEALTH AGENCY				6
8	OUTPATIENT REHABILITATION PROVIDER				7
9	HEALTH CLINIC				8
100	TOTAL		-212369	48391	9
					100

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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 4321 FIR STREET P.O.BOX: 1  
 1.01 CITY: EAST CHICAGO STATE: IN ZIP CODE: 46312 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	15-0008	07/01/1966	N	P	P	2
3	SUBPROVIDER I	15-S008	01/01/1991	N	T	P	3
3.01	SUBPROVIDER II	15-T008	01/01/2002	N	P	P	3.01
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	15-7453	01/01/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2006 TO: 06/30/2007 17  
 18 TYPE OF CONTROL 1 2 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1 19  
 20 SUBPROVIDER I 4 20  
 20.01 SUBPROVIDER II 5 20.01

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21  
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01  
 21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 23844 21.03  
 21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04  
 21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05  
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06  
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22  
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23  
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE(mm/dd/yyyy) 23.01  
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.02  
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.03  
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy) 23.04  
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE 23.05  
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy) 23.06  
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy) 23.07  
 24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 24

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	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. 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.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	158054		40
40.01	NAME: COMMUNITY FOUNDATION OF NW	FI/CONTRACTOR'S NAME:			40.01
40.02	STREET: 901 MACARTHUR STREET	P.O.BOX:			40.02
40.03	CITY: MUNSTER	STATE: IN	ZIP CODE: 46321		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMDQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:		AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES	NO		60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES 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. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & Peds, EXCL. SWING BED, OBSERV & HOSPICE DAYS		2835	2505	6515	1
2	HMO XIX					2
3	HOSPITAL ADULTS & Peds - SWING BED SNF					3
4	HOSPITAL ADULTS & Peds - SWING BED NF					4
5	TOTAL ADULTS & Peds EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		2835	2505	6515	12
13	RPCH VISITS					13
14	SUBPROVIDER I		176	170	711	14
14.01	SUBPROVIDER II		526	24	617	14.01
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	43703896		43703896	1815883.00	24.07		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	5055302		5055302	196216.00	25.76		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	137462		137462	3603.85	38.14 PER LIST		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'					PER LIST		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	574101		574101	3418.00	167.96 PER LIST		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	3814289		3814289	115699.00	32.97		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	9083278		9083278			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1038236		1038236			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	371704		371704	13522.00	27.49		21
22 ADMINISTRATIVE & GENERAL	4710188		4710188	183577.00	25.66		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	923666		923666	38635.00	23.91		23
24 OPERATION OF PLANT	330980		330980	14647.00	22.60		24
25 LAUNDRY & LINEN SERVICE	48188		48188	3644.00	13.22		25
26 HOUSEKEEPING	1553890		1553890	112253.00	13.84		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	1374181	-851993	522188	36239.46	14.41		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		851993	851993	59127.54	14.41		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	852949		852949	28184.00	30.26		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	1148375		1148375	36345.00	31.60		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	953198		953198	58319.00	16.34		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	43703896		43703896	1815883.00	24.07	1
2 EXCLUDED AREA SALARIES	5055302		5055302	196216.00	25.76	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	38648594		38648594	1619667.00	23.86	3
4 SUBTOTAL OTHER WAGES & REL COSTS	4525852		4525852	122720.85	36.88	4
5 SUBTOTAL WAGE-RELATED COSTS	9083278		9083278		23.50*	5
6 TOTAL (SUM OF LINES 3 THRU 5)	52257724		52257724	1742387.85	29.99	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	12267319		12267319	584493.00	20.99	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3501	354	22	3877	1
2 UNDUPLICATED CENSUS COUNT		334.00	82.00	108.00	524.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.82		1.82	4
5 OTHER ADMINISTRATIVE PERSONNEL	4.23		4.23	5
6 DIRECT NURSING SERVICE	5.59		5.59	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		1.68	1.68	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		.57	.57	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.01	.01	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	3.91		3.91	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		2960	23844	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4  
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	8604	1080	95	51		9830	21
22	SKILLED NURSING VISIT CHARGES	1238765	156211	13598	7378		1415952	22
23	PHYSICAL THERAPY VISITS	2611	121		25		2757	23
24	PHYSICAL THERAPY VISIT CHARGES	438441	20366		4195		463002	24
25	OCCUPATIONAL THERAPY VISITS	905	86	2	30		1023	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	152145	14476	332	1021		167974	26
27	SPEECH PATHOLOGY VISITS							27
28	SPEECH PATHOLOGY VISIT CHARGES							28
29	MEDICAL SOCIAL SERVICE VISITS	10					10	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	1950					1950	30
31	HOME HEALTH AIDE VISITS	3145	251	8	17		3421	31
32	HOME HEALTH AIDE VISIT CHARGES	340427	27199	859	1825		370310	32
33	TOTAL VISITS	15275	1538	105	123		17041	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	2171728	218252	14789	14419		2419188	35
36	TOTAL NUMBER OF EPISODES	632		41	6		679	36
37	TOTAL NUMBER OF OUTLIER EPISODES		27				27	37
38	TOTAL MEDICAL SUPPLY CHARGES	87355	26450	6423	59		120287	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	10362218 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	13399716 18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	23761934 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	22819193 23
24	COST TO CHARGE RATIO	0.466888 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	10654007 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	41056209 28
29	TOTAL GROSS MEDICAID COST	19168651 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	29822658 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.03	8530								85.03
95		42055041	85324893	127379934	284804	127664738	-27393368	100271370	95
98	9800	1648715	1364088	3012803	-283806	2728997	-66366	2662631	98
100	7950		336746	336746	-998	335748	-3990	331758	100
100.03	7951	140	200987	201127		201127		201127	100.03
100.04	7952								100.04
100.05	7953								100.05
101		43703896	87226714	130930610		130930610	-27463724	103466886	101

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER	LINE #	SALARY	
2			2	3	4	5
1						
2	MEDICAL SUPPLIES CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHARGED TO P	55		7934569
3		A				
4		A				
5		A				
6		A				
7		A				
8		A				
9		A				
10		A				
11		A				
12		A				
13		A				
14		A				
15		A				
16		A				
17		A				
18		A				
19		A				
20		A				
21		A				
22		A				
23		A				
24		A				
25		A				
26		A				
27		A				
28		A				
29	DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56		3356693
30		B				
31		B				
32		B				
33		B				
34		B				
35		B				
36	SUBTOTAL					11291262

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1						1
2 MEDICAL SUPPLIES CHARGED TO PATIE	A	CENTRAL SERVICES & SUPPLY	15		46051	2
3	A	MEDICAL RECORDS & LIBRARY	17		24	3
4	A	ADULTS & PEDIATRICS	25		750209	4
5	A	INTENSIVE CARE UNIT	26		252168	5
6	A	SUBPROVIDER I	31		9324	6
7	A	OPERATING ROOM	37		2900143	7
8	A	RECOVERY ROOM	38		39367	8
9	A	ANESTHESIOLOGY	40		250244	9
10	A	RADIOLOGY-DIAGNOSTIC	41		41058	10
11	A	ULTRASOUND	41.01		21961	11
12	A	RADIOISOTOPE	43		8043	12
13	A	LABORATORY	44		868666	13
14	A	WHOLE BLOOD & PACKED RED BLOO	46		70662	14
15	A	CARDIAC REHABILITATION	47.01		2839	15
16	A	NON-INVASIVE LAB	47.02		22429	16
17	A	RESPIRATORY THERAPY	49		100520	17
18	A	PHYSICAL THERAPY	50		40977	18
19	A	OCCUPATIONAL THERAPY	51		6023	19
20	A	ELECTROENCEPHALOGRAPHY	54		10987	20
21	A	CAT SCAN	56.01		67146	21
22	A	CARDIAC CATHETERIZATION LAB	56.02		1792434	22
23	A	ONCOLOGY	58.01		7997	23
24	A	CLINIC	60		32005	24
25	A	EMERGENCY	61		393793	25
26	A	HOME HEALTH AGENCY	71		50792	26
27	A	PHYSICIANS' PRIVATE OFFICES	98		57863	27
28	A	SUBPROVIDER II	31.01		90844	28
29 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		2856485	29
30	B	ADULTS & PEDIATRICS	25		1204	30
31	B	INTENSIVE CARE UNIT	26		87	31
32	B	SUBPROVIDER I	31		152	32
33	B	SUBPROVIDER II	31.01		68	33
34	B	OPERATING ROOM	37		2208	34
35	B	RECOVERY ROOM	38		40	35
36 SUBTOTAL					10794813	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	B				1
2	B				2
3	B				3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	C	CAFETERIA	12	851993	671032
13	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2578406
14	H	NEW CAP REL COSTS-BLDG & FIXT	3		2559116
15	H	NEW CAP REL COSTS-MVBLE EQUIP	4		78134
16	J	DELIVERY ROOM & LABOR ROOM	39	685298	130263
17	K	NEW CAP REL COSTS-BLDG & FIXT	3		141533
18	K				18
19	K				19
20	K				20
21	K	NEW CAP REL COSTS-MVBLE EQUIP	4		602844
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28	K				28
29	K				29
30	K				30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36		SUBTOTAL		1537291	18052590

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	B	ANESTHESIOLOGY	40		72807	1
2	B	RADIOLOGY-DIAGNOSTIC	41		106	2
3	B	RADIOISOTOPE	43		266278	3
4	B	LABORATORY	44		1	4
5	B	CARDIAC REHABILITATION	47.01		3	5
6	B	RESPIRATORY THERAPY	49		23577	6
7	B	PHYSICAL THERAPY	50		5	7
8	B	CARDIAC CATHETERIZATION LAB	56.02		1353	8
9	B	CLINIC	60		42966	9
10	B	EMERGENCY	61		866	10
11	B	PHYSICIANS' PRIVATE OFFICES	98		88487	11
12	C	DIETARY	11	851993	671032	12
13	D	NEW CAP REL COSTS-BLDG & FIXT	3		2578406	9 13
14	H	OTHER ADMINISTRATIVE AND GENE	6.05		2559116	11 14
15	H	OTHER ADMINISTRATIVE AND GENE	6.05		78134	11 15
16	J	ADULTS & PEDIATRICS	25	685298	130263	16
17	K	OTHER ADMINISTRATIVE AND GENE	6.05		915	10 17
18	K	OPERATING ROOM	37		40721	18
19	K	PHYSICAL THERAPY	50		497	19
20	K	PHYSICIANS' PRIVATE OFFICES	98		99400	20
21	K	EMPLOYEE BENEFITS	5		247	10 21
22	K	MAINTENANCE OF PERSONNEL	5.01		4888	22
23	K	NONPATIENT TELEPHONES	6.01		1264	23
24	K	PURCHASING, RECEIVING & STOR	6.02		745	24
25	K	ADMITTING	6.03		5915	25
26	K					26
27	K	OTHER ADMINISTRATIVE AND GENE	6.05		19906	27
28	K	MAINTENANCE & REPAIRS	7		4306	28
29	K	OPERATION OF PLANT	8		1869	29
30	K	LAUNDRY & LINEN SERVICE	9		36	30
31	K	HOUSEKEEPING	10		10801	31
32	K	DIETARY	11		10978	32
33	K	NURSING ADMINISTRATION	14		11937	33
34	K	CENTRAL SERVICES & SUPPLY	15		238515	34
35	K	PHARMACY	16		1993	35
36		SUBTOTAL		1537291	17763146	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28	K				28
29	M	NEW CAP REL COSTS-BLDG & FIXT	3		13665
30	O	OPERATION OF PLANT	8		28758
31	P	RADIOLOGY-DIAGNOSTIC	41		21
32	Q	CASHIERING/ACCOUNTS RECEIVABL	6.04	30970	
33					33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1568261	18095034

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	K	MEDICAL RECORDS & LIBRARY	17		3130	1
2	K	ADULTS & PEDIATRICS	25		4732	2
3	K	INTENSIVE CARE UNIT	26		1842	3
4	K	SUBPROVIDER I	31		1634	4
5	K	SUBPROVIDER II	31.01		2213	5
6	K	OPERATING ROOM	37		102526	6
7	K	RECOVERY ROOM	38		245	7
8	K	ANESTHESIOLOGY	40		288	8
9	K	RADIOLOGY-DIAGNOSTIC	41		2281	9
10	K	ULTRASOUND	41.01		432	10
11	K					11
12	K	RADIOISOTOPE	43		1512	12
13	K	LABORATORY	44		30859	13
14	K	WHOLE BLOOD & PACKED RED BLOO	46		45	14
15	K	CARDIAC REHABILITATION	47.01		1367	15
16	K	NON-INVASIVE LAB	47.02		494	16
17	K	RESPIRATORY THERAPY	49		45462	17
18	K	PHYSICAL THERAPY	50		5156	18
19	K	OCCUPATIONAL THERAPY	51		90	19
20	K	ELECTROENCEPHALOGRAPHY	54		1160	20
21	K	CAT SCAN	56.01		518	21
22	K	CARDIAC CATHETERIZATION LAB	56.02		56417	22
23	K	ONCOLOGY	58.01		45	23
24	K	CLINIC	60		6534	24
25	K	EMERGENCY	61		6194	25
26	K	HOME HEALTH AGENCY	71		3972	26
27	K	PHYSICIANS' PRIVATE OFFICES	98		9298	27
28	K	OTHER NON REIMB COST CNTR	100		998	28
29	M	OTHER ADMINISTRATIVE AND GENE	6.05		13665	12 29
30	O	PHYSICIANS' PRIVATE OFFICES	98		28758	30
31	P	RADIOLOGY-THERAPEUTIC	42		21	31
32	Q	ADMITTING	6.03	30970		32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		1568261	18095034	36

ANALYSIS OF CHANGES DURING COST REPORTING  
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL  
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED  
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW 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	583557					583557		1
2 LAND IMPROVEMENTS	1566877	391428		391428		1958305		2
3 BUILDINGS AND FIXTURES	48828453	342724		342724		49171177		3
4 BUILDING IMPROVEMENTS	3798396	742184		742184		4540580		4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	84719478	2474349		2474349	44673	87149154		6
7 SUBTOTAL	139496761	3950685		3950685	44673	143402773		7
8 RECONCILING ITEMS								8
9 TOTAL	139496761	3950685		3950685	44673	143402773		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	52626849		52626849	.389540				3
4 NEW CAP REL COSTS-MVBLE EQUIP	82472969		82472969	.610460				4
5 TOTAL	135099818		135099818	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	2449533	141533	2318284	13665			4923015 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4887044	602844	78134				5568022 4
5 TOTAL	7336577	744377	2396418	13665			10491037 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	4309351						4309351 3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	4309351						4309351 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-296592	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-38609	RADIOLOGY-DIAGNOSTIC	41	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE	B	-7555	EMPLOYEE BENEFITS	5	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1579248			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-520087			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-419193	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-33680	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST		HOME HEALTH AGENCY	71	27
	A-8-3				
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	718588	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	1249958	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 ANESTHESIA SVC BY PHYS	A	-806599	ANESTHESIOLOGY	40	37
37.01 ANESTHESIA SVC BY CRNA	A	-349185	ANESTHESIOLOGY	40	37.01
38 ADJUST PHYSICIAN BAD DEBT	A	-66366	PHYSICIANS' PRIVATE OFFICES	98	38
38.01 OFFSET HOSPITAL BAD DEBT EXPENSE	A	-3626647	OTHER ADMINISTRATIVE AND GENERA	6.05	38.01
38.04 OFFSET RADIOLOGY INCOME	B	-763	RADIOLOGY-DIAGNOSTIC	41	38.04
39 OFFSET OTHER NON OPERATING REVENUE	B	-50000	OTHER ADMINISTRATIVE AND GENERA	6.05	39
39.01 OFFSET OTHER OP REVENUE	B	-13917	OPERATING ROOM	37	39.01
39.02 OFFSET OTHER OP REVENUE	B	-3720	LABORATORY	44	39.02
40					40
41					41
42 OFFSET OTHER REVENUE	B	-42401	CARDIAC REHABILITATION	47.01	42
43 OFFSET PHOTOGRAPHIC REVENUE	B	-6893	OTHER ADMINISTRATIVE AND GENERA	6.05	43
43.01 OFFSET PHOTOGRAPHIC REVENUE	B	-110	CLINIC	60	43.01
43.02 OFFSET PHOTOGRAPHIC REVENUE	B	-1077	CLINIC	60	43.02
43.03 OFFSET PHOTOGRAPHIC REVENUE	B	-1036	MEDICAL RECORDS & LIBRARY	17	43.03
43.04 OFFSET PHOTOGRAPHIC REVENUE	B	-25	LABORATORY	44	43.04
43.05 OFFSET PHOTOGRAPHIC REVENUE	B	-60	MAINTENANCE OF PERSONNEL	5.01	43.05
43.06 LTAC ER SVC REVENUE OFFSET	B	-4919	EMERGENCY	61	43.06
43.07 LTAC ACUTE REVENUE OFFSET	B	-33280	ADULTS & PEDIATRICS	25	43.07
43.08 LTAC MAINTENANCE REVENUE	B	-10129	OPERATION OF PLANT	8	43.08
43.09 LTAC LAB REVENUE OFFSET	B	-13260	LABORATORY	44	43.09
43.11 LTAC PASTORAL CARE REVENUE OFFSET	B	-7388	OTHER ADMINISTRATIVE AND GENERA	6.05	43.11
43.12 LTAC DIETICIAN REVENUE OFFSET	B	-59811	DIETARY	11	43.12
43.13 LTAC TRANSCRIPTION REVENUE OFFSET	B	-733	MEDICAL RECORDS & LIBRARY	17	43.13
43.14 LTAC OCCUPATIONAL HEALTH REV OFFS	B	-11997	CLINIC	60	43.14
43.15 LTAC SUPPLY REVENUE OFFSET	B	-28258	MEDICAL SUPPLIES CHARGED TO PAT	55	43.15
43.16 LTAC A&G OFFSET	B	-2599	OTHER ADMINISTRATIVE AND GENERA	6.05	43.16
43.17 LTAC COMMUNICATION REV OFFSET	B	-7140	NONPATIENT TELEPHONES	6.01	43.17
43.18 LTAC COMPUTER SVC REV OFFSET	B	-10920	OTHER ADMINISTRATIVE AND GENERA	6.05	43.18
44					44

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
			COST CENTER 3	LINE NO. 4	
44.02 OFFSET DIETARY CAHS DISCOUNTS	B	-8190	DIETARY	11	44.02
44.04 OTHER REV - GET HIP PROGRAM	B	-302	OTHER ADMINISTRATIVE AND GENERA	6.05	44.04
44.05 BY PRODUCT SALES	B	-841	ADULTS & PEDIATRICS	25	44.05
44.06 OFFSET OCC HEALTH REV BP AMOCO	B	-281118	CLINIC	60	44.06
44.07 OFFSET OCC HEALTH MISC REVENUE	B	-3891	CLINIC	60	44.07
44.13 OFFSET MISC INCOME	B	-2403	OTHER ADMINISTRATIVE AND GENERA	6.05	44.13
44.15 OFFSET MISC INCOME	B	-9962	OPERATION OF PLANT	8	44.15
44.16 OFFSET MISC INCOME	B	-648	OTHER ADMINISTRATIVE AND GENERA	6.05	44.16
44.17 OFFSET MISC INCOME	B	-1980	INTENSIVE CARE UNIT	26	44.17
44.18 OFFSET MISC INCOME	B	-17821	ADULTS & PEDIATRICS	25	44.18
44.19 OFFSET MISC INCOME	B	-5000	SUBPROVIDER I	31	44.19
44.20 OFFSET MISC INCOME	B	-4127	ADULTS & PEDIATRICS	25	44.20
44.21 OFFSET MISC INCOME	B	-42231	CLINIC	60	44.21
44.22 OFFSET MISC INCOME	B	-1419	EMERGENCY	61	44.22
44.23 OFFSET MISC INCOME	B	-33250	MEDICAL RECORDS & LIBRARY	17	44.23
44.24 OFFSET MISC INCOME	B	-3990	OTHER NON REIMB COST CNTR	100	44.24
44.25 OFFSET CONTRIBUTION	A	-221400	OTHER ADMINISTRATIVE AND GENERA	6.05	44.25
44.26 OFFSET CONTRIBUTION	A	-5280	OPERATING ROOM	37	44.26
45					45
45.06 OFFSET OTHER HR REVENUE	B	-270	MAINTENANCE OF PERSONNEL	5.01	45.06
46 OFFSET IHHA DUES	A	-7938	OTHER ADMINISTRATIVE AND GENERA	6.05	46
47					47
47.01 CASH SHORT AND OVER	B	-12	ADMITTING	6.03	47.01
47.02 OFFSET INTERCOMPANY RENT REVENUE	B	-2730	OTHER ADMINISTRATIVE AND GENERA	6.05	47.02
47.03 OFFSET LOBBYING COSTS	A	-40000	OTHER ADMINISTRATIVE AND GENERA	6.05	47.03
47.04 OFFSET TELEPHONE AND TV DEPR	A	-8995	NEW CAP REL COSTS-MVBLE EQUIP	4	9 47.04
47.05 OFFSET TELEPHONE DEPR	A	-20268	NEW CAP REL COSTS-MVBLE EQUIP	4	9 47.05
48 OFFSET CAPITATION EXPENSES	A	-20654007	OTHER ADMINISTRATIVE AND GENERA	6.05	48
49					49
50 TOTAL		-27463724			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6.05	OTHER ADMINISTRATIVE AND GENERA	CFNI ALLOCATION	6121076	7784866	-1663790	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	BLDG DEPR	55760		55760	11 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPR	1087943		1087943	9 3
4							4
5	TOTALS			7264779	7784866	-520087	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1	B COMM FDN OF NW IN	100.00			HEALTHCARE	1
2						2
3						3
4						4
5						5

- (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	AGGREGATE	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	6.05 OTHER ADMINISTRATIVE AND	AGGREGATE	312425	32159	280266	159800	1514	116316	5816
2	14 NURSING ADMINISTRATION	AGGREGATE	28000		28000	159800	248	19053	953
3	25 ADULTS & PEDIATRICS	AGGREGATE	45722	22923	22799	159800	149	11447	572
4	31 SUBPROVIDER I	AGGREGATE	4167	4167					
5	37 OPERATING ROOM	AGGREGATE	166183	103925	62258	182900	341	29985	1499
6	40 ANESTHESIOLOGY	AGGREGATE	329677	329677					
7	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE							
8	44 LABORATORY	AGGREGATE	12171		12171	208000	80	8000	400
9	47.01 CARDIAC REHABILITATION	AGGREGATE	48156	9856	38300	159800	192	14751	738
10	47.02 NON-INVASIVE LAB	AGGREGATE	29475		29475	159800	131	10064	503
11	49 RESPIRATORY THERAPY	AGGREGATE	13507		13507	159800	102	7836	392
12	50 PHYSICAL THERAPY	AGGREGATE	16575		16575	159800	111	8528	426
13	56.02 CARDIAC CATHETERIZATION	AGGREGATE	40000		40000	159800	200	15365	768
14	58.01 ONCOLOGY	AGGREGATE	18000		18000	171400	180	14833	742
15	60 CLINIC	AGGREGATE	120601	107851	12750	159800	170	13061	653
16	61 EMERGENCY	AGGREGATE	663517	663517		159800			
101	TOTAL		1848176	1274075	574101		3418	269239	13462

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6.05	OTHER ADMINISTRATIVE AND	AGGREGATE				116316	163950	196109
2	14	NURSING ADMINISTRATION	AGGREGATE				19053	8947	8947
3	25	ADULTS & PEDIATRICS	AGGREGATE				11447	11352	34275
4	31	SUBPROVIDER I	AGGREGATE						4167
5	37	OPERATING ROOM	AGGREGATE				29985	32273	136198
6	40	ANESTHESIOLOGY	AGGREGATE						329677
7	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						
8	44	LABORATORY	AGGREGATE				8000	4171	4171
9	47.01	CARDIAC REHABILITATION	AGGREGATE				14751	23549	33405
10	47.02	NON-INVASIVE LAB	AGGREGATE				10064	19411	19411
11	49	RESPIRATORY THERAPY	AGGREGATE				7836	5671	5671
12	50	PHYSICAL THERAPY	AGGREGATE				8528	8047	8047
13	56.02	CARDIAC CATHETERIZATION	AGGREGATE				15365	24635	24635
14	58.01	ONCOLOGY	AGGREGATE				14833	3167	3167
15	60	CLINIC	AGGREGATE				13061		107851
16	61	EMERGENCY	AGGREGATE						663517
101		TOTAL					269239	305173	1579248



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING + STORES 6.02	ADMITTING 6.03	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	100271370	4317646	5526613	9860594	621087	446451	537055	1065196	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES	2662631		39503	397243	18441	2873	12448		98
100 OTHER NON REIMB COST CNTR	331758	377615	1906			21909			100
100.03ADVERTISING EXPENSE	201127			34		3592	7190		00.03
100.04REGENCY HOSPITAL		159193							00.04
100.05UNUSED SPACE		68561							00.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	103466886	4923015	5568022	10257871	639528	474825	556693	1065196	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.04	SUBTOTAL 5A	OTHER ADMIN + GENERAL 6.05	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	72807	99160862	14591142	5821097	1970919	913244	2202941	1192466	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		3133139	545407						98
100 OTHER NON REIMB COST CNTR		733188	127631	776281	284232		323006		100
100.03ADVERTISING EXPENSE		211943	36894						00.03
100.04REGENCY HOSPITAL		159193	27712	327261	119825	110547	136171	88418	00.04
100.05UNUSED SPACE		68561	11935	140945	51606		58646		00.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	72807	103466886	15340721	7065584	2426582	1023791	2720764	1280884	103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2321074	1554100	186445	2060587	2439254	95457570	95457570	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	92547		1368	442860		4215321	4215321	98
100 OTHER NON REIMB COST CNTR						2244338	2244338	100
100.03ADVERTISING EXPENSE						248837	248837	00.03
100.04REGENCY HOSPITAL						969127	969127	00.04
100.05UNUSED SPACE						331693	331693	00.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2413621	1554100	187813	2503447	2439254	103466886	103466886	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING + STORES 6.02	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		4317646	5526613	9844259	3464	57397	30466	84166	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			39503	39503	140	1704	196	1951	98
100 OTHER NON REIMB COST CNTR		377615	1906	379521			1495		100
100.03ADVERTISING EXPENSE							245	1127	00.03
100.04REGENCY HOSPITAL		159193		159193					00.04
100.05UNUSED SPACE		68561		68561					00.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		4923015	5568022	10491037	3604	59101	32402	87244	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.03	CASHIERING ACCOUNTS RECEIVABLE + 6.04	OTHER ADMIN GENERAL 6.05	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	41387	8624	2443554	525242	406180	59059	102881	218257	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			91337						98
100 OTHER NON REIMB COST CNTR			21374	70045	58576		15085		100
100.03ADVERTISING EXPENSE			6179						00.03
100.04REGENCY HOSPITAL			4641	29529	24694	7149	6359	16183	00.04
100.05UNUSED SPACE			1999	12718	10635		2739		00.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	41387	8624	2569084	637534	500085	66208	127064	234440	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	151281	88188	52169	211273	163667	9406337	9406337	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	6032		383	45407		186653	186653	98
100 OTHER NON REIMB COST CNTR						546096	546096	100
100.03ADVERTISING EXPENSE						7551	7551	00.03
100.04REGENCY HOSPITAL						247748	247748	00.04
100.05UNUSED SPACE						96652	96652	00.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	157313	88188	52552	256680	163667	10491037	10491037	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	MAINT	NONPATIENT	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DEPRECIATION EXPENSE	BENEFITS GROSS SALARIES	OF PERSONNEL FTES	TELEPHONES NUMBER OF TELEPHONES	RECEIVING + STORES COSTED REQ	REVENUE	
	3	4	5	5.01	6.01	6.02	6.03	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	490066							3
4 NEW CAP REL COSTS-MVBLE EQUIP		3786432						4
5 EMPLOYEE BENEFITS		2451	42574277					5
5.01 MAINTENANCE OF PERSONNEL	5680	1371	304050	867				5.01
6.01 NONPATIENT TELEPHONES	915	15399	233653	8	1322			6.01
6.02 PURCHASING, RECEIVING & STOR	7900	4843	294527	9	5	1875969		6.02
6.03 ADMITTING	3431	1992	739216	24	35	30839	204839227	6.03
6.04 CASHIERING/ACCOUNTS RECEIVABL	827		30970	1	10			6.04
6.05 OTHER ADMINISTRATIVE AND GENE	88136	1129609	3411822	46	407	197802		6.05
7 MAINTENANCE & REPAIRS	41039	25735	923666	19	12	221991		7
8 OPERATION OF PLANT	21220	133487	330980	7	16	17500		8
9 LAUNDRY & LINEN SERVICE	2367	2171	48188	2	2	154561		9
10 HOUSEKEEPING	1921	16820	1553890	54	12	132061		10
11 DIETARY	10588	38044	522188	17	18	169533		11
12 CAFETERIA	7351		851993	28	7			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2849	5671	852949	14	14	19183		14
15 CENTRAL SERVICES & SUPPLY	3668				11	2174		15
16 PHARMACY	4359	89968	1148375	17	29	19873		16
17 MEDICAL RECORDS & LIBRARY	5251	18614	953198	28	23	20782		17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	63955	118137	7483043	171	121	145555	12169355	25
26 INTENSIVE CARE UNIT	5876	65616	1570990	27	18	33218	2102807	26
31 SUBPROVIDER I	11690	5383	1184414	24	35	11417	2716027	31
31.01 SUBPROVIDER II	15602	55640	1330060	30	35	26904	1977985	31.01
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	32108	528888	3026552	54	53	376369	33553542	37
38 RECOVERY ROOM	1367	13467	307681	5	5	2088	1588396	38
39 DELIVERY ROOM & LABOR ROOM	2664		685298				2048246	39
40 ANESTHESIOLOGY	1129	95415		4	6	10000	6917586	40
41 RADIOLOGY-DIAGNOSTIC	16915	332655	1245197	28	40	19696	11462253	41
41.01 ULTRASOUND	736	95004	351825	5	4	3771	2411744	41.01
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE	2552	59808	395093	5	9	1987	3796286	43
44 LABORATORY	15541	110628	1988474	47	76	48633	25049551	44
46 WHOLE BLOOD & PACKED RED BLOO	1284	8688	159099	3	7	4503	1886325	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHABILITATION	5661	5953	388852	8	18	6247	192292	47.01
47.02 NON-INVASIVE LAB	1444	119915	621667	13	19	8675	5265842	47.02
49 RESPIRATORY THERAPY	2469	44027	1146161	21	16	8050	3403476	49
50 PHYSICAL THERAPY	8029	8683	713468	14	41	8033	4692621	50
51 OCCUPATIONAL THERAPY	283	187	408477	9	31	4505	3115423	51
52 SPEECH PATHOLOGY	450		84012	1	1	498	482933	52
54 ELECTROENCEPHALOGRAPHY	5118	14732	176655	4	18	3965	2477568	54
55 MEDICAL SUPPLIES CHARGED TO P							14735226	55
56 DRUGS CHARGED TO PATIENTS							20950484	56
56.01 CAT SCAN		123055	229090	3	9	1020	12014073	56.01
56.02 CARDIAC CATHETERIZATION LAB	9208	295568	869291	15	37	17149	8177339	56.02
57 RENAL DIALYSIS	554	705					939298	57
58.01 ONCOLOGY	978	116	78306	1	13	799	212623	58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	3169	17395	1339958	24	15	23975	1800718	60
61 EMERGENCY	10400	151700	2050121	36		40504	16434009	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	3120	733	891973	16	15	15933	2265199	71
SPECIAL PURPOSE COST CENTERS								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	MAINT	NONPATIENT	PURCHASING	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DEPRECIATI EXPENSE	BENEFITS GROSS SALARIES	OF PERSONNEL FTES	TELEPHONES NUMBER OF TELEPHONES	RECEIVING + STORES COSTED REQ	REVENUE GROSS	
	3	4	5	5.01	6.01	6.02	6.03	
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	429804	3758273	40925422	842	1243	1809793	204839227	95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		26863	1648715	25	8	41947		98
100 OTHER NON REIMB COST CNTR	37590	1296			61			100
100.03 ADVERTISING EXPENSE			140		10	24229		100.03
100.04 REGENCY HOSPITAL	15847							100.04
100.05 UNUSED SPACE	6825							100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4923015	5568022	10257871	639528	474825	556693	1065196	103
104 UNIT COST MULT-WS B PT I		1.470519		737.633218		.296750		104
104 UNIT COST MULT-WS B PT I	10.045616		.240941		359.171710		.005200	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			3604	59101	32402	87244	41387	107
108 UNIT COST MULT-WS B PT III				68.167243		.046506		108
108 UNIT COST MULT-WS B PT III			.000085		24.509834		.000202	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	OTHER ADMIN + GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
	6.04	6A.05	6.05	7	8	9	10	11	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5									5
5.01									5.01
6.01									6.01
6.02									6.02
6.03									6.03
6.04	204839227								6.04
6.05		-15340721	88126165						6.05
7			6017990	342138					7
8			1693553	21220	320918				8
9			815118	2367	2367	1021891			9
10			2271204	1921	1921		316630		10
11			759053	10588	10588		10588	241884	11
12			1825318	7351	7351		7351		12
13									13
14			1190225	2849	2849		2849		14
15			44980	3668	3668		3668		15
16			1940953	4359	4359		4359		16
17			1824697	5251	5251		5251		17
18									18
20									20
21									21
22									22
23									23
24									24
INPATIENT ROUTINE SERV COST CENTERS									
25	12169355		10538680	63955	63955	394222	63955	184746	25
26	2102807		2221589	5876	5876	39070	5876	4498	26
31	2716027		1685940	11690	11690	54996	11690	15772	31
31.01	1977985		3796596	15602	15602	111496	15602	18581	31.01
33									33
ANCILLARY SERVICE COST CENTERS									
37	33553542		10108930	32108	32108	114825	32108	1	37
38	1588396		435499	1367	1367	22956	1367		38
39	2048246		1018817	2664	2664		2664		39
40	6917586		235288	1129	1129		1129		40
41	11462253		2349624	16915	16915	25725	16915	38	41
41.01	2411744		611358	736	736		736		41.01
42									42
43	3796286		647454	2552	2552	4995	2552	60	43
44	25049551		3563721	15541	15541		15541		44
46	1886325		962465	1284	1284		1284		46
46.30									46.30
47.01	192292		544534	5661	5661	11176	5661		47.01
47.02	5265842		1033973	1444	1444	4149	1444		47.02
49	3403476		1581386	2469	2469		2469		49
50	4692621		1061785	8029	8029	7759	8029		50
51	3115423		616006	283	283	3114	283		51
52	482933		116011	450	450		450		52
54	2477568		322981	5118	5118		5118		54
55	14735226		7988165						55
56	20950484		3473073						56
56.01	12014073		636381						56.01
56.02	8177339		2805132	9208	9208	15787	9208	2	56.02
57	939298		580946	554	554		554		57
58.01	212623		130083	978	978		978	285	58.01
OUTPATIENT SERVICE COST CENTERS									
60	1800718		1682138	3169	3169	7367	3169		60
61	16434009		3161202	10400	10400	93912	10400	1204	61
62									62
63.50									63.50
63.60									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10									69.10
69.20									69.20
69.30									69.30
69.40									69.40
71	2265199		1527293	3120	3120		3120		71
SPECIAL PURPOSE COST CENTERS									

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	OTHER ADMIN + GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	
	6.04	6A.05	6.05	7	8	9	10	11	
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	204839227	-15340721	83820141	281876	260656	911549	256368	225187	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES			3133139						98
100 OTHER NON REIMB COST CNTR			733188	37590	37590		37590		100
100.03 ADVERTISING EXPENSE			211943						100.03
100.04 REGENCY HOSPITAL			159193	15847	15847	110342	15847	16697	100.04
100.05 UNUSED SPACE			68561	6825	6825		6825		100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	72807		15340721	7065584	2426582	1023791	2720764	1280884	103
104 UNIT COST MULT-WS B PT I	.000355		.174077		7.561377		8.592881		104
104 UNIT COST MULT-WS B PT I				20.651269		1.001859		5.295447	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	8624		2569084	637534	500085	66208	127064	234440	107
108 UNIT COST MULT-WS B PT III	.000042		.029152		1.558295		.401301		108
108 UNIT COST MULT-WS B PT III				1.863383		.064790		.969225	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTES	ADMINIS- TRATION DIRECT NRSNG HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS REVENUE	
	12	14	15	16	17	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
5.01 MAINTENANCE OF PERSONNEL						5.01
6.01 NONPATIENT TELEPHONES						6.01
6.02 PURCHASING, RECEIVING & STOR						6.02
6.03 ADMITTING						6.03
6.04 CASHIERING/ACCOUNTS RECEIVABL						6.04
6.05 OTHER ADMINISTRATIVE AND GENE						6.05
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA	652					12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION	14	849765				14
15 CENTRAL SERVICES & SUPPLY			7941445			15
16 PHARMACY	17		52927	500209		16
17 MEDICAL RECORDS & LIBRARY	28		24		204839227	17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES						22
23 I&R SERVICES-OTHER PRGM COSTS						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	171	356349	750209	1204	12169355	25
26 INTENSIVE CARE UNIT	27	56345	252169	87	2102807	26
31 SUBPROVIDER I	24	50030	9323	152	2716027	31
31.01 SUBPROVIDER II	30	62612	90845	68	1977985	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	54	111834	2900143	2208	33553542	37
38 RECOVERY ROOM	5	9653	39367	40	1588396	38
39 DELIVERY ROOM & LABOR ROOM					2048246	39
40 ANESTHESIOLOGY	4		250244	72807	6917586	40
41 RADIOLOGY-DIAGNOSTIC	28		41058	106	11462253	41
41.01 ULTRASOUND	5		21961		2411744	41.01
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	5		8043	266278	3796286	43
44 LABORATORY	47		868666	1	25049551	44
46 WHOLE BLOOD & PACKED RED BLOO	3		70662		1886325	46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHABILITATION	8	15845	2839	3	192292	47.01
47.02 NON-INVASIVE LAB	13		22429		5265842	47.02
49 RESPIRATORY THERAPY	21		100520	23577	3403476	49
50 PHYSICAL THERAPY	14		40977	5	4692621	50
51 OCCUPATIONAL THERAPY	9		6022		3115423	51
52 SPEECH PATHOLOGY	1				482933	52
54 ELECTROENCEPHALOGRAPHY	4		10987		2477568	54
55 MEDICAL SUPPLIES CHARGED TO P					14735226	55
56 DRUGS CHARGED TO PATIENTS					20950484	56
56.01 CAT SCAN	3		67146		12014073	56.01
56.02 CARDIAC CATHETERIZATION LAB	15	30220	1792434	1353	8177339	56.02
57 RENAL DIALYSIS					939298	57
58.01 ONCOLOGY	1		7997		212623	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	24	49835	32005	42967	1800718	60
61 EMERGENCY	36	74693	393793	866	16434009	61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	16	32349	50792		2265199	71
SPECIAL PURPOSE COST CENTERS						

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	FTEs	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS + LIBRARY GROSS REVENUE	
	12	14	15	16	17	
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	627	849765	7883582	411722	204839227	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	25		57863	88487		98
100 OTHER NON REIMB COST CNTR						100
100.03 ADVERTISING EXPENSE						100.03
100.04 REGENCY HOSPITAL						100.04
100.05 UNUSED SPACE						100.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	2413621	1554100	187813	2503447	2439254	103
104 UNIT COST MULT-WS B PT I	3701.872699		.023650		.011908	104
104 UNIT COST MULT-WS B PT I		1.828859		5.004802		104
105 COST TO BE ALLOC PER B PT II						105
106 UNIT COST MULT-WS B PT II						106
106 UNIT COST MULT-WS B PT II						106
107 COST TO BE ALLOC PER B PT III	157313	88188	52552	256680	163667	107
108 UNIT COST MULT-WS B PT III	241.277607		.006617		.000799	108
108 UNIT COST MULT-WS B PT III		.103779		.513146		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	17553791		17553791	11352	17565143	25
26 INTENSIVE CARE UNIT	3121986		3121986		3121986	26
31 SUBPROVIDER I	2761963		2761963		2761963	31
31.01 SUBPROVIDER II	5493441		5493441		5493441	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	14049110		14049110	32273	14081383	37
38 RECOVERY ROOM	640829		640829		640829	38
39 DELIVERY ROOM & LABOR ROOM	1318611		1318611		1318611	39
40 ANESTHESIOLOGY	785284		785284		785284	40
41 RADIOLOGY-DIAGNOSTIC	3648826		3648826		3648826	41
41.01 ULTRASOUND	792616		792616		792616	41.01
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	2255985		2255985		2255985	43
44 LABORATORY	5248904		5248904	4171	5253075	44
46 WHOLE BLOOD & PACKED RED BL	1212505		1212505		1212505	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHABILITATION	919843		919843	23549	943392	47.01
47.02 NON-INVASIVE LAB	1382628		1382628	19411	1402039	47.02
49 RESPIRATORY THERAPY	2186185		2186185	5671	2191856	49
50 PHYSICAL THERAPY	1658601		1658601	8047	1666648	50
51 OCCUPATIONAL THERAPY	807331		807331		807331	51
52 SPEECH PATHOLOGY	162222		162222		162222	52
54 ELECTROENCEPHALOGRAPHY	612145		612145		612145	54
55 MEDICAL SUPPLIES CHARGED TO	9554188		9554188		9554188	55
56 DRUGS CHARGED TO PATIENTS	4327133		4327133		4327133	56
56.01 CAT SCAN	902918		902918		902918	56.01
56.02 CARDIAC CATHETERIZATION LAB	3905507		3905507	24635	3930142	56.02
57 RENAL DIALYSIS	713650		713650		713650	57
58.01 ONCOLOGY	196655		196655	3167	199822	58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2516205		2516205		2516205	60
61 EMERGENCY	4673948		4673948		4673948	61
62 OBSERVATION BEDS (NON-DISTI	1647796		1647796		1647796	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	95050806		95050806	132276	95183082	101
102 LESS OBSERVATION BEDS	1647796		1647796		1647796	102
103 TOTAL	93403010		93403010	132276	93535286	103

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 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	10459502		10459502			25
26 INTENSIVE CARE UNIT	2102807		2102807			26
31 SUBPROVIDER I	2716027		2716027			31
31.01 SUBPROVIDER II	5007614		5007614			31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12046534	21507008	33553542	.418707	.418707	.419669 37
38 RECOVERY ROOM	888500	699896	1588396	.403444	.403444	.403444 38
39 DELIVERY ROOM & LABOR ROOM	1704542	343704	2048246	.643776	.643776	.643776 39
40 ANESTHESIOLOGY	2391467	2006359	4397826	.178562	.178562	.178562 40
41 RADIOLOGY-DIAGNOSTIC	3996738	7465515	11462253	.318334	.318334	.318334 41
41.01 ULTRASOUND	469418	1942326	2411744	.328648	.328648	.328648 41.01
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	1514760	2281526	3796286	.594261	.594261	.594261 43
44 LABORATORY	11524084	13525467	25049551	.209541	.209541	.209707 44
46 WHOLE BLOOD & PACKED RED BL	1340672	545653	1886325	.642787	.642787	.642787 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47.01 CARDIAC REHABILITATION	74997	117295	192292	4.783574	4.783574	4.906039 47.01
47.02 NON-INVASIVE LAB	3145266	2120576	5265842	.262565	.262565	.266252 47.02
49 RESPIRATORY THERAPY	2766970	636506	3403476	.642339	.642339	.644005 49
50 PHYSICAL THERAPY	1182411	2155945	3338356	.496832	.496832	.499242 50
51 OCCUPATIONAL THERAPY	492269	1175413	1667682	.484104	.484104	.484104 51
52 SPEECH PATHOLOGY	104797	150513	255310	.635392	.635392	.635392 52
54 ELECTROENCEPHALOGRAPHY	738082	1739486	2477568	.247075	.247075	.247075 54
55 MEDICAL SUPPLIES CHARGED TO	12570593	2164633	14735226	.648391	.648391	.648391 55
56 DRUGS CHARGED TO PATIENTS	16754899	4195585	20950484	.206541	.206541	.206541 56
56.01 CAT SCAN	5234700	6779373	12014073	.075155	.075155	.075155 56.01
56.02 CARDIAC CATHETERIZATION LAB	5966713	2210626	8177339	.477601	.477601	.480614 56.02
57 RENAL DIALYSIS	916732	22566	939298	.759770	.759770	.759770 57
58.01 ONCOLOGY		212623	212623	.924900	.924900	.939795 58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	130654	1670064	1800718	1.397334	1.397334	1.397334 60
61 EMERGENCY	5674389	10759620	16434009	.284407	.284407	.284407 61
62 OBSERVATION BEDS (NON-DISTI	144778	1565075	1709853	.963706	.963706	.963706 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	112060915	87993353	200054268			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	112060915	87993353	200054268			103

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	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1691062		1691062
26 INTENSIVE CARE UNIT				269866		269866
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				255120		255120
31.01 SUBPROVIDER II				454812		454812
33 NURSERY						
101 TOTAL				2670860		2670860

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	27918	12842			60.57	777840
26 INTENSIVE CARE UNIT	2082	1119			129.62	145045
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5187	1711			49.18	84147
31.01 SUBPROVIDER II	6897	5869			65.94	387002
33 NURSERY	1521					
101 TOTAL	43605	21541				1394034

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1627902	33553542	6312425			.048517	306260	37
38 RECOVERY ROOM		57677	1588396	376876			.036311	13685	38
39 DELIVERY ROOM & LABOR ROOM		68842	2048246	2100			.033610	71	39
40 ANESTHESIOLOGY		210909	4397826	1175503			.047958	56375	40
41 RADIOLOGY-DIAGNOSTIC		816910	11462253	2819018			.071270	200911	41
41.01 ULTRASOUND		172244	2411744	185866			.071419	13274	41.01
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE		285142	3796286	729998			.075111	54831	43
44 LABORATORY		532817	25049551	5678078			.021271	120778	44
46 WHOLE BLOOD & PACKED RED BLOO		62401	1886325	668363			.033081	22110	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHABILITATION		108969	192292	36409			.566685	20632	47.01
47.02 NON-INVASIVE LAB		237359	5265842	921551			.045075	41539	47.02
49 RESPIRATORY THERAPY		168761	3403476	1129578			.049585	56010	49
50 PHYSICAL THERAPY		166516	3338356	711847			.049880	35507	50
51 OCCUPATIONAL THERAPY		29439	1667682	328245			.017653	5795	51
52 SPEECH PATHOLOGY		10492	255310	81812			.041095	3362	52
54 ELECTROENCEPHALOGRAPHY		106594	2477568	344006			.043024	14801	54
55 MEDICAL SUPPLIES CHARGED TO P		248240	14735226	6665143			.016847	112288	55
56 DRUGS CHARGED TO PATIENTS		123098	20950484	8310969			.005876	48835	56
56.01 CAT SCAN		213698	12014073	2289619			.017787	40725	56.01
56.02 CARDIAC CATHETERIZATION LAB		675781	8177339	2887050			.082641	238589	56.02
57 RENAL DIALYSIS		26634	939298	594972			.028355	16870	57
58.01 ONCOLOGY		18749	212623				.088180		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		157380	1800718	926			.087398	81	60
61 EMERGENCY		507859	16434009	2391670			.030903	73910	61
62 OBSERVATION BEDS (NON-DISTINC		158640	1709853	20520			.092780	1904	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6793053	179768318	44662544				1499143	101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPT., INC  
 PERIOD FROM 07/01/2006 TO 06/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06  
 11/20/2007 08:44

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	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					27918		12842	25
26 INTENSIVE CARE UNIT					2082		1119	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5187		1711	31
31.01 SUBPROVIDER II					6897		5869	31.01
33 NURSERY					1521			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					43605		21541	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		33553542			6312425		9235051 37
38 RECOVERY ROOM		1588396			376876		340040 38
39 DELIVERY ROOM & LABOR ROOM		2048246			2100		39
40 ANESTHESIOLOGY		4397826			1175503		608724 40
41 RADIOLOGY-DIAGNOSTIC		11462253			2819018		2238336 41
41.01 ULTRASOUND		2411744			185866		155183 41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3796286			729998		956461 43
44 LABORATORY		25049551			5678078		308519 44
46 WHOLE BLOOD & PACKED RED BLOO		1886325			668363		104351 46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		192292			36409		60499 47.01
47.02 NON-INVASIVE LAB		5265842			921551		581744 47.02
49 RESPIRATORY THERAPY		3403476			1129578		126495 49
50 PHYSICAL THERAPY		3338356			711847		12310 50
51 OCCUPATIONAL THERAPY		1667682			328245		51
52 SPEECH PATHOLOGY		255310			81812		282 52
54 ELECTROENCEPHALOGRAPHY		2477568			344006		486083 54
55 MEDICAL SUPPLIES CHARGED TO P		14735226			6665143		688017 55
56 DRUGS CHARGED TO PATIENTS		20950484			8310969		1830527 56
56.01 CAT SCAN		12014073			2289619		1822596 56.01
56.02 CARDIAC CATHETERIZATION LAB		8177339			2887050		749314 56.02
57 RENAL DIALYSIS		939298			594972		1208 57
58.01 ONCOLOGY		212623					12517 58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1800718			926		157939 60
61 EMERGENCY		16434009			2391670		1542683 61
62 OBSERVATION BEDS (NON-DISTINC		1709853			20520		345257 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179768318			44662544		22364136 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.418707	.418707	.418707				37
38 RECOVERY ROOM	.403444	.403444	.403444				38
39 DELIVERY ROOM & LABOR ROOM	.643776	.643776	.643776				39
40 ANESTHESIOLOGY	.178562	.178562	.178562				40
41 RADIOLOGY-DIAGNOSTIC	.318334	.318334	.318334				41
41.01 ULTRASOUND	.328648	.328648	.328648				41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE	.594261	.594261	.594261				43
44 LABORATORY	.209541	.209541	.209541				44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787	.642787	.642787				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION	4.783574	4.783574	4.783574				47.01
47.02 NON-INVASIVE LAB	.262565	.262565	.262565				47.02
49 RESPIRATORY THERAPY	.642339	.642339	.642339				49
50 PHYSICAL THERAPY	.496832	.496832	.496832				50
51 OCCUPATIONAL THERAPY	.484104	.484104	.484104				51
52 SPEECH PATHOLOGY	.635392	.635392	.635392				52
54 ELECTROENCEPHALOGRAPHY	.247075	.247075	.247075				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	.648391	.648391				55
56 DRUGS CHARGED TO PATIENTS	.206541	.206541	.206541				56
56.01 CAT SCAN	.075155	.075155	.075155				56.01
56.02 CARDIAC CATHETERIZATION LAB	.477601	.477601	.477601				56.02
57 RENAL DIALYSIS	.759770	.759770	.759770				57
58.01 ONCOLOGY	.924900	.924900	.924900				58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1.397334	1.397334	1.397334				60
61 EMERGENCY	.284407	.284407	.284407				61
62 OBSERVATION BEDS (NON-DISTINCT	.963706	.963706	.963706				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.206541	1
2 PROGRAM VACCINE CHARGES	2	393	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	81	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		9235051						37
38 OPERATING ROOM		340040						38
39 RECOVERY ROOM								39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY		608724						41
41 RADIOLOGY-DIAGNOSTIC		2238336						41
41.01 ULTRASOUND		155183						41.01
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE		956461						43
44 LABORATORY		308519						44
46 WHOLE BLOOD & PACKED RED BLOOD		104351						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHABILITATION		60499						47.01
47.02 NON-INVASIVE LAB		581744						47.02
49 RESPIRATORY THERAPY		126495						49
50 PHYSICAL THERAPY		12310						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		282						52
54 ELECTROENCEPHALOGRAPHY		486083						54
55 MEDICAL SUPPLIES CHARGED TO PA		688017	26					55
56 DRUGS CHARGED TO PATIENTS		1830527	10					56
56.01 CAT SCAN		1822596						56.01
56.02 CARDIAC CATHETERIZATION LAB		749314						56.02
57 RENAL DIALYSIS		1208						57
58.01 ONCOLOGY		12517						58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		157939						60
61 EMERGENCY		1542683						61
62 OBSERVATION BEDS (NON-DISTINCT)		345257	5494					62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		22364136	5530					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		22364136	5530					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS (SEE (COLUMNS	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)			PPS SERVICES (COLUMNS 1.01x5.04)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		3866780					37
38 RECOVERY ROOM		137187					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		108695					40
41 RADIOLOGY-DIAGNOSTIC		712538					41
41.01 ULTRASOUND		51001					41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		568387					43
44 LABORATORY		64647					44
46 WHOLE BLOOD & PACKED RED BLOOD		67075					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION		289401					47.01
47.02 NON-INVASIVE LAB		152746					47.02
49 RESPIRATORY THERAPY		81253					49
50 PHYSICAL THERAPY		6116					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		179					52
54 ELECTROENCEPHALOGRAPHY		120099					54
55 MEDICAL SUPPLIES CHARGED TO PAT		446104	17				55
56 DRUGS CHARGED TO PATIENTS		378079	2				56
56.01 CAT SCAN		136977					56.01
56.02 CARDIAC CATHETERIZATION LAB		357873					56.02
57 RENAL DIALYSIS		918					57
58.01 ONCOLOGY		11577					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		220694					60
61 EMERGENCY		438750					61
62 OBSERVATION BEDS (NON-DISTINCT		332726	5295				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		8549802	5314				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		8549802	5314				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SUB IV [XX] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1627902	33553542	11684			.048517	567	37
38 RECOVERY ROOM		57677	1588396	1294			.036311	47	38
39 DELIVERY ROOM & LABOR ROOM		68842	2048246				.033610		39
40 ANESTHESIOLOGY		210909	4397826	2192			.047958	105	40
41 RADIOLOGY-DIAGNOSTIC		816910	11462253	22359			.071270	1594	41
41.01 ULTRASOUND		172244	2411744	1529			.071419	109	41.01
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE		285142	3796286	10861			.075111	816	43
44 LABORATORY		532817	25049551	152530			.021271	3244	44
46 WHOLE BLOOD & PACKED RED BLOO		62401	1886325				.033081		46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHABILITATION		108969	192292				.566685		47.01
47.02 NON-INVASIVE LAB		237359	5265842	11210			.045075	505	47.02
49 RESPIRATORY THERAPY		168761	3403476	1013			.049585	50	49
50 PHYSICAL THERAPY		166516	3338356	1872			.049880	93	50
51 OCCUPATIONAL THERAPY		29439	1667682	52080			.017653	919	51
52 SPEECH PATHOLOGY		10492	255310				.041095		52
54 ELECTROENCEPHALOGRAPHY		106594	2477568	1264			.043024	54	54
55 MEDICAL SUPPLIES CHARGED TO P		248240	14735226	290			.016847	5	55
56 DRUGS CHARGED TO PATIENTS		123098	20950484	192980			.005876	1134	56
56.01 CAT SCAN		213698	12014073	20216			.017787	360	56.01
56.02 CARDIAC CATHETERIZATION LAB		675781	8177339	5137			.082641	425	56.02
57 RENAL DIALYSIS		26634	939298				.028355		57
58.01 ONCOLOGY		18749	212623				.088180		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		157380	1800718	34638			.087398	3027	60
61 EMERGENCY		507859	16434009	72441			.030903	2239	61
62 OBSERVATION BEDS (NON-DISTINC		158640	1709853				.092780		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6793053	179768318	595590				15293	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		33553542			11684		37
38 RECOVERY ROOM		1588396			1294		38
39 DELIVERY ROOM & LABOR ROOM		2048246					39
40 ANESTHESIOLOGY		4397826			2192		40
41 RADIOLOGY-DIAGNOSTIC		11462253			22359		41
41.01 ULTRASOUND		2411744			1529		41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3796286			10861		43
44 LABORATORY		25049551			152530		44
46 WHOLE BLOOD & PACKED RED BLOO		1886325					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		192292					47.01
47.02 NON-INVASIVE LAB		5265842			11210		47.02
49 RESPIRATORY THERAPY		3403476			1013		49
50 PHYSICAL THERAPY		3338356			1872		50
51 OCCUPATIONAL THERAPY		1667682			52080		51
52 SPEECH PATHOLOGY		255310					52
54 ELECTROENCEPHALOGRAPHY		2477568			1264		54
55 MEDICAL SUPPLIES CHARGED TO P		14735226			290		55
56 DRUGS CHARGED TO PATIENTS		20950484			192980		56
56.01 CAT SCAN		12014073			20216		56.01
56.02 CARDIAC CATHETERIZATION LAB		8177339			5137		56.02
57 RENAL DIALYSIS		939298					57
58.01 ONCOLOGY		212623					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1800718			34638		60
61 EMERGENCY		16434009			72441		61
62 OBSERVATION BEDS (NON-DISTINC		1709853					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179768318			595590		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
41.01 ULTRASOUND						41.01
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE						43
44 LABORATORY						44
46 WHOLE BLOOD & PACKED RED BLOO						46
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47.01 CARDIAC REHABILITATION						47.01
47.02 NON-INVASIVE LAB						47.02
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
56.01 CAT SCAN						56.01
56.02 CARDIAC CATHETERIZATION LAB						56.02
57 RENAL DIALYSIS						57
58.01 ONCOLOGY						58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	----	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	CAPITAL RELATED COST	CAPITAL RELATED COST			OLD CAPITAL	NEW CAPITAL				
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1627902	33553542	183533			.048517	8904	37	
38 RECOVERY ROOM		57677	1588396	11364			.036311	413	38	
39 DELIVERY ROOM & LABOR ROOM		68842	2048246				.033610		39	
40 ANESTHESIOLOGY		210909	4397826	31305			.047958	1501	40	
41 RADIOLOGY-DIAGNOSTIC		816910	11462253	144018			.071270	10264	41	
41.01 ULTRASOUND		172244	2411744	9716			.071419	694	41.01	
42 RADIOLOGY-THERAPEUTIC									42	
43 RADIOISOTOPE		285142	3796286	19038			.075111	1430	43	
44 LABORATORY		532817	25049551	469553			.021271	9988	44	
46 WHOLE BLOOD & PACKED RED BLOO		62401	1886325	48383			.033081	1601	46	
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30	
47.01 CARDIAC REHABILITATION		108969	192292				.566685		47.01	
47.02 NON-INVASIVE LAB		237359	5265842	38553			.045075	1738	47.02	
49 RESPIRATORY THERAPY		168761	3403476	154128			.049585	7642	49	
50 PHYSICAL THERAPY		166516	3338356				.049880		50	
51 OCCUPATIONAL THERAPY		29439	1667682				.017653		51	
52 SPEECH PATHOLOGY		10492	255310				.041095		52	
54 ELECTROENCEPHALOGRAPHY		106594	2477568	192880			.043024	8298	54	
55 MEDICAL SUPPLIES CHARGED TO P		248240	14735226	318227			.016847	5361	55	
56 DRUGS CHARGED TO PATIENTS		123098	20950484	1589421			.005876	9339	56	
56.01 CAT SCAN		213698	12014073	113823			.017787	2025	56.01	
56.02 CARDIAC CATHETERIZATION LAB		675781	8177339	15187			.082641	1255	56.02	
57 RENAL DIALYSIS		26634	939298	126298			.028355	3581	57	
58.01 ONCOLOGY		18749	212623				.088180		58.01	
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC		157380	1800718	454			.087398	40	60	
61 EMERGENCY		507859	16434009	1804			.030903	56	61	
62 OBSERVATION BEDS (NON-DISTINC		158640	1709853				.092780		62	
63.50 RHC									63.50	
63.60 FQHC									63.60	
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		6793053	179768318	3467685				74130	101	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		33553542			183533		37
38 RECOVERY ROOM		1588396			11364		38
39 DELIVERY ROOM & LABOR ROOM		2048246					39
40 ANESTHESIOLOGY		4397826			31305		40
41 RADIOLOGY-DIAGNOSTIC		11462253			144018		41
41.01 ULTRASOUND		2411744			9716		41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3796286			19038		43
44 LABORATORY		25049551			469553		44
46 WHOLE BLOOD & PACKED RED BLOO		1886325			48383		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		192292					47.01
47.02 NON-INVASIVE LAB		5265842			38553		47.02
49 RESPIRATORY THERAPY		3403476			154128		49
50 PHYSICAL THERAPY		3338356					50
51 OCCUPATIONAL THERAPY		1667682					51
52 SPEECH PATHOLOGY		255310					52
54 ELECTROENCEPHALOGRAPHY		2477568			192880		54
55 MEDICAL SUPPLIES CHARGED TO P		14735226			318227		55
56 DRUGS CHARGED TO PATIENTS		20950484			1589421		56
56.01 CAT SCAN		12014073			113823		56.01
56.02 CARDIAC CATHETERIZATION LAB		8177339			15187		56.02
57 RENAL DIALYSIS		939298			126298		57
58.01 ONCOLOGY		212623					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1800718			454		60
61 EMERGENCY		16434009			1804		61
62 OBSERVATION BEDS (NON-DISTINC		1709853					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179768318			3467685		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008) [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

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	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				1691062		1691062	25
26 INTENSIVE CARE UNIT				269866		269866	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				255120		255120	31
31.01 SUBPROVIDER II				454812		454812	31.01
33 NURSERY							33
101 TOTAL				2670860		2670860	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	27918	6489			60.57	393039	25
26 INTENSIVE CARE UNIT	2082	344			129.62	44589	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	5187	1519			49.18	74704	31
31.01 SUBPROVIDER II	6897	265			65.94	17474	31.01
33 NURSERY	1521	1367					33
101 TOTAL	43605	9984				529806	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL COST TO CHARGES	----	NEW CAPITAL COST TO CHARGES	----	CAPITAL COSTS
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1627902	33553542	3105057			.048517			150648 37
38 RECOVERY ROOM		57677	1588396	243894			.036311			8856 38
39 DELIVERY ROOM & LABOR ROOM		68842	2048246	1197973			.033610			40264 39
40 ANESTHESIOLOGY		210909	4397826	998693			.047958			47895 40
41 RADIOLOGY-DIAGNOSTIC		816910	11462253	550796			.071270			39255 41
41.01 ULTRASOUND		172244	2411744	118034			.071419			8430 41.01
42 RADIOLOGY-THERAPEUTIC										42
43 RADIOISOTOPE		285142	3796286	186905			.075111			14039 43
44 LABORATORY		532817	25049551	2092049			.021271			44500 44
46 WHOLE BLOOD & PACKED RED BLOO		62401	1886325	343837			.033081			11374 46
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
47.01 CARDIAC REHABILITATION		108969	192292	7745			.566685			4389 47.01
47.02 NON-INVASIVE LAB		237359	5265842	390007			.045075			17580 47.02
49 RESPIRATORY THERAPY		168761	3403476	758845			.049585			37627 49
50 PHYSICAL THERAPY		166516	3338356	168346			.049880			8397 50
51 OCCUPATIONAL THERAPY		29439	1667682	62631			.017653			1106 51
52 SPEECH PATHOLOGY		10492	255310	10372			.041095			426 52
54 ELECTROENCEPHALOGRAPHY		106594	2477568	92923			.043024			3998 54
55 MEDICAL SUPPLIES CHARGED TO P		248240	14735226	51232			.016847			863 55
56 DRUGS CHARGED TO PATIENTS		123098	20950484	2936860			.005876			17257 56
56.01 CAT SCAN		213698	12014073	754738			.017787			13425 56.01
56.02 CARDIAC CATHETERIZATION LAB		675781	8177339	1117102			.082641			92318 56.02
57 RENAL DIALYSIS		26634	939298	94601			.028355			2682 57
58.01 ONCOLOGY		18749	212623				.088180			58.01
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC		157380	1800718				.087398			60
61 EMERGENCY		507859	16434009	936629			.030903			28945 61
62 OBSERVATION BEDS (NON-DISTINC		158640	1709853				.092780			62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		6793053	179768318	16219269						594274 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPT., INC  
 PERIOD FROM 07/01/2006 TO 06/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06  
 11/20/2007 08:44

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	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					27918		6489	25
26 INTENSIVE CARE UNIT					2082		344	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					5187		1519	31
31.01 SUBPROVIDER II					6897		265	31.01
33 NURSERY					1521		1367	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					43605		9984	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		33553542			3105057		37
38 RECOVERY ROOM		1588396			243894		38
39 DELIVERY ROOM & LABOR ROOM		2048246			1197973		39
40 ANESTHESIOLOGY		4397826			998693		40
41 RADIOLOGY-DIAGNOSTIC		11462253			550796		41
41.01 ULTRASOUND		2411744			118034		41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3796286			186905		43
44 LABORATORY		25049551			2092049		44
46 WHOLE BLOOD & PACKED RED BLOO		1886325			343837		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		192292			7745		47.01
47.02 NON-INVASIVE LAB		5265842			390007		47.02
49 RESPIRATORY THERAPY		3403476			758845		49
50 PHYSICAL THERAPY		3338356			168346		50
51 OCCUPATIONAL THERAPY		1667682			62631		51
52 SPEECH PATHOLOGY		255310			10372		52
54 ELECTROENCEPHALOGRAPHY		2477568			92923		54
55 MEDICAL SUPPLIES CHARGED TO P		14735226			51232		55
56 DRUGS CHARGED TO PATIENTS		20950484			2936860		56
56.01 CAT SCAN		12014073			754738		56.01
56.02 CARDIAC CATHETERIZATION LAB		8177339			1117102		56.02
57 RENAL DIALYSIS		939298			94601		57
58.01 ONCOLOGY		212623					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1800718					60
61 EMERGENCY		16434009			936629		61
62 OBSERVATION BEDS (NON-DISTINC		1709853					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179768318			16219269		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0008)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.418707	.418707	.418707			37
38 RECOVERY ROOM	.403444	.403444	.403444			38
39 DELIVERY ROOM & LABOR ROOM	.643776	.643776	.643776			39
40 ANESTHESIOLOGY	.178562	.178562	.178562			40
41 RADIOLOGY-DIAGNOSTIC	.318334	.318334	.318334			41
41.01 ULTRASOUND	.328648	.328648	.328648			41.01
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	.594261	.594261	.594261			43
44 LABORATORY	.209541	.209541	.209541			44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787	.642787	.642787			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	4.783574	4.783574	4.783574			47.01
47.02 NON-INVASIVE LAB	.262565	.262565	.262565			47.02
49 RESPIRATORY THERAPY	.642339	.642339	.642339			49
50 PHYSICAL THERAPY	.496832	.496832	.496832			50
51 OCCUPATIONAL THERAPY	.484104	.484104	.484104			51
52 SPEECH PATHOLOGY	.635392	.635392	.635392			52
54 ELECTROENCEPHALOGRAPHY	.247075	.247075	.247075			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	.648391	.648391			55
56 DRUGS CHARGED TO PATIENTS	.206541	.206541	.206541			56
56.01 CAT SCAN	.075155	.075155	.075155			56.01
56.02 CARDIAC CATHETERIZATION LAB	.477601	.477601	.477601			56.02
57 RENAL DIALYSIS	.759770	.759770	.759770			57
58.01 ONCOLOGY	.924900	.924900	.924900			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.397334	1.397334	1.397334			60
61 EMERGENCY	.284407	.284407	.284407			61
62 OBSERVATION BEDS (NON-DISTINCT	.963706	.963706	.963706			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.206541	1
2 PROGRAM VACCINE CHARGES	2		2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3		3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2596573							37
38 RECOVERY ROOM	243065							38
39 DELIVERY ROOM & LABOR ROOM	85229							39
40 ANESTHESIOLOGY	484045							40
41 RADIOLOGY-DIAGNOSTIC	1790801							41
41.01 ULTRASOUND	888826							41.01
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE	334063							43
44 LABORATORY	3330041							44
46 WHOLE BLOOD & PACKED RED BLOOD	133497							46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHABILITATION	11360							47.01
47.02 NON-INVASIVE LAB	363955							47.02
49 RESPIRATORY THERAPY	317605							49
50 PHYSICAL THERAPY	331348							50
51 OCCUPATIONAL THERAPY	66597							51
52 SPEECH PATHOLOGY	2108							52
54 ELECTROENCEPHALOGRAPHY	543116							54
55 MEDICAL SUPPLIES CHARGED TO PA	11322							55
56 DRUGS CHARGED TO PATIENTS	1249303							56
56.01 CAT SCAN	1554308							56.01
56.02 CARDIAC CATHETERIZATION LAB	274412							56.02
57 RENAL DIALYSIS	5905							57
58.01 ONCOLOGY	84355							58.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	166979							60
61 EMERGENCY	4121524							61
62 OBSERVATION BEDS (NON-DISTINCT)	337995							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	19328332							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	19328332							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE I/P PART B INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	1087203						37
38 RECOVERY ROOM	98063						38
39 DELIVERY ROOM & LABOR ROOM	54868						39
40 ANESTHESIOLOGY	86432						40
41 RADIOLOGY-DIAGNOSTIC	570073						41
41.01 ULTRASOUND	292111						41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE	198521						43
44 LABORATORY	697780						44
46 WHOLE BLOOD & PACKED RED BLOOD	85810						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHABILITATION	54341						47.01
47.02 NON-INVASIVE LAB	95562						47.02
49 RESPIRATORY THERAPY	204010						49
50 PHYSICAL THERAPY	164624						50
51 OCCUPATIONAL THERAPY	32240						51
52 SPEECH PATHOLOGY	1339						52
54 ELECTROENCEPHALOGRAPHY	134190						54
55 MEDICAL SUPPLIES CHARGED TO PAT	7341						55
56 DRUGS CHARGED TO PATIENTS	258032						56
56.01 CAT SCAN	116814						56.01
56.02 CARDIAC CATHETERIZATION LAB	131059						56.02
57 RENAL DIALYSIS	4486						57
58.01 ONCOLOGY	78020						58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	233325						60
61 EMERGENCY	1172190						61
62 OBSERVATION BEDS (NON-DISTINCT)	325728						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	6184162						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	6184162						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	----	RATIO OF COST TO CAPITAL COSTS	RATIO OF COST TO CAPITAL COSTS	CAPITAL COSTS
	CAPITAL RELATED COST	CAPITAL RELATED COST			OLD CAPITAL	NEW CAPITAL			
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1627902	33553542				.048517		37
38 RECOVERY ROOM		57677	1588396				.036311		38
39 DELIVERY ROOM & LABOR ROOM		68842	2048246				.033610		39
40 ANESTHESIOLOGY		210909	4397826				.047958		40
41 RADIOLOGY-DIAGNOSTIC		816910	11462253	25090			.071270	1788	41
41.01 ULTRASOUND		172244	2411744	1228			.071419	88	41.01
42 RADIOLOGY-THERAPEUTIC									42
43 RADIOISOTOPE		285142	3796286	4851			.075111	364	43
44 LABORATORY		532817	25049551	120008			.021271	2553	44
46 WHOLE BLOOD & PACKED RED BLOO		62401	1886325				.033081		46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHABILITATION		108969	192292				.566685		47.01
47.02 NON-INVASIVE LAB		237359	5265842	13188			.045075	594	47.02
49 RESPIRATORY THERAPY		168761	3403476	515			.049585	26	49
50 PHYSICAL THERAPY		166516	3338356	3358			.049880	167	50
51 OCCUPATIONAL THERAPY		29439	1667682	859			.017653	15	51
52 SPEECH PATHOLOGY		10492	255310				.041095		52
54 ELECTROENCEPHALOGRAPHY		106594	2477568	1000			.043024	43	54
55 MEDICAL SUPPLIES CHARGED TO P		248240	14735226	14			.016847		55
56 DRUGS CHARGED TO PATIENTS		123098	20950484	138003			.005876	811	56
56.01 CAT SCAN		213698	12014073	8432			.017787	150	56.01
56.02 CARDIAC CATHETERIZATION LAB		675781	8177339	620			.082641	51	56.02
57 RENAL DIALYSIS		26634	939298				.028355		57
58.01 ONCOLOGY		18749	212623				.088180		58.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		157380	1800718				.087398		60
61 EMERGENCY		507859	16434009	55752			.030903	1723	61
62 OBSERVATION BEDS (NON-DISTINC		158640	1709853				.092780		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		6793053	179768318	372918				8373	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	SUB I (15-S008)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [XX] SUB I (15-S008) [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		33553542					37
38 RECOVERY ROOM		1588396					38
39 DELIVERY ROOM & LABOR ROOM		2048246					39
40 ANESTHESIOLOGY		4397826					40
41 RADIOLOGY-DIAGNOSTIC		11462253			25090		41
41.01 ULTRASOUND		2411744			1228		41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3796286			4851		43
44 LABORATORY		25049551			120008		44
46 WHOLE BLOOD & PACKED RED BLOO		1886325					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		192292					47.01
47.02 NON-INVASIVE LAB		5265842			13188		47.02
49 RESPIRATORY THERAPY		3403476			515		49
50 PHYSICAL THERAPY		3338356			3358		50
51 OCCUPATIONAL THERAPY		1667682			859		51
52 SPEECH PATHOLOGY		255310					52
54 ELECTROENCEPHALOGRAPHY		2477568			1000		54
55 MEDICAL SUPPLIES CHARGED TO P		14735226			14		55
56 DRUGS CHARGED TO PATIENTS		20950484			138003		56
56.01 CAT SCAN		12014073			8432		56.01
56.02 CARDIAC CATHETERIZATION LAB		8177339			620		56.02
57 RENAL DIALYSIS		939298					57
58.01 ONCOLOGY		212623					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1800718					60
61 EMERGENCY		16434009			55752		61
62 OBSERVATION BEDS (NON-DISTINC		1709853					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179768318			372918		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[XX]	SUB I (15-S008)	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	----	RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	CAPITAL RELATED COST	CAPITAL RELATED COST			5	6				
	1	2	3	4	5	6	7	8		
ANCILLARY SERVICE COST CENTERS										
37 OPERATING ROOM		1627902	33553542	2478			.048517		120	37
38 RECOVERY ROOM		57677	1588396	530			.036311		19	38
39 DELIVERY ROOM & LABOR ROOM		68842	2048246				.033610			39
40 ANESTHESIOLOGY		210909	4397826	835			.047958		40	40
41 RADIOLOGY-DIAGNOSTIC		816910	11462253	3513			.071270		250	41
41.01 ULTRASOUND		172244	2411744	328			.071419		23	41.01
42 RADIOLOGY-THERAPEUTIC										42
43 RADIOISOTOPE		285142	3796286				.075111			43
44 LABORATORY		532817	25049551	11291			.021271		240	44
46 WHOLE BLOOD & PACKED RED BLOO		62401	1886325	1402			.033081		46	46
46.30 BLOOD CLOTTING FACTORS ADMIN										46.30
47.01 CARDIAC REHABILITATION		108969	192292				.566685			47.01
47.02 NON-INVASIVE LAB		237359	5265842	996			.045075		45	47.02
49 RESPIRATORY THERAPY		168761	3403476	2957			.049585		147	49
50 PHYSICAL THERAPY		166516	3338356	6182			.049880		308	50
51 OCCUPATIONAL THERAPY		29439	1667682				.017653			51
52 SPEECH PATHOLOGY		10492	255310				.041095			52
54 ELECTROENCEPHALOGRAPHY		106594	2477568	11375			.043024		489	54
55 MEDICAL SUPPLIES CHARGED TO P		248240	14735226	166			.016847		3	55
56 DRUGS CHARGED TO PATIENTS		123098	20950484	51988			.005876		305	56
56.01 CAT SCAN		213698	12014073	950			.017787		17	56.01
56.02 CARDIAC CATHETERIZATION LAB		675781	8177339	1696			.082641		140	56.02
57 RENAL DIALYSIS		26634	939298	1118			.028355		32	57
58.01 ONCOLOGY		18749	212623				.088180			58.01
OUTPATIENT SERVICE COST CENTERS										
60 CLINIC		157380	1800718				.087398			60
61 EMERGENCY		507859	16434009				.030903			61
62 OBSERVATION BEDS (NON-DISTINC		158640	1709853				.092780			62
63.50 RHC										63.50
63.60 FQHC										63.60
OTHER REIMBURSABLE COST CENTERS										
101 TOTAL		6793053	179768318	97805					2224	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[XX]	SUB II (15-T008)	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION							47.01
47.02 NON-INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		33553542			2478		37
38 RECOVERY ROOM		1588396			530		38
39 DELIVERY ROOM & LABOR ROOM		2048246					39
40 ANESTHESIOLOGY		4397826			835		40
41 RADIOLOGY-DIAGNOSTIC		11462253			3513		41
41.01 ULTRASOUND		2411744			328		41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE		3796286					43
44 LABORATORY		25049551			11291		44
46 WHOLE BLOOD & PACKED RED BLOO		1886325			1402		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHABILITATION		192292					47.01
47.02 NON-INVASIVE LAB		5265842			996		47.02
49 RESPIRATORY THERAPY		3403476			2957		49
50 PHYSICAL THERAPY		3338356			6182		50
51 OCCUPATIONAL THERAPY		1667682					51
52 SPEECH PATHOLOGY		255310					52
54 ELECTROENCEPHALOGRAPHY		2477568			11375		54
55 MEDICAL SUPPLIES CHARGED TO P		14735226			166		55
56 DRUGS CHARGED TO PATIENTS		20950484			51988		56
56.01 CAT SCAN		12014073			950		56.01
56.02 CARDIAC CATHETERIZATION LAB		8177339			1696		56.02
57 RENAL DIALYSIS		939298			1118		57
58.01 ONCOLOGY		212623					58.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1800718					60
61 EMERGENCY		16434009					61
62 OBSERVATION BEDS (NON-DISTINC		1709853					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		179768318			97805		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [XX] SUB II (15-T008) [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHABILITATION					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27918	5187	6897				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27918	5187	6897				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27918	5187	6897				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							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							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	12842	1711	5869				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							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	17565143	2761963	5493441				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17565143	2761963	5493441				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10459502	2716027	1977985				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	1.679348	1.016913	2.777292				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	17565143	2761963	5493441				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	629.17	532.48	796.50		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8079801	911073	4674659		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	8079801	911073	4674659		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)					42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3121986	2082	1499.51	1119	1677952 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	16578896	194911	1081874		48
49	TOTAL PROGRAM INPATIENT COSTS	26336649	1105984	5756533		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	922885	84147	387002		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1499143	15293	74130		51
52	TOTAL PROGRAM EXCLUDABLE COST	2422028	99440	461132		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	23914621	1006544	5295401		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (TEFRA) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54		176				54
55		6305.54				55
56		1109775				56
57		103231				57
58						
58.01		15485				58
58.02						58.01
58.03						58.02
58.04						58.03
59						
59.01		1121469				58.04
59.02						59
59.03						59.01
59.04						59.02
59.05						59.03
59.06						59.04
59.07						59.05
59.08						59.06
						59.07
						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0008 ST. CATHERINE HOSPT., INC  
PERIOD FROM 07/01/2006 TO 06/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06  
11/20/2007 08:44

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

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

SNF

1

66	SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68	PROGRAM ROUTINE SERVICE COST	68
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72	PER DIEM CAPITAL RELATED COSTS	72
73	PROGRAM CAPITAL RELATED COSTS	73
74	INPATIENT ROUTINE SERVICE COST	74
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76	TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78	INPATIENT ROUTINE SERVICE COST LIMITATION	78
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80	PROGRAM INPATIENT ANCILLARY SERVICES	80
81	UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [XX] TITLE XVIII-PART A [ ] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (TEFRA) (PPS)  
 (15-0008)(15-S008)(15-T008)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2619	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	629.17	84
85 OBSERVATION BED COST	1647796	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST (FROM LINE 27)  
 COST 1 (FROM LINE 27) 2

COLUMN 1 DIVIDED BY COLUMN 2  
 3

TOTAL OBSERVATION BED COST (FROM LINE 85) 4  
 OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5

86 OLD CAPITAL-RELATED COST	17565143		1647796		86
87 NEW CAPITAL-RELATED COST	1691062	17565143	.096274	1647796	158640 87
88 NON PHYSICIAN ANESTHETIST		17565143		1647796	88
89 MEDICAL EDUCATION		17565143		1647796	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	27918	5187	6897				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	27918	5187	6897				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27918	5187	6897				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							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							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6489	1519	265				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							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							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							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	1521						15
16 TITLE V OR XIX NURSERY DAYS	1367						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
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	17565143	2761963	5493441				21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17565143	2761963	5493441				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10459502	2716027	1977985				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	1.679348	1.016913	2.777292				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	17565143	2761963	5493441				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	629.17	532.48	796.50		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4082684	808837	211073		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4082684	808837	211073		41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLES V AND XIX ONLY)		1521		1367	42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3121986	2082	1499.51	344	515831 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	5682106	87923	26544		48
49	TOTAL PROGRAM INPATIENT COSTS	10280621	896760	237617		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	437628	74704	17474		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	594274	8373	2224		51
52	TOTAL PROGRAM EXCLUDABLE COST	1031902	83077	19698		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	9248719	813683	217919		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	170	1	1	54
55			24			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0008 ST. CATHERINE HOSPT., INC  
PERIOD FROM 07/01/2006 TO 06/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2007.06  
11/20/2007 08:44

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

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

NF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

[ ] TITLE V-INPT [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS) (PPS) (PPS)  
 (15-0008)(15-S008)(15-T008)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2619	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	629.17	84
85 OBSERVATION BED COST	1647796	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL  
 ROUTINE COST COLUMN 1 OBSERVATION OBSERVATION BED  
 COST (FROM LINE 27) DIVIDED BY BED COST PASS-THROUGH COST  
 1 2 3 4 5

86 OLD CAPITAL-RELATED COST	17565143		1647796		86
87 NEW CAPITAL-RELATED COST	1691062	17565143	.096274	1647796	158640 87
88 NON PHYSICIAN ANESTHETIST		17565143		1647796	88
89 MEDICAL EDUCATION		17565143		1647796	89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		5304085		25
26 INTENSIVE CARE UNIT		1008786		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.419669	6312425	2649129	37
38 RECOVERY ROOM	.403444	376876	152048	38
39 DELIVERY ROOM & LABOR ROOM	.643776	2100	1352	39
40 ANESTHESIOLOGY	.178562	1175503	209900	40
41 RADIOLOGY-DIAGNOSTIC	.318334	2819018	897389	41
41.01 ULTRASOUND	.328648	185866	61084	41.01
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.594261	729998	433809	43
44 LABORATORY	.209707	5678078	1190733	44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787	668363	429615	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.906039	36409	178624	47.01
47.02 NON-INVASIVE LAB	.266252	921551	245365	47.02
49 RESPIRATORY THERAPY	.644005	1129578	727454	49
50 PHYSICAL THERAPY	.499242	711847	355384	50
51 OCCUPATIONAL THERAPY	.484104	328245	158905	51
52 SPEECH PATHOLOGY	.635392	81812	51983	52
54 ELECTROENCEPHALOGRAPHY	.247075	344006	84995	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	6665143	4321619	55
56 DRUGS CHARGED TO PATIENTS	.206541	8310969	1716556	56
56.01 CAT SCAN	.075155	2289619	172076	56.01
56.02 CARDIAC CATHETERIZATION LAB	.480614	2887050	1387557	56.02
57 RENAL DIALYSIS	.759770	594972	452042	57
58.01 ONCOLOGY	.939795			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.397334	926	1294	60
61 EMERGENCY	.284407	2391670	680208	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.963706	20520	19775	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		44662544	16578896	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		44662544		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-S008)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		721127		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.418707	11684	4892	37
38 RECOVERY ROOM	.403444	1294	522	38
39 DELIVERY ROOM & LABOR ROOM	.643776			39
40 ANESTHESIOLOGY	.178562	2192	391	40
41 RADIOLOGY-DIAGNOSTIC	.318334	22359	7118	41
41.01 ULTRASOUND	.328648	1529	503	41.01
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.594261	10861	6454	43
44 LABORATORY	.209541	152530	31961	44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.783574			47.01
47.02 NON-INVASIVE LAB	.262565	11210	2943	47.02
49 RESPIRATORY THERAPY	.642339	1013	651	49
50 PHYSICAL THERAPY	.496832	1872	930	50
51 OCCUPATIONAL THERAPY	.484104	52080	25212	51
52 SPEECH PATHOLOGY	.635392			52
54 ELECTROENCEPHALOGRAPHY	.247075	1264	312	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	290	188	55
56 DRUGS CHARGED TO PATIENTS	.206541	192980	39858	56
56.01 CAT SCAN	.075155	20216	1519	56.01
56.02 CARDIAC CATHETERIZATION LAB	.477601	5137	2453	56.02
57 RENAL DIALYSIS	.759770			57
58.01 ONCOLOGY	.924900			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.397334	34638	48401	60
61 EMERGENCY	.284407	72441	20603	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.963706			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		595590	194911	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		595590		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [ ] HOSPITAL [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [XX] SUB II (15-T008) [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		4270349		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.419669	183533	77023	37
38 RECOVERY ROOM	.403444	11364	4585	38
39 DELIVERY ROOM & LABOR ROOM	.643776			39
40 ANESTHESIOLOGY	.178562	31305	5590	40
41 RADIOLOGY-DIAGNOSTIC	.318334	144018	45846	41
41.01 ULTRASOUND	.328648	9716	3193	41.01
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.594261	19038	11314	43
44 LABORATORY	.209707	469553	98469	44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787	48383	31100	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.906039			47.01
47.02 NON-INVASIVE LAB	.266252	38553	10265	47.02
49 RESPIRATORY THERAPY	.644005	154128	99259	49
50 PHYSICAL THERAPY	.499242			50
51 OCCUPATIONAL THERAPY	.484104			51
52 SPEECH PATHOLOGY	.635392			52
54 ELECTROENCEPHALOGRAPHY	.247075	192880	47656	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	318227	206336	55
56 DRUGS CHARGED TO PATIENTS	.206541	1589421	328281	56
56.01 CAT SCAN	.075155	113823	8554	56.01
56.02 CARDIAC CATHETERIZATION LAB	.480614	15187	7299	56.02
57 RENAL DIALYSIS	.759770	126298	95957	57
58.01 ONCOLOGY	.939795			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.397334	454	634	60
61 EMERGENCY	.284407	1804	513	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.963706			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		3467685	1081874	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3467685		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (15-0008) [ ] SNF [XX] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3280720		25
26 INTENSIVE CARE UNIT		294932		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.419669	3105057	1303096	37
38 RECOVERY ROOM	.403444	243894	98398	38
39 DELIVERY ROOM & LABOR ROOM	.643776	1197973	771226	39
40 ANESTHESIOLOGY	.178562	998693	178329	40
41 RADIOLOGY-DIAGNOSTIC	.318334	550796	175337	41
41.01 ULTRASOUND	.328648	118034	38792	41.01
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.594261	186905	111070	43
44 LABORATORY	.209707	2092049	438717	44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787	343837	221014	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.906039	7745	37997	47.01
47.02 NON-INVASIVE LAB	.266252	390007	103840	47.02
49 RESPIRATORY THERAPY	.644005	758845	488700	49
50 PHYSICAL THERAPY	.499242	168346	84045	50
51 OCCUPATIONAL THERAPY	.484104	62631	30320	51
52 SPEECH PATHOLOGY	.635392	10372	6590	52
54 ELECTROENCEPHALOGRAPHY	.247075	92923	22959	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	51232	33218	55
56 DRUGS CHARGED TO PATIENTS	.206541	2936860	606582	56
56.01 CAT SCAN	.075155	754738	56722	56.01
56.02 CARDIAC CATHETERIZATION LAB	.480614	1117102	536895	56.02
57 RENAL DIALYSIS	.759770	94601	71875	57
58.01 ONCOLOGY	.939795			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.397334			60
61 EMERGENCY	.284407	936629	266384	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.963706			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		16219269	5682106	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		16219269		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-S008)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		559484		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.419669			37
38 RECOVERY ROOM	.403444			38
39 DELIVERY ROOM & LABOR ROOM	.643776			39
40 ANESTHESIOLOGY	.178562			40
41 RADIOLOGY-DIAGNOSTIC	.318334	25090	7987	41
41.01 ULTRASOUND	.328648	1228	404	41.01
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.594261	4851	2883	43
44 LABORATORY	.209707	120008	25167	44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.906039			47.01
47.02 NON-INVASIVE LAB	.266252	13188	3511	47.02
49 RESPIRATORY THERAPY	.644005	515	332	49
50 PHYSICAL THERAPY	.499242	3358	1676	50
51 OCCUPATIONAL THERAPY	.484104	859	416	51
52 SPEECH PATHOLOGY	.635392			52
54 ELECTROENCEPHALOGRAPHY	.247075	1000	247	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	14	9	55
56 DRUGS CHARGED TO PATIENTS	.206541	138003	28503	56
56.01 CAT SCAN	.075155	8432	634	56.01
56.02 CARDIAC CATHETERIZATION LAB	.480614	620	298	56.02
57 RENAL DIALYSIS	.759770			57
58.01 ONCOLOGY	.939795			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.397334			60
61 EMERGENCY	.284407	55752	15856	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.963706			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		372918	87923	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		372918		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [ ] HOSPITAL [ ] SNF [XX] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [XX] SUB II (15-T008) [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		113954		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.419669	2478	1040	37
38 RECOVERY ROOM	.403444	530	214	38
39 DELIVERY ROOM & LABOR ROOM	.643776			39
40 ANESTHESIOLOGY	.178562	835	149	40
41 RADIOLOGY-DIAGNOSTIC	.318334	3513	1118	41
41.01 ULTRASOUND	.328648	328	108	41.01
42 RADIOLOGY-THERAPEUTIC				42
43 RADIOISOTOPE	.594261			43
44 LABORATORY	.209707	11291	2368	44
46 WHOLE BLOOD & PACKED RED BLOOD	.642787	1402	901	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHABILITATION	4.906039			47.01
47.02 NON-INVASIVE LAB	.266252	996	265	47.02
49 RESPIRATORY THERAPY	.644005	2957	1904	49
50 PHYSICAL THERAPY	.499242	6182	3086	50
51 OCCUPATIONAL THERAPY	.484104			51
52 SPEECH PATHOLOGY	.635392			52
54 ELECTROENCEPHALOGRAPHY	.247075	11375	2810	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.648391	166	108	55
56 DRUGS CHARGED TO PATIENTS	.206541	51988	10738	56
56.01 CAT SCAN	.075155	950	71	56.01
56.02 CARDIAC CATHETERIZATION LAB	.480614	1696	815	56.02
57 RENAL DIALYSIS	.759770	1118	849	57
58.01 ONCOLOGY	.939795			58.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.397334			60
61 EMERGENCY	.284407			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.963706			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		97805	26544	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		97805		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	4715665					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4870432					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	10072504					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	391942					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	125.82					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00			0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0969					4
4.01	0.2837					4.01
4.02	0.3806					4.02
4.03	0.2061					4.03
4.04	4051638					4.04
5	2740					5
5.01	276					5.01
5.02	10.07					5.02
5.03	1588					5.03
5.04	0.821946					5.04
5.05	335.00					5.05
5.06	75997					5.06
6	24178178					6
7						7
7.01						7.01
8	24178178					8
9	1922108					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	26100286					16
17	16587					17
18	26083699					18
19	1737256					19
20	1653332					20
21	944048					21
21.01	660834					21.01
21.02	547075					21.02
22	24841945					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
23						23
						TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
24						24
						OTHER ADJUSTMENTS
25						25
						AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
26	24841945					26
						AMOUNT DUE PROVIDER
27						27
						SEQUESTRATION ADJUSTMENT
28	24824154					28
						INTERIM PAYMENTS
28.01						28.01
						TENTATIVE SETTLEMENT (FOR FI USE ONLY)
29	17791					29
						BALANCE DUE PROVIDER (PROGRAM)
30						30
						PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2
						TO BE COMPLETED BY INTERMEDIARY
50						50
						OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01
51						51
						CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01
52						52
						OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO
53						53
						CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54						54
						THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55						55
						TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56						56
						CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02	
1 MEDICAL AND OTHER SERVICES	5395			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	8549802			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6673774			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	5395			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	5923			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	5923			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	5923			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	528			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	5395			17
17.01 TOTAL PPS PAYMENTS	6673774			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	1029		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1799777		18.01
19 SUBTOTAL	4878363		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4878363		23
24 PRIMARY PAYER PAYMENTS	9346		24
25 SUBTOTAL	4869017		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	510817		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	357572		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	308472		27.02
28 SUBTOTAL	5226589		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	1231		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	5225358		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5176967		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	48391		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008)	SUB I (15-S008)	SUB I (15-S008)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008)	SUB I (15-S008)	SUB I (15-S008)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008)	SUB II (15-T008)	SUB II (15-T008)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008)	SUB II (15-T008)	SUB II (15-T008)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(15-0008)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(15-0008)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[ ] TITLE V [XX] TITLE XVIII [ ] TITLE XIX

HOSPITAL  
(15-0008)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (15-0008)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		24126836		4864336	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		495919		241777	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 PROGRAM .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54	201399		70854	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	201399		70854	3.99
4 TOTAL INTERIM PAYMENTS		24824154		5176967	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	17791		48391	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		24841945		5225358	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER II (15-T008)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7198336		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE		NONE 3.03
PROVIDER .04				3.04
PROVIDER .05				3.05
02/01/2007 .50	02/01/2007	52583		3.50
PROVIDER .51				3.51
TO .52				NONE 3.52
PROGRAM .53				3.53
PROGRAM .54				3.54
SUBTOTAL .99		-52583		3.99
4 TOTAL INTERIM PAYMENTS		7145753		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02		NONE		NONE 5.02
PROVIDER .03				5.03
PROVIDER .50				5.50
TO .51		NONE		NONE 5.51
PROGRAM .52				5.52
SUBTOTAL .99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01				6.01
PROVIDER TO .02		-160645		6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		6985108		7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1121469				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	560735				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		6420273			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0567			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		373872			1.04
1.05	OUTLIER PAYMENTS		277541			1.05
1.06	TOTAL PPS PAYMENTS		7071686			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	527199				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	5353				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.210959				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	532552				1.19
1.20	STOP LESS PAYMENT FLOOR	785028				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	392514				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1093287				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)		18.895890			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1093287	7071686			4
5	PRIMARY PAYER PAYMENTS		5000			5
6	SUBTOTAL	1093287	7066686			6
7	DEDUCTIBLES	97433	23368			7
8	SUBTOTAL	995854	7043318			8
9	COINSURANCE	27910	58210			9
10	SUBTOTAL	967944	6985108			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	967944	6985108			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)						13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						14
15 OTHER ADJUSTMENTS						15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		967944	6985108			17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		1037459	7145753			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-69515	-160645			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						21
TO BE COMPLETED BY INTERMEDIARY						
50 ORIGINAL OUTLIER AMOUNT FROM WKST E-3, PART I, LINE 1.05 (IRF) OR 1.09 (IPF)						50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)						51
52 INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)						52
53 TIME VALUE OF MONEY						53

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III SUB IV NF I
1	1	1	1	1
2	1	1	1	1
3	1	1	1	1
4	1	1	1	1
5	1	1	1	1
6	1	1	1	1
7	1	1	1	1
8	1	1	1	1
9	1	1	1	1
10	1	1	1	1
11	1	1	1	1
12	1	1	1	1
13	1	1	1	1
14	1	1	1	1
15	1	1	1	1
16	1	1	1	1
17	1	1	1	1
18	1	1	1	1
19	1	1	1	1
20	1	1	1	1
21	1	1	1	1
22	1	1	1	1
23	1	1	1	1
24	1	1	1	1
25	1	1	1	1
26	1	1	1	1
27	1	1	1	1
28	1	1	1	1
29	1	1	1	1
30	1	1	1	1
31	1	1	1	1
32	1	1	1	1
33	1	1	1	1

CALCULATION OF REIMBURSEMENT SETTLEMENT  
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III SUB IV NF I
	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,			
38.01	REIMBURSABLE BAD DEBTS			
38.02	REDUCED REIMBURSABLE BAD DEBTS			
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			
	BENEFICIARIES (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			
45	RATIO OF LINE 43 TO LINE 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION			
50	OTHER ADJUSTMENTS			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)			

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	9612838			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	15192723			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	2878026			7
8	PREPAID EXPENSES	3079107			8
9	OTHER CURRENT ASSETS	14321883			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	45084577			11
FIXED ASSETS					
12	LAND				12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	47037911			14
14.01	ACCUMULATED DEPRECIATION	-20551877			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	26486034			21
OTHER ASSETS					
22	INVESTMENTS	604355			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS				25
26	TOTAL OTHER ASSETS	604355			26
27	TOTAL ASSETS	72174966			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	2774040			28
29	SALARIES, WAGES & FEES PAYABLE	13058924			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	454494			31
32	DEFERRED INCOME	237472			32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	10541836			35
36	TOTAL CURRENT LIABILITIES	27066766			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	1298726			41
42	TOTAL LONG TERM LIABILITIES	1298726			42
43	TOTAL LIABILITIES	28365492			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	43809474			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	43809474			51
52	TOTAL LIABILITIES AND FUND BALANCES	72174966			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD		21		1
2 NET INCOME (LOSS)		1363425		2
3 TOTAL		1363446		3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSET RELEASED FROM RESTRICTION	148784			5
6 TRANS TO CFNI (HOME OFFICE)	39851234			6
7 FUND BALANCE	2446010			7
8				8
9				9
10 TOTAL ADDITIONS	42446028			10
11 SUBTOTAL	43809474			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANS TO CFNI (HOME OFFICE)				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	43809474			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				
2 HOSPITAL	12404080		12404080	1
2 SUBPROVIDER I	2808174		2808174	2
2.01 SUBPROVIDER II	1967503		1967503	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	17179757		17179757	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT	2090206		2090206	10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	2090206		2090206	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	19269963		19269963	16
17 ANCILLARY SERVICES	90574697	76305002	166879699	17
18 OUTPATIENT SERVICES		16510398	16510398	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		2265199	2265199	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24		2770316	2770316	24
25 TOTAL PATIENT REVENUES	109844660	97850915	207695575	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		130930610	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		130930610	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	207695575	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	99507658	2
3	NET PATIENT REVENUES	108187917	3
4	LESS - TOTAL OPERATING EXPENSES	130930610	4
5	NET INCOME FROM SERVICE TO PATIENTS	-22742693	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	5172	6
7	INCOME FROM INVESTMENTS	296592	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	46799	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	419193	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV 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	9201	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	33680	21
22	RENTAL OF HOSPITAL SPACE	1378285	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CAPITATION REVENUE	21180956	24
24.01	JOINT VENTURE CYBER KNIFE	323219	24.01
24.02	CYBERKNIFE MANAGEMENT FEE		24.02
24.03	ALL OTHER INCOME	413021	24.03
25	TOTAL OTHER INCOME	24106118	25
26	TOTAL	1363425	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	1363425	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	270166				111476	381642
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	522682		38968			561650
7 PHYSICAL THERAPY				178068		178068
8 OCCUPATIONAL THERAPY				66177		66177
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						10
11 HOME HEALTH AIDE	99125		13561			112686
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	891973		52529	244245	111476	1300223

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
13.20					13.20
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
23.50					23.50
24					24
GENERAL SERVICE COST CENTER					
CAPITAL RELATED-BLDG & FIXTURES					
CAPITAL RELATED-MOVABLE EQUIPMENT					
PLANT OPERATION & MAINTENANCE					
TRANSPORTATION					
ADMINISTRATIVE AND GENERAL	-55772	325870		325870	
HHA REIMBURSABLE SERVICES					
SKILLED NURSING CARE		561650		561650	
PHYSICAL THERAPY		178068		178068	
OCCUPATIONAL THERAPY		66177		66177	
SPEECH PATHOLOGY					
MEDICAL SOCIAL SERVICES	1008	1008		1008	
HOME HEALTH AIDE		112686		112686	
SUPPLIES					
DRUGS					
COST OF ADMINISTERING VACCINES					
DME					
HHA NONREIMBURSABLE SERVICES					
HOME DIALYSIS AIDE SERVICES					
RESPIRATORY THERAPY					
PRIVATE DUTY NURSING					
CLINIC					
HEALTH PROMOTION ACTIVITIES					
DAY CARE PROGRAM					
HOME DELIVERED MEALS PROGRAM					
HOMEMAKER SERVICE					
ALL OTHERS					
TELEMEDICINE					
TOTAL	-54764	1245459		1245459	

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7453

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
1								1
2								2
3								3
4								4
5	ADMINISTRATIVE AND GENERAL	325870				325870	325870	5
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	561650				561650	199029	760679 6
7	PHYSICAL THERAPY	178068				178068	63101	241169 7
8	OCCUPATIONAL THERAPY	66177				66177	23451	89628 8
9	SPEECH PATHOLOGY							9
10	MEDICAL SOCIAL SERVICES	1008				1008	357	1365 10
11	HOME HEALTH AIDE	112686				112686	39932	152618 11
12	SUPPLIES							12
13	DRUGS							13
13.20	COST OF ADMINISTERING VACCINES							13.20
14	DME							14
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SERVICES							15
16	RESPIRATORY THERAPY							16
17	PRIVATE DUTY NURSING							17
18	CLINIC							18
19	HEALTH PROMOTION ACTIVITIES							19
20	DAY CARE PROGRAM							20
21	HOME DELIVERED MEALS PROGRAM							21
22	HOMEMAKER SERVICE							22
23	ALL OTHERS							23
23.50	TELEMEDICINE							23.50
24	TOTAL	1245459				1245459		1245459 24

PROVIDER NO. 15-0008 ST. CATHERINE HOSPT., INC  
 PERIOD FROM 07/01/2006 TO 06/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2007.06  
 11/20/2007 08:44

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	1	2	3	4			
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-325870	919589	5
6 SKILLED NURSING CARE						561650	6
7 PHYSICAL THERAPY						178068	7
8 OCCUPATIONAL THERAPY						66177	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						1008	10
11 HOME HEALTH AIDE						112686	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-325870	919589	24
25 COST TO BE ALLOC (PER W/S H)						325870	25
26 UNIT COST MULTIPLIER						.354365	26









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		TOTAL HHA COSTS	
		HHA A & G	HHA COSTS		
	27	28	29		
1 ADMINISTRATIVE AND GENERAL	292824				1
2 SKILLED NURSING CARE	1131374	188050	1319424		2
3 PHYSICAL THERAPY	283151	47063	330214		3
4 OCCUPATIONAL THERAPY	105230	17491	122721		4
5 SPEECH PATHOLOGY					5
6 MEDICAL SOCIAL SERVICES	1603	266	1869		6
7 HOME HEALTH AIDE	240378	39954	280332		7
8 SUPPLIES					8
9 DRUGS					9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS	2054560	292824	2054560		20
21 UNIT COST MULTIPLIER		.166213			21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTES	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	PURCHASING RECEIVING + STORES COSTED REQ	
	1	2	3	4	5	5.01	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL			3120	733	270166	6	15	15933	1
2 SKILLED NURSING CARE					522682	6			2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE					99125	4			7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			3120	733	891973	16	15	15933	20
21 TOTAL COST TO BE ALLOCATED			31342	1078	214913	11802	5388	4728	21
22 UNIT COST MULTIPLIER			10.045513		.240941		359.200000		22
22 UNIT COST MULTIPLIER				1.470668		737.625000		.296743	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE 6.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.04	RECON- CILIATION 6A.05	OTHER ADMIN + GENERAL ACCUM COST 6.05	MAIN- TENANCE & REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	
1 ADMINISTRATIVE AND GENERAL				112055	3120	3120		3120	1
2 SKILLED NURSING CARE	2265199	2265199		903624					2
3 PHYSICAL THERAPY				241169					3
4 OCCUPATIONAL THERAPY				89628					4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES				1365					6
7 HOME HEALTH AIDE				179452					7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	2265199	2265199		1527293	3120	3120		3120	20
21 TOTAL COST TO BE ALLOCATED	11779	804		265867	64432	23591		26810	21
22 UNIT COST MULTIPLIER	.005200				20.651282				22
22 UNIT COST MULTIPLIER		.000355		.174077		7.561218		8.592949	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18
1 ADMINISTRATIVE AND GENERAL			6		12586	50792		1
2 SKILLED NURSING CARE			6		11627		2265199	2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE		4		8136				7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS		16		32349	50792		2265199	20
21 TOTAL COST TO BE ALLOCATED		59230		59162	1201		26974	21
22 UNIT COST MULTIPLIER					.023645		.011908	22
22 UNIT COST MULTIPLIER		3701.875000		1.828866				22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL						1
2 SKILLED NURSING CARE						2
3 PHYSICAL THERAPY						3
4 OCCUPATIONAL THERAPY						4
5 SPEECH PATHOLOGY						5
6 MEDICAL SOCIAL SERVICES						6
7 HOME HEALTH AIDE						7
8 SUPPLIES						8
9 DRUGS						9
9.20 COST OF ADMINISTERING VACC						9.20
10 DME						10
11 HOME DIALYSIS AIDE SERVICE						11
12 RESPIRATORY THERAPY						12
13 PRIVATE DUTY NURSING						13
14 CLINIC						14
15 HEALTH PROMOTION ACTIVITIE						15
16 DAY CARE PROGRAM						16
17 HOME DELIVERED MEALS PROGR						17
18 HOMEMAKER SERVICE						18
19 ALL OTHERS						19
19.50 TELEMEDICINE						19.50
20 TOTALS						20
21 TOTAL COST TO BE ALLOCATED						21
22 UNIT COST MULTIPLIER						22
22 UNIT COST MULTIPLIER						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6  
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1319424		1319424	12500	105.55	1
2	PHYSICAL THERAPY	3	330214		330214	3279	100.71	2
3	OCCUPATIONAL THERAPY	4	122721		122721	1269	96.71	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6	1869		1869	17	109.94	5
6	HOME HEALTH AIDE SERV	7	280332		280332	3877	72.31	6
7	TOTAL		2054560		2054560	20942		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		2960					8
9	PHYSICAL THERAPY		2960					9
10	OCCUPATIONAL THERAPY		2960					10
11	SPEECH PATHOLOGY		2960					11
12	MEDICAL SOCIAL SERV		2960					12
13	HOME HEALTH AIDE SERV		2960					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
			1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8		86053	86053	132718	.648390	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					2960		17
18	PER BENEFICIARY COST LIMITATION					2960		18
19	PER BENEFICIARY COST LIMITATION							19





CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 15-7453

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	129			2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	129			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	129			7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	928658	689937	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	29339	46324	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	4064	5557	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	3346	3652	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	7159	10135	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	972566	755605	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	972566	755605	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	972566	755605	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	972566	755605	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	972566	755605	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	972566	755605	24
25 TOTAL INTERIM PAYMENTS	972566	755605	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 15-7453

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		972566		755605	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04				3.04
	TO .05				3.05
	PROVIDER .50				3.50
	PROGRAM .51				3.51
	TO .52	NONE		NONE	3.52
	PROVIDER .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		972566		755605	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		972566		755605	7
NAME OF INTERMEDIARY: _____	INTERMEDIARY NUMBER: _____				
SIGNATURE OF AUTHORIZED PERSON: _____	DATE (MO/DAY/YR): _____				

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	SUB I	SUB II (15-T008)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
2	CAPITAL FEDERAL AMOUNT				
3	CAPITAL DRG OTHER THAN OUTLIER	1726567			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	57243			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]				4
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0969			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2837			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3806			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0801			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	138298			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1922108			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0008)	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
5.01 MAINTENANCE OF PERSONNEL					5.01
6.01 NONPATIENT TELEPHONES					6.01
6.02 PURCHASING, RECEIVING & STOR					6.02
6.03 ADMITTING					6.03
6.04 CASHIERING/ACCOUNTS RECEIVABLE					6.04
6.05 OTHER ADMINISTRATIVE AND GENERA					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47.01 CARDIAC REHABILITATION					47.01
47.02 NON-INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02

PROVIDER NO. 15-0008 ST. CATHERINE HOSPT., INC  
PERIOD FROM 07/01/2006 TO 06/30/2007

KPMG LLP COMPU-MAX MICRO SYSTEM  
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2007.06  
11/20/2007 08:44

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
98 PHYSICIANS' PRIVATE OFFICES					98
00 OTHER NON REIMB COST CNTR					00
00.03 ADVERTISING EXPENSE					00.03
00.04 REGENCY HOSPITAL					00.04
00.05 UNUSED SPACE					00.05
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	46.00		23.24				69.24 25
26 INTENSIVE CARE UNIT	53.75		16.52				70.27 26
33 NURSERY			89.88				89.88 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	18.81	27.52	9.25	7.74			63.32 37
38 RECOVERY ROOM	23.73	21.41	15.35	15.30			75.79 38
39 DELIVERY ROOM & LABOR ROOM	0.10		58.49	4.16			62.75 39
40 ANESTHESIOLOGY	26.73	13.84	22.71	11.01			74.29 40
41 RADIOLOGY-DIAGNOSTIC	24.59	19.53	4.81	15.62			64.55 41
41.01 ULTRASOUND	7.71	6.43	4.89	36.85			55.88 41.01
43 RADIOISOTOPE	19.23	25.19	4.92	8.80			58.14 43
44 LABORATORY	22.67	1.23	8.35	13.29			45.54 44
46 WHOLE BLOOD & PACKED RED BLOOD	35.43	5.53	18.23	7.08			66.27 46
47.01 CARDIAC REHABILITATION	18.93	31.46	4.03	5.91			60.33 47.01
47.02 NON-INVASIVE LAB	17.50	11.05	7.41	6.91			42.87 47.02
49 RESPIRATORY THERAPY	33.19	3.72	22.30	9.33			68.54 49
50 PHYSICAL THERAPY	21.32	0.37	5.04	9.93			36.66 50
51 OCCUPATIONAL THERAPY	19.68		3.76	3.99			27.43 51
52 SPEECH PATHOLOGY	32.04	0.11	4.06	0.83			37.04 52
54 ELECTROENCEPHALOGRAPHY	13.88	19.62	3.75	21.92			59.17 54
55 MEDICAL SUPPLIES CHARGED TO PAT	45.23	4.67	0.35	0.08			50.33 55
56 DRUGS CHARGED TO PATIENTS	39.67	8.74	14.02	5.96			68.39 56
56.01 CAT SCAN	19.06	15.17	6.28	12.94			53.45 56.01
56.02 CARDIAC CATHETERIZATION LAB	35.31	9.16	13.66	3.36			61.49 56.02
57 RENAL DIALYSIS	63.34	0.13	10.07	0.63			74.17 57
58.01 ONCOLOGY		5.89		39.67			45.56 58.01
60 CLINIC	0.05	8.77		9.27			18.09 60
61 EMERGENCY	14.55	9.39	5.70	25.08			54.72 61
62 OBSERVATION BEDS (NON-DISTINCT	1.20	20.19		19.77			41.16 62
101 TOTAL CHARGES	22.33	11.18	8.11	9.66			51.28 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	32.99		29.28				62.27 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.03						0.03 37
38 RECOVERY ROOM	0.08						0.08 38
40 ANESTHESIOLOGY	0.05						0.05 40
41 RADIOLOGY-DIAGNOSTIC	0.20		0.22				0.42 41
41.01 ULTRASOUND	0.06		0.05				0.11 41.01
43 RADIOISOTOPE	0.29		0.13				0.42 43
44 LABORATORY	0.61		0.48				1.09 44
47.02 NON-INVASIVE LAB	0.21		0.25				0.46 47.02
49 RESPIRATORY THERAPY	0.03		0.02				0.05 49
50 PHYSICAL THERAPY	0.06		0.10				0.16 50
51 OCCUPATIONAL THERAPY	3.12		0.05				3.17 51
54 ELECTROENCEPHALOGRAPHY	0.05		0.04				0.09 54
56 DRUGS CHARGED TO PATIENTS	0.92		0.66				1.58 56
56.01 CAT SCAN	0.17		0.07				0.24 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.06		0.01				0.07 56.02
60 CLINIC	1.92						1.92 60
61 EMERGENCY	0.44		0.34				0.78 61
101 TOTAL CHARGES	0.30		0.19				0.49 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	85.09		3.84				88.93 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.55		0.01				0.56 37
38 RECOVERY ROOM	0.72		0.03				0.75 38
40 ANESTHESIOLOGY	0.71		0.02				0.73 40
41 RADIOLOGY-DIAGNOSTIC	1.26		0.03				1.29 41
41.01 ULTRASOUND	0.40		0.01				0.41 41.01
43 RADIOISOTOPE	0.50						0.50 43
44 LABORATORY	1.87		0.05				1.92 44
46 WHOLE BLOOD & PACKED RED BLOOD	2.56		0.07				2.63 46
47.02 NON-INVASIVE LAB	0.73		0.02				0.75 47.02
49 RESPIRATORY THERAPY	4.53		0.09				4.62 49
50 PHYSICAL THERAPY			0.19				0.19 50
54 ELECTROENCEPHALOGRAPHY	7.79		0.46				8.25 54
55 MEDICAL SUPPLIES CHARGED TO PAT	2.16						2.16 55
56 DRUGS CHARGED TO PATIENTS	7.59		0.25				7.84 56
56.01 CAT SCAN	0.95		0.01				0.96 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.19		0.02				0.21 56.02
57 RENAL DIALYSIS	13.45		0.12				13.57 57
60 CLINIC	0.03						0.03 60
61 EMERGENCY	0.01						0.01 61
101 TOTAL CHARGES	1.73		0.05				1.78 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	4923015	4.76	-4923015	-9.97		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5568022	5.38	-5568022	-11.28		4
5	EMPLOYEE BENEFITS	10254267	9.91	-10254267	-20.77		5
5.01	MAINTENANCE OF PERSONNEL	507195	.49	-507195	-1.03		5.01
6.01	NONPATIENT TELEPHONES	380790	.37	-380790	-.77		6.01
6.02	PURCHASING, RECEIVING & STOR	390812	.38	-390812	-.79		6.02
6.03	ADMITTING	810268	.78	-810268	-1.64		6.03
6.04	CASHIERING/ACCOUNTS RECEIVABLE	52707	.05	-52707	-.11		6.04
6.05	OTHER ADMINISTRATIVE AND GENERA	11733373	11.34	-11733373	-23.77		6.05
7	MAINTENANCE & REPAIRS	5261134	5.08	-5261134	-10.66		7
8	OPERATION OF PLANT	1188240	1.15	-1188240	-2.41		8
9	LAUNDRY & LINEN SERVICE	728479	.70	-728479	-1.48		9
10	HOUSEKEEPING	1769445	1.71	-1769445	-3.58		10
11	DIETARY	401616	.39	-401616	-.81		11
12	CAFETERIA	1523025	1.47	-1523025	-3.09		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	926708	.90	-926708	-1.88		14
15	CENTRAL SERVICES & SUPPLY	3537		-3537	-.01		15
16	PHARMACY	1459320	1.41	-1459320	-2.96		16
17	MEDICAL RECORDS & LIBRARY	1479829	1.43	-1479829	-3.00		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7639146	7.38	9914645	20.09	17553791	16.97
26	INTENSIVE CARE UNIT	1639636	1.58	1482350	3.00	3121986	3.02
31	SUBPROVIDER I	1226468	1.19	1535495	3.11	2761963	2.67
31.01	SUBPROVIDER II	3183906	3.08	2309535	4.68	5493441	5.31
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	7922361	7.66	6126749	12.41	14049110	13.58
38	RECOVERY ROOM	312903	.30	327926	.66	640829	.62
39	DELIVERY ROOM & LABOR ROOM	815561	.79	503050	1.02	1318611	1.27
40	ANESTHESIOLOGY	37135	.04	748149	1.52	785284	.76
41	RADIOLOGY-DIAGNOSTIC	1285969	1.24	2362857	4.79	3648826	3.53
41.01	ULTRASOUND	359849	.35	432767	.88	792616	.77
42	RADIOLOGY-THERAPEUTIC						42
43	RADIOISOTOPE	410075	.40	1845910	3.74	2255985	2.18
44	LABORATORY	2550267	2.46	2698637	5.47	5248904	5.07
46	WHOLE BLOOD & PACKED RED BLOOD	881915	.85	330590	.67	1212505	1.17
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
47.01 CARDIAC REHABILITATION	369934	.36	549909	1.11	919843	.89	47.01
47.02 NON-INVASIVE LAB	645107	.62	737521	1.49	1382628	1.34	47.02
49 RESPIRATORY THERAPY	1173151	1.13	1013034	2.05	2186185	2.11	49
50 PHYSICAL THERAPY	742951	.72	915650	1.85	1658601	1.60	50
51 OCCUPATIONAL THERAPY	478053	.46	329278	.67	807331	.78	51
52 SPEECH PATHOLOGY	87321	.08	74901	.15	162222	.16	52
54 ELECTROENCEPHALOGRAPHY	182985	.18	429160	.87	612145	.59	54
55 MEDICAL SUPPLIES CHARGED TO PAT	7906311	7.64	1647877	3.34	9554188	9.23	55
56 DRUGS CHARGED TO PATIENTS	3356693	3.24	970440	1.97	4327133	4.18	56
56.01 CAT SCAN	327742	.32	575176	1.17	902918	.87	56.01
56.02 CARDIAC CATHETERIZATION LAB	1993679	1.93	1911828	3.87	3905507	3.77	56.02
57 RENAL DIALYSIS	569127	.55	144523	.29	713650	.69	57
58.01 ONCOLOGY	94395	.09	102260	.21	196655	.19	58.01
60 CLINIC	1261663	1.22	1254542	2.54	2516205	2.43	60
61 EMERGENCY	2209826	2.14	2464122	4.99	4673948	4.52	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	1245459	1.20	809101	1.64	2054560	1.99	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	2662631	2.57	1552690	3.15	4215321	4.07	98
100 OTHER NON REIMB COST CNTR	331758	.32	1912580	3.87	2244338	2.17	100
100.03 ADVERTISING EXPENSE	201127	.19	47710	.10	248837	.24	100.03
100.04 REGENCY HOSPITAL			969127	1.96	969127	.94	100.04
100.05 UNUSED SPACE			331693	.67	331693	.32	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	103466886	100.00	0	.00	103466886	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1627902	33553542	.048517	6312425	306260	37
38 RECOVERY ROOM	57677	1588396	.036311	376876	13685	38
39 DELIVERY ROOM & LABOR ROOM	68842	2048246	.033610	2100	71	39
40 ANESTHESIOLOGY	210909	4397826	.047958	1175503	56375	40
41 RADIOLOGY-DIAGNOSTIC	816910	11462253	.071270	2819018	200911	41
41.01 ULTRASOUND	172244	2411744	.071419	185866	13274	41.01
42 RADIOLOGY-THERAPEUTIC						42
43 RADIOISOTOPE	285142	3796286	.075111	729998	54831	43
44 LABORATORY	532817	25049551	.021271	5678078	120778	44
46 WHOLE BLOOD & PACKED RED BLOOD	62401	1886325	.033081	668363	22110	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHABILITATION	108969	192292	.566685	36409	20632	47.01
47.02 NON-INVASIVE LAB	237359	5265842	.045075	921551	41539	47.02
49 RESPIRATORY THERAPY	168761	3403476	.049585	1129578	56010	49
50 PHYSICAL THERAPY	166516	3338356	.049880	711847	35507	50
51 OCCUPATIONAL THERAPY	29439	1667682	.017653	328245	5795	51
52 SPEECH PATHOLOGY	10492	255310	.041095	81812	3362	52
54 ELECTROENCEPHALOGRAPHY	106594	2477568	.043024	344006	14801	54
55 MEDICAL SUPPLIES CHARGED TO PAT	248240	14735226	.016847	6665143	112288	55
56 DRUGS CHARGED TO PATIENTS	123098	20950484	.005876	8310969	48835	56
56.01 CAT SCAN	213698	12014073	.017787	2289619	40725	56.01
56.02 CARDIAC CATHETERIZATION LAB	675781	8177339	.082641	2887050	238589	56.02
57 RENAL DIALYSIS	26634	939298	.028355	594972	16870	57
58.01 ONCOLOGY	18749	212623	.088180			58.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	157380	1800718	.087398	926	81	60
61 EMERGENCY	507859	16434009	.030903	2391670	73910	61
62 OBSERVATION BEDS (NON-DISTINCT	158640	1709853	.092780	20520	1904	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	6793053	179768318		44662544	1499143	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1691062		1691062	27918	60.57	12842	777840 25
26 INTENSIVE CARE UNIT	269866		269866	2082	129.62	1119	145045 26
101 TOTAL	1960928		1960928			13961	922885 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						922885	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1499143	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						2422028	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					2835		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					13961		
PER DISCHARGE CAPITAL COSTS						854.33	
PER DIEM CAPITAL COSTS						173.49	

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	23914621
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	50975415
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.469

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5756533
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	7728927
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.745

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1105984
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1316717
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.840

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	2422028
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.048

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	8542589
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	22350336
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.382