

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] 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 ALEXIAN BROTHERS MEDICAL CENTER (14-0258) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, 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		
		2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	2366123	-151150		2
3	SWING BED - SNF	-16093			3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	2350030	-151150		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 OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 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: 800 BIESTERFIELD ROAD P.O.BOX: 1
 1.01 CITY: ELK GROVE VILLAGE STATE: IL ZIP CODE: 60007 COUNTY: COOK 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	ALEXIAN BROTHERS MEDICAL CENTER	14-0258	07/01/1966	N	P	O	2
3	SUBPROVIDER I	REHABILITATION	14-T258	01/01/1980	N	P	O	3
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	HOME HEALTH AGENCY	14-7583	06/01/1994	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	HOSPICE	14-1632	01/01/1976				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 01/01/2010	TO: 12/31/2010				17
18	TYPE OF CONTROL		1	2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL			1				19
20	SUBPROVIDER I			5				20

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? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.			YES	NO			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 16974	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 (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO.			NO				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS).			NO	NO			21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.					NO		21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?							22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW							23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.			NO				23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01

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)	NO	NO		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)	NO	NO		25.06
25.07	HAS YOUR FACILITY'S TRAINED RESIDENTS IN NON-PROVIDER SETTING DURING THE COST REPORTING PERIOD? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1.	NO			25.07
25.08	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.	0.00			25.08
	IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE UNWEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS BY SPECIALTY IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED.				
			PROGRAM CODE(2)	RESIDENT FTEs(3)	
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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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)

28.03	STAFFING	0.00	NO		28.03
28.04	RECRUITMENT	0.00	NO		28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO		28.05
28.06	TRAINING	0.00	NO		28.06
28.07	OTHER (SPECIFY)		NO		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
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 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
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?				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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03. YES 149019 40

40.01 NAME: ALEXIAN BROTHERS HOSPITAL N FI/CONTRACTOR'S NAME: WPS FI/CONTRACTOR'S NUMBER: 52280 40.01

40.02 STREET: 3040 SALT CREEK LANE P.O.BOX: 40.02

40.03 CITY: ARLINGTON HEIGHTS, IL STATE: ZIP CODE: 40.03

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 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? NO 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? NO 45

SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.

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 NCMQ 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	N	47
48 SUBPROVIDER I	N	N	N	N	N	48
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)?				NO		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.				NO		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: PREMIUMS: 11261016 PAID LOSSES: 14285281 AND/OR SELF INSURANCE:						54
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.				NO		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.				NO		55
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.				DATE / / Y/N NO LIMIT 0.00 Y/N NO FEES 4		56
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES		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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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)	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.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO				61
	COUNTY: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	05/19/2011		63
MISCELLANEOUS DATA						
64	DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO.		YES			64

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		8783	3562	18949	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		8783	3562	18949	12
13	RPCH VISITS					13
14	SUBPROVIDER I		1005	54	1436	14
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	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART II
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	139287355	258117	139545472	4633293.00	30.12		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
6 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
7 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
8 HOME OFFICE PERSONNEL							7
9 SNF							8
8.01 EXCLUDED AREA SALARIES	13548314	83029	13631343	403751.00	33.76		8.01
10 OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	4479705		4479705	82505.00	54.30		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1062661		1062661	6575.00	161.62		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	24436116		24436116	468471.00	52.16	HOME OFFICE WP	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							
14 WAGE RELATED COSTS (CORE)	31925782		31925782			CMS 339	13
15 WAGE RELATED COSTS (OTHER)						CMS 339	14
16 EXCLUDED AREAS	3209000		3209000			CMS 339	15
17 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
18 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
19 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
20 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
21 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
22 OVERHEAD COSTS - DIRECT SALARIES							
23 EMPLOYEE BENEFITS	550819		550819	17746.00	31.04		21
24 ADMINISTRATIVE & GENERAL	12894246	-143838	12750408	345403.00	36.91		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
25 MAINTENANCE & REPAIRS	921832		921832	58388.00	15.79		23
26 OPERATION OF PLANT	1628559		1628559	56297.00	28.93		24
27 LAUNDRY & LINEN SERVICE							25
28 HOUSEKEEPING	2735715		2735715	212433.00	12.88		26
26.01 HOUSEKEEPING UNDER CONTRACT	596241		596241	8413.00	70.87		26.01
29 DIETARY	1982184	-242983	1739201	131760.00	13.20		27
27.01 DIETARY UNDER CONTRACT	1381283		1381283	35339.00	39.09		27.01
30 CAFETERIA	547035	242983	790018	87314.00	9.05		28
31 MAINTENANCE OF PERSONNEL							29
32 NURSING ADMINISTRATION	2122296		2122296	51559.00	41.16		30
33 CENTRAL SERVICES AND SUPPLY	696876		696876	38073.00	18.30		31
34 PHARMACY	3875991		3875991	104318.00	37.16		32
35 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2437228		2437228	109061.00	22.35		33
36 SOCIAL SERVICE	1787259	385701	2172960	51186.00	42.45		34
37 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES	ADJUSTED SALARIES	PAID HOURS RELATED TO SALARY	AVERAGE HOURLY WAGE	DATA SOURCE	WORKSHEET S-3 PART III
		FROM WKST. A-6	(COL.1 + COL.2)	IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 NET SALARIES	141264879	258117	141522996	4677045.00	30.26		1
2 EXCLUDED AREA SALARIES	13548314	83029	13631343	403751.00	33.76		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	127716565	175088	127891653	4273294.00	29.93		3
4 SUBTOTAL OTHER WAGES & REL COSTS	29978482		29978482	557551.00	53.77		4
5 SUBTOTAL WAGE-RELATED COSTS	31925782		31925782		24.96%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	189620829	175088	189795917	4830845.00	39.29		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	34157564	241863	34399427	1307290.00	26.31		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7583

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		5382		491	5873	1
2 UNDUPLICATED CENSUS COUNT		2152.00		972.00	3124.00	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	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.80		1.80	4
5 OTHER ADMINISTRATIVE PERSONNEL				5
6 DIRECT NURSING SERVICE	10.73		10.73	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	8.32		8.32	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	2.91		2.91	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.22		.22	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.13		.13	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.86		2.86	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	1.01	2	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)		16974		20
20.01		29404		20.01

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7583

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	23707	313	591	316		24927	21
22	SKILLED NURSING VISIT CHARGES	4030190	53210	100470	53720		4237590	22
23	PHYSICAL THERAPY VISITS	14753	13	199	226		15191	23
24	PHYSICAL THERAPY VISIT CHARGES	2803070	2470	37810	42940		2886290	24
25	OCCUPATIONAL THERAPY VISITS	5832		20	87		5939	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	1108080		3800	16530		1128410	26
27	SPEECH PATHOLOGY VISITS	295		1	2		298	27
28	SPEECH PATHOLOGY VISIT CHARGES	56050		190	380		56620	28
29	MEDICAL SOCIAL SERVICE VISITS	217	2	2	2		223	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	45570	420	420	420		46830	30
31	HOME HEALTH AIDE VISITS	7345	131	10	42		7528	31
32	HOME HEALTH AIDE VISIT CHARGES	881400	15720	1200	5040		903360	32
33	TOTAL VISITS	52149	459	823	675		54106	33
34	OTHER CHARGES	223947	1776	6253	2292		234268	34
35	TOTAL CHARGES	9148307	73596	150143	121322		9493368	35
36	TOTAL NUMBER OF EPISODES	2558		306	54		2918	36
37	TOTAL NUMBER OF OUTLIER EPISODES		11				11	37
38	TOTAL MEDICAL SUPPLY CHARGES	228394	10699	5555	10324		254972	38

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/31/2011 12:50

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1632

WORKSHEET S-9
PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	3095					3095	2
3 INPATIENT RESPITE CARE	4					4	3
4 GENERAL INPATIENT CARE	223					223	4
5 TOTAL HOSPICE DAYS	3322					3322	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	124					124	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	26.79					26.79	8
9 UNDUPLICATED CENSUS COUNT	124					124	9

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	29563441 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	29563441 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.239893 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	135530120 28
29	TOTAL GROSS MEDICAID COST	32512727 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	43522659 30
31	UNCOMPENSATED CARE COST	10440781 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	32512727 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	
GENERAL SERVICE COST CENTERS									
1	0100								1
2	0200								2
3	0300								3
4	0400		17205068	17205068	-4808859	12396209	5821256	18217465	4
5	0500	550819	25883622	26434441	4808859	4808859	230770	5039629	5
6.01	0610	527360	477766	1005126		26434441	-144	26434297	6.01
6.02	0620					1005126	-291787	713339	6.02
6.03	0630		465448	465448			11010248	11010248	6.03
6.04	0640	1864395	185718	2050113		465448	1989451	2454899	6.04
6.05	0650	963242	80119	1043361		2050113		2050113	6.05
6.06	0660	9539249	78948586	88487835	-527693	1043361	4215170	5258531	6.06
7	0700	921832	1554599	2476431		87960142	-37338392	50621750	6.06
8	0800	1628559	6005896	7634455		2476431	-210422	2266009	7
9	0900					7634455	4437657	12072112	8
10	1000				1464828	1464828		1464828	9
11	1100	2735715	2814982	5550697	-1464828	4085869		4085869	10
12	1200	1982184	3520483	5502667	-1671428	3831239	-102907	3728332	11
14	1400	547035	-25324	521711	1671428	2193139	-1423417	769722	12
15	1500	2122296	303949	2426245		2426245		2426245	14
16	1600	696876	1215664	1912540	-613881	1298659	-8838	1289821	15
17	1700	3875991	19139262	23015253	-17730165	5285088		5285088	16
18	1800	2437228	1182029	3619257		3619257	5039	3624296	17
24	2400	1787259	795662	2582921	527693	3110614		3110614	18
		83394	285774	369168		369168	-12814	356354	24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500	32013710	5585676	37599386	613881	38213267	207094	38420361	25
26	2600	7912685	1518572	9431257		9431257		9431257	26
31	3100	6260820	5816070	12076890		12076890	230784	12307674	31
33	3300	1245493	405287	1650780		1650780	-108316	1542464	33
ANCILLARY SERVICE COST CENTERS									
37	3700	8331390	12138237	20469627		20469627	-1339113	19130514	37
37.01	3950	306667	1596102	1902769		1902769		1902769	37.01
37.02	3330	1627923	1711299	3339222		3339222		3339222	37.02
37.03	3540								37.03
38	3800	1502501	239469	1741970		1741970		1741970	38
39	3900	2562711	657007	3219718		3219718		3219718	39
40	4000		1163058	1163058		1163058		1163058	40
41	4100	2182240	983923	3166163		3166163	-41812	3124351	41
41.01	3630	1149367	286458	1435825		1435825		1435825	41.01
41.02	3230	1247218	1295640	2542858		2542858	-26863	2515995	41.02
41.03	3430	730442	880320	1610762		1610762		1610762	41.03
41.04	4101	89400	813425	902825		902825		902825	41.04
41.05	3190	1125034	570113	1695147		1695147		1695147	41.05
41.06	3440	938093	627831	1565924		1565924		1565924	41.06
43	4300	490116	981932	1472048		1472048		1472048	43
44	4400	5739341	7279422	13018763		13018763	-148042	12870721	44
46.30	4650								46.30
47	4700	502709	2554154	3056863		3056863		3056863	47
48	4800	1588612	832167	2420779		2420779		2420779	48
49	4900	2404861	694644	3099505		3099505		3099505	49
50	5000	2509909	351796	2861705		2861705		2861705	50
50.01	5001	1828072	233040	2061112		2061112		2061112	50.01
50.02	5002	1468775	135866	1604641		1604641		1604641	50.02
53	5300	661124	216273	877397		877397		877397	53
53.01	3140	3601191	20810901	24412092		24412092	-1877280	22534812	53.01
53.02	3141	483841	142137	625978		625978		625978	53.02
54	5400	100845	19599	120444		120444		120444	54
54.01	3650	277748	-317037	-39289	-179165	-218454	594568	376114	54.01
54.02	3953	509401	97261	606662		606662		606662	54.02
55.30	5530		17528067	17528067		17528067		17528067	55.30
56	5600				17730165	17730165		17730165	56
57	5700	23465	1184038	1207503		1207503		1207503	57
59	3952								59
59.97	3997								59.97
59.98	3998								59.98
59.99	3999								59.99
OUTPATIENT SERVICE COST CENTERS									
60	6000	1065066	334737	1399803		1399803		1399803	60
60.01	4950	665861	95833	761694		761694		761694	60.01
60.02	4951	1041910	3065456	4107366		4107366		4107366	60.02
60.03	4952								60.03
60.04	4953	200785	43396	244181		244181		244181	60.04
60.05	4954	537583	823474	1361057		1361057	-13505	1347552	60.05
60.06	4955								60.06
61	6100	4892912	2178360	7071272		7071272	-337000	6734272	61

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	
62	6200								62
63.50	6310								63.50
63.60	6320								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910								69.10
69.20	6920								69.20
69.30	6930								69.30
69.40	6940								69.40
71	7100	5829505	1276732	7106237		7106237		7106237	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
93	9300	548185	472967	1021152		1021152		1021152	93
95		138460945	257363005	395823950	-179165	395644785	-14538615	381106170	95
NONREIMBURSABLE COST CENTERS									
96	9600	57061	191996	249057		249057		249057	96
96.02	9601		1166	1166		1166		1166	96.02
97	9700				179165	179165		179165	97
97.01	9701	122622	302726	425348		425348		425348	97.01
98	9800	454393	6852619	7307012		7307012	-5850976	1456036	98
99	9900								99
99.01	9901	192334	1172804	1365138		1365138		1365138	99.01
101	TOTAL	139287355	265884316	405171671		405171671	-20389591	384782080	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 CHARGEABLE DRUGS	A	DRUGS CHARGED TO PATIENTS	56		17730165
2					2
3 CHARGEABLE SUPPLIES	B	ADULTS & PEDIATRICS	25		613881
4					4
5 LAUNDRY & LINEN	C	LAUNDRY & LINEN SERVICE	9		1464828
6					6
7 PASTORAL CARE	D	SOCIAL SERVICE	18	385701	141992
8					8
9 SHARED DIETARY	E	CAFETERIA	12	242983	1428445
10					10
11 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		4808859
12					12
13 NEUROMEG RESEARCH	G	RESEARCH	97	83029	96136
14					14
15 PTO ACCRUAL	H	ADMINISTRATIVE & GENERAL	6.06	241863	
16	H	PHYSICAL THERAPY	50	6370	
17	H	OP PHYSICAL THERAPY	50.01	9884	
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				969830	26284306

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 CHARGEABLE DRUGS	A	PHARMACY	16		17730165	1
2						2
3 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		613881	3
4						4
5 LAUNDRY & LINEN	C	HOUSEKEEPING	10		1464828	5
6						6
7 PASTORAL CARE	D	ADMINISTRATIVE & GENERAL	6.06	385701	141992	7
8						8
9 SHARED DIETARY	E	DIETARY	11	242983	1428445	9
10						10
11 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		4808859	9 11
12						12
13 NEUROMEG RESEARCH	G	NEURO MEG	54.01	83029	96136	13
14						14
15 PTO ACCRUAL	H	ADMINISTRATIVE & GENERAL	6.06		241863	15
16	H	PHYSICAL THERAPY	50		6370	16
17	H	OP PHYSICAL THERAPY	50.01		9884	17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				711713	26542423	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	1405000					1405000		1
2 LAND IMPROVEMENTS	2266000					2266000		2
3 BUILDINGS AND FIXTURES	304950000	2091000		2091000		307041000		3
4 BUILDING IMPROVEMENTS	1476000	5647000		5647000		7123000		4
5 FIXED EQUIPMENT	35646000	1706000		1706000		37352000		5
6 MOVABLE EQUIPMENT	116914000	10608000		10608000	8530000	118992000		6
7 SUBTOTAL	462657000	20052000		20052000	8530000	474179000		7
8 RECONCILING ITEMS								8
9 TOTAL	462657000	20052000		20052000	8530000	474179000		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-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			NEW CAP REL COSTS-BLDG & FIXT	3	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	-77542	PURCHASING/STOREROOM	6.03	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-20145	OPERATION OF PLANT	8	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3811443			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	7380767			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1423417	CAFETERIA	12	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	B	5039	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					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
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
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			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	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					37
38 PHYSICIAN APPLICATION FEES	B	-78250	ADMINISTRATIVE & GENERAL	6.06	38
39 ANSWERING SERVICE	A	-291787	NON PATIENT TELEPHONES	6.01	39
40					40
41 DAY CARE CENTER	B	-144	EMPLOYEE BENEFITS	5	41
42 REAL ESTATE TAXES	A	-126391	ADMINISTRATIVE & GENERAL	6.06	42
43 REAL ESTATE TAXES	A	-38061	OPERATION OF PLANT	8	43
43.01 BAD DEBTS	A	-13664313	ADMINISTRATIVE & GENERAL	6.06	43.01
44 WEIGHT MANAGEMENT	A	-175923	ADMINISTRATIVE & GENERAL	6.06	44
45 MISC INCOME	B	-316744	ADMINISTRATIVE & GENERAL	6.06	45
45.01 MISC INCOME	B	-30795	OPERATION OF PLANT	8	45.01
45.02 MISC INCOME	B	-102907	DIETARY	11	45.02
45.03 MISC INCOME	B	-30507	ADULTS & PEDIATRICS	25	45.03
45.04 MISC INCOME	B	-23724	OPERATING ROOM	37	45.04
45.05 MISC INCOME	B	-22614	RADIOLOGY-DIAGNOSTIC	41	45.05
45.06 MISC INCOME	B	-148042	LABORATORY	44	45.06
45.07 MISC INCOME	B	-26863	CAT SCANNER	41.02	45.07
45.08 MISC INCOME	B	-8838	CENTRAL SERVICES & SUPPLY	15	45.08
45.10 NONALLOW PATIENT TRANS	A	-210422	MAINTENANCE & REPAIRS	7	45.10
45.11 PASTORAL CARE INCOME	B	-12814	PARAMED ED PRGM-PASTORAL CARE	24	45.11
46 NICOTINE DEPENDENCE	A	-1008	ADULTS & PEDIATRICS	25	46
47 DRUG PREVENTION	A	-27238	ADULTS & PEDIATRICS	25	47
47.01 RENTAL INCOME	B	-72265	NEW CAP REL COSTS-BLDG & FIXT	3	9 47.01
47.02 SATELLITE DISH	B	-36380	OPERATION OF PLANT	8	47.02
48					48
49 ANSWERING SERVICE CAPITAL COSTS	A	-4481	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49
49.01 ANSWERING SERVICE CAPITAL COSTS	A	-1956	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.01
49.02 ANSWERING SERVICE CAPITAL COSTS	A	-6781	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
49.03 PATIENT TELEPHONE CAPITAL COSTS	A	-3833	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.03
49.04 PATIENT TELEPHONES CAPITAL COST	A	-10843	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.04

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 12:50

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	
49.05 CONTRIBUTIONS	A	-25300	ADMINISTRATIVE & GENERAL	6.06	49.05
49.10 NONALLOW EXPENSES	A	-500	ADMINISTRATIVE & GENERAL	6.06	49.10
49.11 PHYS GUAR FORGIVENESS	A	-30273	ADMINISTRATIVE & GENERAL	6.06	49.11
49.27 ALCOHOL EXPENSES	A	-7500	ADMINISTRATIVE & GENERAL	6.06	49.27
49.29 IHHS LOBBYING EXPENSES	A	-75000	ADMINISTRATIVE & GENERAL	6.06	49.29
49.63 NEURO MEG	A	277748	NEURO MEG	54.01	49.63
49.64 NEURO MEG OTHER	A	471080	NEURO MEG	54.01	49.64
49.65 NEURO MEG DEPRECIATION	A	256708	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.65
49.66 ADMIN AND GENERAL HBP	A	-1984913	ADMINISTRATIVE & GENERAL	6.06	49.66
49.67 PHYS PT B	A	-5850976	PHYSICIANS' PRIVATE OFFICES	98	49.67
50 TOTAL		-20389591			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	6.06	ADMINISTRATIVE & GENERAL	HOME OFFICE NON CAP	14798910	35652195	-20853285	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL	5838575		5838575	9 2
3	6.03	PURCHASING/STOREROOM	HOME OFFICE LOGISTICS	2066993		2066993	3
4	6.06	ADMINISTRATIVE & GENERAL	EXECUTIVE SALARIES	1868332	1868332		4
4.01	6.02	DATA PROCESSING	HOME OFFICE INFO SVCS	11010248		11010248	4.01
4.02	25	ADULTS & PEDIATRICS	HOME OFFICE ADULT AND PED	265847		265847	4.02
4.03	6.05	CASHIERING/ACCTS. RECEIVABLE	HOME OFFICE PFS	4215170		4215170	4.03
4.04	31	SUBPROVIDER I	ABNH NEUROSCIENCES	230784		230784	4.04
4.05	3	NEW CAP REL COSTS-BLDG & FIXT	SALT CREEK CAPITAL	56902		56902	9 4.05
4.06	8	OPERATION OF PLANT	SALT CREEK NON CAPITAL	145139		145139	4.06
4.07	5	EMPLOYEE BENEFITS	EXECUTIVE BENEFITS	288526	288526		4.07
4.08	60.05	WOUND CLINIC	ABMP RENTAL	51190	64695	-13505	4.08
4.09	8	OPERATION OF PLANT	CLINICAL ENGINEERING	4417899		4417899	4.09
5		TOTALS		45254515	37873748	7380767	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B ALEXIAN BROS HEALTH					1
2	C AB REG. CANCER CTR.				CANCER TREATMENT	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		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	31	SUBPROVIDER I	148075		148075	177200	1800	153346	7667
2	33	NURSERY	108316	108316					
3	37	OPERATING ROOM	1315389	1315389					
4	41	RADIOLOGY-DIAGNOSTIC	88045	19198	68847	208000	750	75000	3750
5	53.01	CATH LAB	1877280	1877280					
6	54.01	NEURO MEG	172260	154260	18000	177200	250	21298	1065
7	61	EMERGENCY	337000	337000					
101		TOTAL	4046365	3811443	234922		2800	249644	12482

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		12	13	14	15	16	17	18
10	11							
1	31 SUBPROVIDER I					153346		
2	33 NURSERY		AGGREGATE					108316
3	37 OPERATING ROOM		AGGREGATE					1315389
4	41 RADIOLOGY-DIAGNOSTIC		AGGREGATE			75000		19198
5	53.01 CATH LAB		AGGREGATE					1877280
6	54.01 NEURO MEG		AGGREGATE			21298		154260
7	61 EMERGENCY		AGGREGATE					337000
101	TOTAL					249644		3811443

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP-REL COSTS BLDG&FIXT 3	NEW CAP-REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	ADMITTING 6.04	
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	18217465	18217465							3
4 NEW CAP REL COSTS-MVBLE EQUIP	5039629		5039629						4
5 EMPLOYEE BENEFITS	26434297	88142	18262	26540701					5
6.01 NON PATIENT TELEPHONES	713339	38378	41070	100698	893485				6.01
6.02 DATA PROCESSING	11010248	11316			71705	11093269			6.02
6.03 PURCHASING/STOREROOM	2454899		616		14624	346110	2816249		6.03
6.04 ADMITTING	25050113	104103	1979	356002	25946		2055	2540198	6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	5258531		5774	183929	33966	8430884	350		6.05
6.06 ADMINISTRATIVE & GENERAL	50621750	771674	189979	1794035	129730	2316275	4160		6.06
7 MAINTENANCE & REPAIRS	2266009	48169	146982	176022	30192		2947		7
8 OPERATION OF PLANT	12072112	4277141	213852	310970	3302		2294		8
9 LAUNDRY & LINEN SERVICE	1464828								9
10 HOUSEKEEPING	4085869	99267	22832	522379	8491		13339		10
11 DIETARY	3728332	306211	14026	332097	22172		1451		11
12 CAFETERIA	769722	345518	14064	150852			294		12
14 NURSING ADMINISTRATION	2426245	17724	157432	405248	8963		1401		14
15 CENTRAL SERVICES & SUPPLY	1289821	384324	99779	133067	5661				15
16 PHARMACY	5285088	140575	7389	740113	15568		7568		16
17 MEDICAL RECORDS & LIBRARY	3624296	268143	10943	465384	38211		2723		17
18 SOCIAL SERVICE	3110614	18534		414922	5661		364		18
24 PARAMED ED PRGM-PASTORAL CARE	356354	21988		15924	7548		117		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	38420361	3559567	517767	6112909	83971		87367	200785	25
26 INTENSIVE CARE UNIT	9431257	652896	218891	1510911	27833		38211	36169	26
31 SUBPROVIDER I	12307674	1038578	202784	1195491	23587		17331	41076	31
33 NURSERY	1542464	64368	9603	237824	9435		8807	12967	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	19130514	960513	724543	1590862	27833		391175	274146	37
37.01 GAMMA KNIFE	1902769	87904	58392	58557	472		292	20004	37.01
37.02 ENDOSCOPY	3339222	165922	59836	310849	2359		43095	71550	37.02
37.03 IMPLANTS									37.03
38 RECOVERY ROOM	1741970	146102	29345	286900	6133		4759	37648	38
39 DELIVERY ROOM & LABOR ROOM	3219718	469179	49673	489345	11322		19691	18545	39
40 ANESTHESIOLOGY	1163058	10839	64082		943		39272	53341	40
41 RADIOLOGY-DIAGNOSTIC	3124351	209850	303153	416694	51420		4203	52623	41
41.01 ULTRASOUND	1435825	109154	65219	219469	943		1651	37567	41.01
41.02 CAT SCANNER	2515995	105604	37586	238154	943		13889	184069	41.02
41.03 MRI	1610762	157179	47378	139476	8491		8065	68627	41.03
41.04 PET SCAN	902825	33280	14889	17071			7400	9544	41.04
41.05 RADIATION ONCOLOGY	1695147	235935	180841	214823			3049	39069	41.05
41.06 MAMMOGRAPHY	1565924	141504	100835	179127			7366	12022	41.06
43 RADIOISOTOPE	1472048	137931	49761	93587	6133		34126	27779	43
44 LABORATORY	12870721	444190	124124	1095916	41042		199107	378178	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	3056863	20749	1632	95991	2359		114997	19151	47
48 INTRAVENOUS THERAPY	2420779	11744	13487	303342			29984	5765	48
49 RESPIRATORY THERAPY	3099505	53624	66267	459203	7548		17294	83669	49
50 PHYSICAL THERAPY	2861705	198010	4251	480478	7076		1445	36604	50
50.01 OP PHYSICAL THERAPY	2061112	154535	1848	350954	7076		2298	18807	50.01
50.02 IP PHYSICAL THERAPY	1604641	20273	916	280460	5189		319	16413	50.02
53 ELECTROCARDIOLOGY	877397	78804	30601	126240	7548		1390	64635	53
53.01 CATH LAB	22534812	381632	298865	687640	9435		772674	215546	53.01
53.02 CARDIAC REHAB	625978	99744	7774	92388	3302		909	2236	53.02
54 ELECTROENCEPHALOGRAPHY	120444	58388	3519	19256	7076		471	4150	54
54.01 NEURO MEG	376114	12483	73640	37181	472			1527	54.01
54.02 SLEEP LAB	606662	140885	59574	97269	472		2651	9099	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	17528067	10720					801109	57616	55.30
56 DRUGS CHARGED TO PATIENTS	17730165							248924	56
57 RENAL DIALYSIS	1207503	22965	4806	4481			548	9967	57
59 PSYCHOLOGY									59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1399803	234435	25492	203372	9435		10766	9402	60
60.01 DAY REHABILITATION	761694	49669	3388	127145	472		199	7151	60.01
60.02 OUTPATIENT IMAGING CENTERS	4107366		191646	198951	4717		5093	51033	60.02
60.03 IMMEDIATE CARE CENTERS									60.03
60.04 COUMADIN CLINIC	244181	13793		38339	472		1304	1040	60.04
60.05 WOUND CLINIC	1347552	144982	7021	102650	1415		19186	14492	60.05
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY	6734272	343183	73999	934292	46703		50529	87262	61

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	NON PATIENT TELEPHONES	DATA PROCESSING	PURCHASING STOREROOM	ADMITTING	
	0	3	4	5	6.01	6.02	6.03	6.04	
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	7106237		4607	1113132	46231		10688		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	1021152		6100	104675			1402		93
95 SUBTOTALS	381106170	17722320	4683114	26367046	891598	11093269	2813175	2540198	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	249057	50479		10896	1887		14		96
96.02 NON ALLOW CLINICS	1166						35		96.02
97 RESEARCH	179165		128347	15854			62		97
97.01 EPILEPSY	425348	72348	4369	23414			2367		97.01
98 PHYSICIANS' PRIVATE OFFICES	1456036	39092	214739	86765			517		98
99 NONPAID WORKERS			9060						99
99.01 RETAIL PHARMACY	1365138	333226		36726			79		99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	384782080	18217465	5039629	26540701	893485	11093269	2816249	2540198	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	
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
6.01 NON PATIENT TELEPHONES									6.01
6.02 DATA PROCESSING									6.02
6.03 PURCHASING/STOREROOM									6.03
6.04 ADMITTING									6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	13913434								6.05
6.06 ADMINISTRATIVE & GENERAL		55827603	55827603						6.06
7 MAINTENANCE & REPAIRS		2670321	453186		3123507				7
8 OPERATION OF PLANT		16879671	2864683		778736	20523090			8
9 LAUNDRY & LINEN SERVICE		1464828	248599				1713427		9
10 HOUSEKEEPING		4752177	806501		18073	158191	5734942		10
11 DIETARY		4404289	747461		55751	487974	137418	5832893	11
12 CAFETERIA		1280450	217308		62908	550613	155058		12
14 NURSING ADMINISTRATION		3017013	512023		3227	28244	7954		14
15 CENTRAL SERVICES & SUPPLY		1912652	324600		69973	612454	3310	172473	15
16 PHARMACY		6196301	1051587		25594	224019	63086		16
17 MEDICAL RECORDS & LIBRARY		4409700	748379		48820	427310	120334		17
18 SOCIAL SERVICE		3550095	602494		3374	29535	8317		18
24 PARAMED ED PRGM-PASTORAL CARE		401931	68213		4003	35040	9868		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1099426	50082153	8499619	648084	5672483	640939	1597419	4209928	25
26 INTENSIVE CARE UNIT	198048	12114216	2055928	118872	1040448	175923	293000	519198	26
31 SUBPROVIDER I	224919	15051440	2554410	189092	1655066	108513	466082	1103767	31
33 NURSERY	71004	1956472	332037	11719	102576	36	28886		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1501127	24600713	4175036	174879	1530662	276256	431048		37
37.01 GAMMA KNIFE	109536	2237926	379803	16005	140083		39449		37.01
37.02 ENDOSCOPY	391782	4384615	744122	30209	264411		74461		37.02
37.03 IMPLANTS									37.03
38 RECOVERY ROOM	206148	2459005	417323	26601	232826	45295	65566		38
39 DELIVERY ROOM & LABOR ROOM	101545	4379018	743172	85423	747678	60359	210553		39
40 ANESTHESIOLOGY	292076	1623611	275546	1973	17273		4864		40
41 RADIOLOGY-DIAGNOSTIC	288143	4450437	755293	38207	334415	51348	94174		41
41.01 ULTRASOUND	205706	2075534	352243	19873	173946	48722	48985		41.01
41.02 CAT SCANNER	1007895	4104135	696521	19227	168289		47392		41.02
41.03 MRI	375775	2415753	409982	28617	250479		70537		41.03
41.04 PET SCAN	52261	1037270	176037	6059	53034		14935		41.04
41.05 RADIATION ONCOLOGY	213928	2582792	438331	42956	375984		105881		41.05
41.06 MAMMOGRAPHY	65829	2072607	351746	25763	225499		63503		41.06
43 RADIOISOTOPE	152105	1973470	334922	25113	219805		61899		43
44 LABORATORY	2074960	17228238	2923839	80873	707855		199338		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	104863	3416605	579839	3778	33066		9312		47
48 INTRAVENOUS THERAPY	31569	2816670	478023	2138	18716		5271		48
49 RESPIRATORY THERAPY	458144	4245254	720471	9763	85454		24065		49
50 PHYSICAL THERAPY	200431	3790000	643208	36051	315547	37335	88861		50
50.01 OP PHYSICAL THERAPY	102982	2699612	458157	28136	246265		69350		50.01
50.02 IP PHYSICAL THERAPY	89874	2018085	342493	3691	32306		9098		50.02
53 ELECTROCARDIOLOGY	353917	1540532	261447	14348	125581		35365		53
53.01 CATH LAB	1180253	26080857	4426234	69483	608165	33061	171265		53.01
53.02 CARDIAC REHAB	12246	844577	143335	18160	158950		44762		53.02
54 ELECTROENCEPHALOGRAPHY	22725	236029	40057	10631	93047	27084	26203		54
54.01 NEURO MEG	8364	509781	86516	2273	19893		5602		54.01
54.02 SLEEP LAB	49821	966433	164015	25651	224512		63225		54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	315487	18712999	3175820	1952	17083		4811		55.30
56 DRUGS CHARGED TO PATIENTS	1363022	19342111	3282588						56
57 RENAL DIALYSIS	54577	1304847	221448	4181	36596		10306		57
59 PSYCHOLOGY									59
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	51482	1944187	329952	42683	373592	70939	105207		60
60.01 DAY REHABILITATION	39156	988874	167824	9043	79153		22290		60.01
60.02 OUTPATIENT IMAGING CENTERS	279441	4838247	821109						60.02
60.03 IMMEDIATE CARE CENTERS									60.03
60.04 COUMADIN CLINIC	5696	304825	51732	2511	21980		6190		60.04
60.05 WOUND CLINIC	79353	1716651	291336	26397	231042		65063		60.05
60.06 ENTEROSTOMAL THERAPY									60.06
61 EMERGENCY	477818	8748058	1484650	62483	546893	134307	154010		61

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.05	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
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		8280895	1405367					71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		1133329	192340					93
95 SUBTOTALS	13913434	380075894	55028905	3033357	19734033	1713427	5512736	5832893
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		312333	53007	9191	80443		22654	96
96.02 NON ALLOW CLINICS		1201	204					96.02
97 RESEARCH		323428	54890					97
97.01 EPILEPSY		527846	89582	13172	115293		32468	97.01
98 PHYSICIANS' PRIVATE OFFICES		1797149	304998	7117	62297		17543	98
99 NONPAID WORKERS		9060	1538					99
99.01 RETAIL PHARMACY		1735169	294479	60670	531024		149541	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	13913434	384782080	55827603	3123507	20523090	1713427	5734942	5832893

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	PARAMED ED	SUBTOTAL
	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17	SERVICE 18	PASTORAL CARE 24	
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
6.01 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING/STOREROOM								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCTS. RECEIVABLE								6.05
6.06 ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	2266337							12
14 NURSING ADMINISTRATION	31393	3599854						14
15 CENTRAL SERVICES & SUPPLY	23174		3118636					15
16 PHARMACY	63508		27875	7651970				16
17 MEDICAL RECORDS & LIBRARY	66395		101		5821039			17
18 SOCIAL SERVICE	31165					4224980		18
24 PARAMED ED PRGM-PASTORAL CARE	1266						520321	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	667217	1812241	383366	6392	4201372	3049406	375545	81846164 25
26 INTENSIVE CARE UNIT	140300	381070	191718	404	518143	376075	46315	17971610 26
31 SUBPROVIDER I	129561	351902	74708	672	1101524	799499	98461	23684697 31
33 NURSERY	18008	48911	44640					2543285 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	152343	413780	1081630	26061				32862408 37
37.01 GAMMA KNIFE	3419	9287		6				2825978 37.01
37.02 ENDOSCOPY	31393	85267	127198	1195				5742871 37.02
37.03 IMPLANTS								37.03
38 RECOVERY ROOM	23630	64182	13570	99				3348097 38
39 DELIVERY ROOM & LABOR ROOM	45804	124409	61144					6457560 39
40 ANESTHESIOLOGY			153686	110608				2187561 40
41 RADIOLOGY-DIAGNOSTIC	48337		4665	272				5777148 41
41.01 ULTRASOUND	15374		8517	66				2743260 41.01
41.02 CAT SCANNER	21098		19884	177				5076723 41.02
41.03 MRI	13436		7329	34				3196167 41.03
41.04 PET SCAN	1342		511	69				1289257 41.04
41.05 RADIATION ONCOLOGY	14259		14022	7833				3582058 41.05
41.06 MAMMOGRAPHY	16602		18832	46				2774598 41.06
43 RADIOISOTOPE	6914		1746	2066				2625935 43
44 LABORATORY	145492		68793	71				21354499 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	9852		9138					4061590 47
48 INTRAVENOUS THERAPY	22592		61844	19173				3424427 48
49 RESPIRATORY THERAPY	51566		75203	1035				5212811 49
50 PHYSICAL THERAPY	48071		5596					4964669 50
50.01 OP PHYSICAL THERAPY	33660		7362	82				3542624 50.01
50.02 IP PHYSICAL THERAPY	23972		972					2430617 50.02
53 ELECTROCARDIOLOGY	12955		4693	666				1995587 53
53.01 CATH LAB	50768		285026	1650				31726509 53.01
53.02 CARDIAC REHAB	8029		2559					1220372 53.02
54 ELECTROENCEPHALOGRAPHY	2545		2415					438011 54
54.01 NEURO MEG	3065							627130 54.01
54.02 SLEEP LAB	11081		12961					1467878 54.02
55.30 IMPL. DEV. CHARGED TO PATIENT			38					21912703 55.30
56 DRUGS CHARGED TO PATIENTS				6994365				29619064 56
57 RENAL DIALYSIS	304		1989	212				1579883 57
59 PSYCHOLOGY								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	18426	50046	30714	1427				2967173 60
60.01 DAY REHABILITATION	11828		268					1279280 60.01
60.02 OUTPATIENT IMAGING CENTERS	21072		5407					5685835 60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 COUMADIN CLINIC	3356		185					390779 60.04
60.05 WOUND CLINIC	11511		64157	3396				2409553 60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	95268	258759	204146	4390				11692964 61

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PASTORAL CARE 24	SUBTOTAL 25
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	85277		34982					9806521
SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	10840		1743	15085				1353337
95 SUBTOTALS	2247468	3599854	3115333	7197552	5821039	4224980	520321	377699193
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1292							478920
96.02 NON ALLOW CLINICS	2406							4036
97 RESEARCH								378318
97.01 EPILEPSY								778619
98 PHYSICIANS' PRIVATE OFFICES	12246		2235					2203585
99 NONPAID WORKERS			585					11183
99.01 RETAIL PHARMACY	2925			454418				3228226
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2266337	3599854	3118636	7651970	5821039	4224980	520321	384782080

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
6.01 NON PATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING/STOREROOM			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS. RECEIVABLE			6.05
6.06 ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
24 PARAMED ED PRGM-PASTORAL CARE			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	81846164		25
26 INTENSIVE CARE UNIT	17971610		26
31 SUBPROVIDER I	23684697		31
33 NURSERY	2543285		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	32862408		37
37.01 GAMMA KNIFE	2825978		37.01
37.02 ENDOSCOPY	5742871		37.02
37.03 IMPLANTS			37.03
38 RECOVERY ROOM	3348097		38
39 DELIVERY ROOM & LABOR ROOM	6457560		39
40 ANESTHESIOLOGY	2187561		40
41 RADIOLOGY-DIAGNOSTIC	5777148		41
41.01 ULTRASOUND	2743260		41.01
41.02 CAT SCANNER	5076723		41.02
41.03 MRI	3196167		41.03
41.04 PET SCAN	1289257		41.04
41.05 RADIATION ONCOLOGY	3582058		41.05
41.06 MAMMOGRAPHY	2774598		41.06
43 RADIOISOTOPE	2625935		43
44 LABORATORY	21354499		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	4061590		47
48 INTRAVENOUS THERAPY	3424427		48
49 RESPIRATORY THERAPY	5212811		49
50 PHYSICAL THERAPY	4964669		50
50.01 OP PHYSICAL THERAPY	3542624		50.01
50.02 IP PHYSICAL THERAPY	2430617		50.02
53 ELECTROCARDIOLOGY	1995587		53
53.01 CATH LAB	31726509		53.01
53.02 CARDIAC REHAB	1220372		53.02
54 ELECTROENCEPHALOGRAPHY	438011		54
54.01 NEURO MEG	627130		54.01
54.02 SLEEP LAB	1467878		54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	21912703		55.30
56 DRUGS CHARGED TO PATIENTS	29619064		56
57 RENAL DIALYSIS	1579883		57
59 PSYCHOLOGY			59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	2967173		60
60.01 DAY REHABILITATION	1279280		60.01
60.02 OUTPATIENT IMAGING CENTERS	5685835		60.02
60.03 IMMEDIATE CARE CENTERS			60.03
60.04 COUMADIN CLINIC	390779		60.04
60.05 WOUND CLINIC	2409553		60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY	11692964		61

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
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	9806521		71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE	1353337		93
95 SUBTOTALS	377699193		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	478920		96
96.02 NON ALLOW CLINICS	4036		96.02
97 RESEARCH	378318		97
97.01 EPILEPSY	778619		97.01
98 PHYSICIANS' PRIVATE OFFICES	2203585		98
99 NONPAID WORKERS	11183		99
99.01 RETAIL PHARMACY	3228226		99.01
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 TOTAL	384782080		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	
GENERAL SERVICE COST CENTERS									
1									1
2									2
3									3
4									4
5		88142	18262	106404	106404				5
6.01		38378	41070	79448	404	79852			6.01
6.02		11316		11316		6408	17724		6.02
6.03			616	616		1307	553	2476	6.03
6.04		104103	1979	106082	1428	2319		2	6.04
6.05			5774	5774	738	3036	13470		6.05
6.06		771674	189979	961653	7197	11596	3701	4	6.06
7		48169	146982	195151	706	2698		3	7
8		4277141	213852	4490993	1247	295		2	8
9									9
10		99267	22832	122099	2096	759		12	10
11		306211	14026	320237	1332	1982		1	11
12		345518	14064	359582	605				12
14		17724	157432	175156	1626	801		1	14
15		384324	99779	484103	534	506			15
16		140575	7389	147964	2969	1391		7	16
17		268143	10943	279086	1867	3415		2	17
18		18534		18534	1664	506			18
24		21988		21988	64	675			24
INPATIENT ROUTINE SERV COST CENTERS									
25		3559567	517767	4077334	24457	7505		76	25
26		652896	218891	871787	6061	2487		33	26
31		1038578	202784	1241362	4796	2108		15	31
33		64368	9603	73971	954	843		8	33
ANCILLARY SERVICE COST CENTERS									
37		960513	724543	1685056	6382	2487		342	37
37.01		87904	58392	146296	235	42			37.01
37.02		165922	59836	225758	1247	211		38	37.02
37.03									37.03
38		146102	29345	175447	1151	548		4	38
39		469179	49673	518852	1963	1012		17	39
40		10839	64082	74921		84		34	40
41		209850	303153	513003	1672	4595		4	41
41.01		109154	65219	174373	880	84		1	41.01
41.02		105604	37586	143190	955	84		12	41.02
41.03		157179	47378	204557	560	759		7	41.03
41.04		33280	14889	48169	68			6	41.04
41.05		235935	180841	416776	862			3	41.05
41.06		141504	100835	242339	719			6	41.06
43		137931	49761	187692	375	548		30	43
44		444190	124124	568314	4396	3668		174	44
46.30									46.30
47		20749	1632	22381	385	211		101	47
48		11744	13487	25231	1217			26	48
49		53624	66267	119891	1842	675		15	49
50		198010	4251	202261	1927	632		1	50
50.01		154535	1848	156383	1408	632		2	50.01
50.02		20273	916	21189	1125	464			50.02
53		78804	30601	109405	506	675		1	53
53.01		381632	298865	680497	2759	843		676	53.01
53.02		99744	7774	107518	371	295		1	53.02
54		58388	3519	61907	77	632			54
54.01		12483	73640	86123	149	42			54.01
54.02		140885	59574	200459	390	42		2	54.02
55.30		10720		10720				720	55.30
56									56
57		22965	4806	27771	18				57
59									59
59.97									59.97
59.98									59.98
59.99									59.99
OUTPATIENT SERVICE COST CENTERS									
60		234435	25492	259927	816	843		9	60
60.01		49669	3388	53057	510	42			60.01
60.02			191646	191646	798	422		4	60.02
60.03									60.03
60.04		13793		13793	154	42		1	60.04
60.05		144982	7021	152003	412	126		17	60.05
60.06									60.06
61		343183	73999	417182	3748	4174		44	61

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCHASING STOREROOM 6.03	
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			4607	4607	4465	4132		9	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE			6100	6100	420			1	93
95 SUBTOTALS		17722320	4683114	22405434	105707	79683	17724	2474	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		50479		50479	44	169			96
96.02 NON ALLOW CLINICS									96.02
97 RESEARCH			128347	128347	64				97
97.01 EPILEPSY		72348	4369	76717	94			2	97.01
98 PHYSICIANS' PRIVATE OFFICES		39092	214739	253831	348				98
99 NONPAID WORKERS			9060	9060					99
99.01 RETAIL PHARMACY		333226		333226	147				99.01
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		18217465	5039629	23257094	106404	79852	17724	2476	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING ACCOUNTS RECEIVABLE	ADMINI- STRATIVE & GENERAL	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY
	6.04	6.05	6.06	7	8	9	10	11
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
6.01 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING/STOREROOM								6.03
6.04 ADMITTING	109831							6.04
6.05 CASHIERING/ACCTS. RECEIVABLE		23018						6.05
6.06 ADMINISTRATIVE & GENERAL			984151					6.06
7 MAINTENANCE & REPAIRS			7990	206548				7
8 OPERATION OF PLANT			50504	51493	4594534			8
9 LAUNDRY & LINEN SERVICE			4383			4383		9
10 HOUSEKEEPING			14219	1195	35414		175794	10
11 DIETARY			13178	3687	109244		4212	453873 11
12 CAFETERIA			3831	4160	123267		4753	12
14 NURSING ADMINISTRATION			9027	213	6323		244	14
15 CENTRAL SERVICES & SUPPLY			5723	4627	137111	8	5287	15
16 PHARMACY			18539	1692	50151		1934	16
17 MEDICAL RECORDS & LIBRARY			13194	3228	95662		3689	17
18 SOCIAL SERVICE			10622	223	6612		255	18
24 PARAMED ED PRGM-PASTORAL CARE			1203	265	7844		302	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	8693	1811	149761	42856	1269906	1639	48966	327586 25
26 INTENSIVE CARE UNIT	1566	326	36246	7861	232927	450	8981	40400 26
31 SUBPROVIDER I	1778	371	45034	12504	370522	278	14287	85887 31
33 NURSERY	561	117	5854	775	22964		885	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	11869	2473	73605	11564	342671	707	13213	37
37.01 GAMMA KNIFE	866	180	6696	1058	31361		1209	37.01
37.02 ENDOSCOPY	3098	645	13119	1998	59194		2282	37.02
37.03 IMPLANTS								37.03
38 RECOVERY ROOM	1630	340	7357	1759	52123	116	2010	38
39 DELIVERY ROOM & LABOR ROOM	803	167	13102	5649	167384	154	6454	39
40 ANESTHESIOLOGY	2309	481	4858	130	3867		149	40
41 RADIOLOGY-DIAGNOSTIC	2278	475	13316	2527	74866	131	2887	41
41.01 ULTRASOUND	1626	339	6210	1314	38941	125	1502	41.01
41.02 CAT SCANNER	7969	1660	12280	1271	37675		1453	41.02
41.03 MRI	2971	619	7228	1892	56075		2162	41.03
41.04 PET SCAN	413	86	3104	401	11873		458	41.04
41.05 RADIATION ONCOLOGY	1691	352	7728	2841	84172		3246	41.05
41.06 MAMMOGRAPHY	520	108	6201	1704	50483		1947	41.06
43 RADIOISOTOPE	1203	251	5905	1661	49208		1897	43
44 LABORATORY	16228	3517	51547	5348	158469		6110	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	829	173	10222	250	7402		285	47
48 INTRAVENOUS THERAPY	250	52	8427	141	4190		162	48
49 RESPIRATORY THERAPY	3622	755	12702	646	19131		738	49
50 PHYSICAL THERAPY	1585	330	11340	2384	70642	96	2724	50
50.01 OP PHYSICAL THERAPY	814	170	8077	1861	55132		2126	50.01
50.02 IP PHYSICAL THERAPY	711	148	6038	244	7232		279	50.02
53 ELECTROCARDIOLOGY	2798	583	4609	949	28114		1084	53
53.01 CATH LAB	9332	1944	78034	4595	136151	85	5250	53.01
53.02 CARDIAC REHAB	97	20	2527	1201	35584		1372	53.02
54 ELECTROENCEPHALOGRAPHY	180	37	706	703	20831	69	803	54
54.01 NEURO MEG	66	14	1525	150	4453		172	54.01
54.02 SLEEP LAB	394	82	2892	1696	50262		1938	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	2495	520	55989	129	3824		147	55.30
56 DRUGS CHARGED TO PATIENTS	10777	2245	57872					56
57 RENAL DIALYSIS	432	90	3904	276	8193		316	57
59 PSYCHOLOGY								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	407	85	5817	2823	83637	181	3225	60
60.01 DAY REHABILITATION	310	65	2959	598	17720		683	60.01
60.02 OUTPATIENT IMAGING CENTERS	2210	460	14476					60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 COUMADIN CLINIC	45	9	912	166	4921		190	60.04
60.05 WOUND CLINIC	627	131	5136	1746	51724		1994	60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	3778	787	26174	4132	122434	344	4721	61

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.04	CASHIERING ACCOUNTS RECEIVABLE & 6.05	ADMINI- STRATIVE & GENERAL 6.06	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
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			24776					71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			3391					93
95 SUBTOTALS	109831	23018	970069	200586	4417886	4383	168983	453873 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN			935	608	18009		694	96
96.02 NON ALLOW CLINICS			4					96.02
97 RESEARCH			968					97
97.01 EPILEPSY			1579	871	25811		995	97.01
98 PHYSICIANS' PRIVATE OFFICES			5377	471	13947		538	98
99 NONPAID WORKERS			27					99
99.01 RETAIL PHARMACY			5192	4012	118881		4584	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	109831	23018	984151	206548	4594534	4383	175794	453873 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	PARAMED ED	SUBTOTAL
	12	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS + LIBRARY 17	SERVICE 18	PASTORAL CARE 24	
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
6.01 NON PATIENT TELEPHONES								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING/STOREROOM								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING/ACCTS. RECEIVABLE								6.05
6.06 ADMINISTRATIVE & GENERAL								6.06
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA	496198							12
14 NURSING ADMINISTRATION	6873	200264						14
15 CENTRAL SERVICES & SUPPLY	5074		642973					15
16 PHARMACY	13905		5747	244299				16
17 MEDICAL RECORDS & LIBRARY	14537		21		414701			17
18 SOCIAL SERVICE	6823					45239		18
24 PARAMED ED PRGM-PASTORAL CARE	277						32618	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	146082	100817	79039	204	299313	32651		6618696 25
26 INTENSIVE CARE UNIT	30718	21199	39527	13	36913	4027		1341522 26
31 SUBPROVIDER I	28366	19577	15403	21	78475	8561		1929345 31
33 NURSERY	3943	2721	9203					122799 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	33354	23019	223002	832				2430576 37
37.01 GAMMA KNIFE	749	517						189209 37.01
37.02 ENDOSCOPY	6873	4743	26225	38				345469 37.02
37.03 IMPLANTS								
38 RECOVERY ROOM	5174	3571	2798	3				254031 38
39 DELIVERY ROOM & LABOR ROOM	10028	6921	12606					745112 39
40 ANESTHESIOLOGY			31685	3531				122049 40
41 RADIOLOGY-DIAGNOSTIC	10583		962	9				627308 41
41.01 ULTRASOUND	3366		1756	2				230519 41.01
41.02 CAT SCANNER	4619		4099	6				215273 41.02
41.03 MRI	2942		1511	1				281284 41.03
41.04 PET SCAN	294		105	2				64979 41.04
41.05 RADIATION ONCOLOGY	3122		2891	250				523934 41.05
41.06 MAMMOGRAPHY	3635		3883	1				311546 41.06
43 RADIOISOTOPE	1514		360	66				250710 43
44 LABORATORY	31854		14183	2				863810 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
47 BLOOD STORING, PROCESSING & TRA	2157		1884					46280 47
48 INTRAVENOUS THERAPY	4946		12750	612				58004 48
49 RESPIRATORY THERAPY	11290		15505	33				186845 49
50 PHYSICAL THERAPY	10525		1154					305601 50
50.01 OP PHYSICAL THERAPY	7370		1518	3				235496 50.01
50.02 IP PHYSICAL THERAPY	5249		200					42879 50.02
53 ELECTROCARDIOLOGY	2836		968	21				152549 53
53.01 CATH LAB	11115		58764	53				990098 53.01
53.02 CARDIAC REHAB	1758		528					151272 53.02
54 ELECTROENCEPHALOGRAPHY	557		498					87000 54
54.01 NEURO MEG	671							93365 54.01
54.02 SLEEP LAB	2426		2672					263255 54.02
55.30 IMPL. DEV. CHARGED TO PATIENT			8					74552 55.30
56 DRUGS CHARGED TO PATIENTS				223305				294199 56
57 RENAL DIALYSIS	67		410	7				41484 57
59 PSYCHOLOGY								
59.97 CARDIAC REHABILITATION								
59.98 HYPERBARIC OXYGEN THERAPY								
59.99 LITHOTRIPSY								
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	4034	2784	6332	46				370966 60
60.01 DAY REHABILITATION	2590		55					78589 60.01
60.02 OUTPATIENT IMAGING CENTERS	4614		1115					215745 60.02
60.03 IMMEDIATE CARE CENTERS								
60.04 COUMADIN CLINIC	735		38					21006 60.04
60.05 WOUND CLINIC	2520		13227	108				229771 60.05
60.06 ENTEROSTOMAL THERAPY								
61 EMERGENCY	20858	14395	42089	140				665000 61

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PASTORAL CARE 24	SUBTOTAL 25
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	18671		7212					63872
SPECIAL PURPOSE COST CENTERS								71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	2373		359	482				13126
95 SUBTOTALS	492067	200264	642292	229791	414701	45239		22149125
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	283							71221
96.02 NON ALLOW CLINICS	527		46					577
97 RESEARCH								129379
97.01 EPILEPSY			53					106122
98 PHYSICIANS' PRIVATE OFFICES	2681		461					277654
99 NONPAID WORKERS			121					9208
99.01 RETAIL PHARMACY	640			14508				481190
101 CROSS FOOT ADJUSTMENTS							32618	32618
102 NEGATIVE COST CENTER								101
103 TOTAL	496198	200264	642973	244299	414701	45239	32618	23257094

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
6.01 NON PATIENT TELEPHONES			6.01
6.02 DATA PROCESSING			6.02
6.03 PURCHASING/STOREROOM			6.03
6.04 ADMITTING			6.04
6.05 CASHIERING/ACCTS. RECEIVABLE			6.05
6.06 ADMINISTRATIVE & GENERAL			6.06
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
24 PARAMED ED PRGM-PASTORAL CARE			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	6618696		25
26 INTENSIVE CARE UNIT	1341522		26
31 SUBPROVIDER I	1929345		31
33 NURSERY	122799		33
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	2430576		37
37.01 GAMMA KNIFE	189209		37.01
37.02 ENDOSCOPY	345469		37.02
37.03 IMPLANTS			37.03
38 RECOVERY ROOM	254031		38
39 DELIVERY ROOM & LABOR ROOM	745112		39
40 ANESTHESIOLOGY	122049		40
41 RADIOLOGY-DIAGNOSTIC	627308		41
41.01 ULTRASOUND	230519		41.01
41.02 CAT SCANNER	215273		41.02
41.03 MRI	281284		41.03
41.04 PET SCAN	64979		41.04
41.05 RADIATION ONCOLOGY	523934		41.05
41.06 MAMMOGRAPHY	311546		41.06
43 RADIOISOTOPE	250710		43
44 LABORATORY	863810		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	46280		47
48 INTRAVENOUS THERAPY	58004		48
49 RESPIRATORY THERAPY	186845		49
50 PHYSICAL THERAPY	305601		50
50.01 OP PHYSICAL THERAPY	235496		50.01
50.02 IP PHYSICAL THERAPY	42879		50.02
53 ELECTROCARDIOLOGY	152549		53
53.01 CATH LAB	990098		53.01
53.02 CARDIAC REHAB	151272		53.02
54 ELECTROENCEPHALOGRAPHY	87000		54
54.01 NEURO MEG	93365		54.01
54.02 SLEEP LAB	263255		54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	74552		55.30
56 DRUGS CHARGED TO PATIENTS	294199		56
57 RENAL DIALYSIS	41484		57
59 PSYCHOLOGY			59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	370966		60
60.01 DAY REHABILITATION	78589		60.01
60.02 OUTPATIENT IMAGING CENTERS	215745		60.02
60.03 IMMEDIATE CARE CENTERS			60.03
60.04 COUMADIN CLINIC	21006		60.04
60.05 WOUND CLINIC	229771		60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY	665000		61

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
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		63872	71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
93 HOSPICE		13126	93
95 SUBTOTALS		22149125	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN		71221	96
96.02 NON ALLOW CLINICS		577	96.02
97 RESEARCH		129379	97
97.01 EPILEPSY		106122	97.01
98 PHYSICIANS' PRIVATE OFFICES		277654	98
99 NONPAID WORKERS		9208	99
99.01 RETAIL PHARMACY		481190	99.01
101 CROSS FOOT ADJUSTMENTS		32618	101
102 NEGATIVE COST CENTER			102
103 TOTAL		23257094	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT TELEPHONES NUMBER OF PHONES	DATA PROCESSING TIME SPENT	
	1	3	4	5	6.01	6.02	
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	764725						1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		764725					3
4 NEW CAP REL COSTS-MVBLE EQUIP			6458556				4
5 EMPLOYEE BENEFITS	3700	3700	23404	138994653			5
6.01 NON PATIENT TELEPHONES	1611	1611	52634	527360	1894		6.01
6.02 DATA PROCESSING	475	475			152	10000	6.02
6.03 PURCHASING/STOREROOM			789		31	312	6.03
6.04 ADMITTING	4370	4370	2536	1864395	55		6.04
6.05 CASHIERING/ACCTS. RECEIVABLE			7400	963242	72	7600	6.05
6.06 ADMINISTRATIVE & GENERAL	32393	32393	243468	9395411	275	2088	6.06
7 MAINTENANCE & REPAIRS	2022	2022	188365	921832	64		7
8 OPERATION OF PLANT	179544	179544	274063	1628559	7		8
9 LAUNDRY & LINEN SERVICE							9
10 HOUSEKEEPING	4167	4167	29261	2735715	18		10
11 DIETARY	12854	12854	17975	1739201	47		11
12 CAFETERIA	14504	14504	18024	790018			12
14 NURSING ADMINISTRATION	744	744	201758	2122296	19		14
15 CENTRAL SERVICES & SUPPLY	16133	16133	127872	696876	12		15
16 PHARMACY	5901	5901	9470	3875991	33		16
17 MEDICAL RECORDS & LIBRARY	11256	11256	14024	2437228	81		17
18 SOCIAL SERVICE	778	778		2172960	12		18
24 PARAMED ED PRGM-PASTORAL CARE	923	923		83394	16		24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	149422	149422	663546	32013710	178		25
26 INTENSIVE CARE UNIT	27407	27407	280520	7912685	59		26
31 SUBPROVIDER I	43597	43597	259879	6260820	50		31
33 NURSERY	2702	2702	12307	1245493	20		33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	40320	40320	928542	8331390	59		37
37.01 GAMMA KNIFE	3690	3690	74832	306667	1		37.01
37.02 ENDOSCOPY	6965	6965	76683	1627923	5		37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM	6133	6133	37607	1502501	13		38
39 DELIVERY ROOM & LABOR ROOM	19695	19695	63659	2562711	24		39
40 ANESTHESIOLOGY	455	455	82124		2		40
41 RADIOLOGY-DIAGNOSTIC	8809	8809	388507	2182240	109		41
41.01 ULTRASOUND	4582	4582	83581	1149367	2		41.01
41.02 CAT SCANNER	4433	4433	48168	1247218	2		41.02
41.03 MRI	6598	6598	60717	730442	18		41.03
41.04 PET SCAN	1397	1397	19081	89400			41.04
41.05 RADIATION ONCOLOGY	9904	9904	231757	1125034			41.05
41.06 MAMMOGRAPHY	5940	5940	129226	938093			41.06
43 RADIOISOTOPE	5790	5790	63772	490116	13		43
44 LABORATORY	18646	18646	159071	5739341	87		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	871	871	2091	502709	5		47
48 INTRAVENOUS THERAPY	493	493	17284	1588612			48
49 RESPIRATORY THERAPY	2251	2251	84925	2404861	16		49
50 PHYSICAL THERAPY	8312	8312	5448	2516279	15		50
50.01 OP PHYSICAL THERAPY	6487	6487	2368	1837956	15		50.01
50.02 IP PHYSICAL THERAPY	851	851	1174	1468775	11		50.02
53 ELECTROCARDIOLOGY	3308	3308	39217	661124	16		53
53.01 CATH LAB	16020	16020	383012	3601191	20		53.01
53.02 CARDIAC REHAB	4187	4187	9963	483841	7		53.02
54 ELECTROENCEPHALOGRAPHY	2451	2451	4510	100845	15		54
54.01 NEURO MEG	524	524	94373	194719	1		54.01
54.02 SLEEP LAB	5914	5914	76347	509401	1		54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	450	450					55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS	964	964	6159	23465			57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	9841	9841	32669	1065066	20		60
60.01 DAY REHABILITATION	2085	2085	4342	665861	1		60.01
60.02 OUTPATIENT IMAGING CENTERS			245605	1041910	10		60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC	579	579		200785	1		60.04
60.05 WOUND CLINIC	6086	6086	8998	537583	3		60.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP-REL COSTS	NEW CAP-REL COSTS	NEW CAP-REL COSTS	EMPLOYEE BENEFITS	NON PATIENT TELEPHONES	DATA PROCESSING	
	BLDG&FIXT (SQUARE FEET) 1	BLDG&FIXT SQUARE FEET 3	MOV EQUIP (DOLLAR VALUE) 4	GROSS SALARIES 5	NUMBER OF PHONES 6.01	TIME SPENT 6.02	
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY	14406	14406	94834	4892912	99		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			5904	5829505	98		71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE			7818	548185			93
95 SUBTOTALS	743940	743940	6001663	138085214	1890	10000	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2119	2119		57061	4		96
96.02 NON ALLOW CLINICS							96.02
97 RESEARCH			164484	83029			97
97.01 EPILEPSY	3037	3037	5599	122622			97.01
98 PHYSICIANS' PRIVATE OFFICES	1641	1641	275199	454393			98
99 NONPAID WORKERS			11611				99
99.01 RETAIL PHARMACY	13988	13988		192334			99.01
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I		18217465	5039629	26540701	893485	11093269	103
104 UNIT COST MULT-WS B PT I		23.822243		.190948		1109.326900	104
104 UNIT COST MULT-WS B PT I			.780303		471.744984		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				106404	79852	17724	107
108 UNIT COST MULT-WS B PT III				.000766		1.772400	108
108 UNIT COST MULT-WS B PT III					42.160507		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION	ADMINI- STRATIVE & GENERAL	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT
	STOREROOM	GROSS	ACCOUNTS RECEIVABLE GROSS REVENUE		ACCUM COST	SQUARE FEET	SQUARE FEET
	SUPPLY EXPENSE 6.03	REVENUE 6.04	6.05	6A.06	6.06	7	8
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
6.01 NON PATIENT TELEPHONES							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING/STOREROOM	61618114						6.03
6.04 ADMITTING	44967	1527930255					6.04
6.05 CASHIERING/ACCTS. RECEIVABLE	7664		1527930255				6.05
6.06 ADMINISTRATIVE & GENERAL	91016			-55827603	328954477		6.06
7 MAINTENANCE & REPAIRS	64476				2670321	720154	7
8 OPERATION OF PLANT	50201				16879671	179544	540610
9 LAUNDRY & LINEN SERVICE					1464828		9
10 HOUSEKEEPING	291840				4752177	4167	4167
11 DIETARY	31753				4404289	12854	12854
12 CAFETERIA	6431				1280450	14504	14504
14 NURSING ADMINISTRATION	30658				3017013	744	744
15 CENTRAL SERVICES & SUPPLY					1912652	16133	16133
16 PHARMACY	165579				6196301	5901	5901
17 MEDICAL RECORDS & LIBRARY	59578				4409700	11256	11256
18 SOCIAL SERVICE	7958				3550095	778	778
24 PARAMED ED PRGM-PASTORAL CARE	2562				401931	923	923
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	1911544	120736421	120736421		50082153	149422	149422
26 INTENSIVE CARE UNIT	836032	21749158	21749158		12114216	27407	27407
31 SUBPROVIDER I	379198	24700139	24700139		15051440	43597	43597
33 NURSERY	192687	7797478	7797478		1956472	2702	2702
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	8558699	164850368	164850368		24600713	40320	40320
37.01 GAMMA KNIFE	6383	12029007	12029007		2237926	3690	3690
37.02 ENDOSCOPY	942898	43024593	43024593		4384615	6965	6965
37.03 IMPLANTS							37.03
38 RECOVERY ROOM	104115	22638681	22638681		2459005	6133	6133
39 DELIVERY ROOM & LABOR ROOM	430825	11151457	11151457		4379018	19695	19695
40 ANESTHESIOLOGY	859251	32075157	32075157		1623611	455	455
41 RADIOLOGY-DIAGNOSTIC	91966	31643179	31643179		4450437	8809	8809
41.01 ULTRASOUND	36126	22590177	22590177		2075534	4582	4582
41.02 CAT SCANNER	303879	110684661	110684661		4104135	4433	4433
41.03 MRI	176459	41266721	41266721		2415753	6598	6598
41.04 PET SCAN	161900	5739163	5739163		1037270	1397	1397
41.05 RADIATION ONCOLOGY	66721	23493034	23493034		2582792	9904	9904
41.06 MAMMOGRAPHY	161167	7229166	7229166		2072607	5940	5940
43 RADIOISOTOPE	746661	16703859	16703859		1973470	5790	5790
44 LABORATORY	4356346	227856351	227856351		17228238	18646	18646
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	2516060	11515845	11515845		3416605	871	871
48 INTRAVENOUS THERAPY	656030	3466844	3466844		2816670	493	493
49 RESPIRATORY THERAPY	378386	50312280	50312280		4245254	2251	2251
50 PHYSICAL THERAPY	31610	22010823	22010823		3790000	8312	8312
50.01 OP PHYSICAL THERAPY	50274	11309255	11309255		2699612	6487	6487
50.02 IP PHYSICAL THERAPY	6981	9869708	9869708		2018085	851	851
53 ELECTROCARDIOLOGY	30411	38866319	38866319		1540532	3308	3308
53.01 CATH LAB	16905673	129612636	129612636		26080857	16020	16020
53.02 CARDIAC REHAB	19887	1344813	1344813		844577	4187	4187
54 ELECTROENCEPHALOGRAPHY	10305	2495647	2495647		236029	2451	2451
54.01 NEURO MEG		918513	918513		509781	524	524
54.02 SLEEP LAB	58013	5471256	5471256		966433	5914	5914
55.30 IMPL. DEV. CHARGED TO PATIENT	17527979	34646016	34646016		18712999	450	450
56 DRUGS CHARGED TO PATIENTS		149683942	149683942		19342111		
57 RENAL DIALYSIS	11982	5993492	5993492		1304847	964	964
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	235560	5653626	5653626		1944187	9841	9841
60.01 DAY REHABILITATION	4359	4300061	4300061		988874	2085	2085
60.02 OUTPATIENT IMAGING CENTERS	111423	30687592	30687592		4838247		
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC	28530	625518	625518		304825	579	579
60.05 WOUND CLINIC	419780	8714396	8714396		1716651	6086	6086

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PURCHASING	ADMITTING	CASHIERING	RECON- CILIATION	ADMINI- STRATIVE & GENERAL	MAINTEN- ANCE AND REPAIRS	OPERATION	
	STOREROOM	GROSS	ACCOUNTS RECEIVABLE GROSS REVENUE		ACCUM COST	SQUARE FEET	OF PLANT SQUARE FEET	
	SUPPLY EXPENSE 6.03	REVENUE 6.04	REVENUE 6.05	6A.06	6.06	7	8	
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	1105544	52472903	52472903		8748058	14406	14406	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	233855				8280895			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	30665				1133329			93
95 SUBTOTALS	61550847	1527930255	1527930255	-55827603	324248291	699369	519825	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	304				312333	2119	2119	96
96.02 NON ALLOW CLINICS	776				1201			96.02
97 RESEARCH	1358				323428			97
97.01 EPILEPSY	51783				527846	3037	3037	97.01
98 PHYSICIANS' PRIVATE OFFICES	11317				1797149	1641	1641	98
99 NONPAID WORKERS					9060			99
99.01 RETAIL PHARMACY	1729				1735169	13988	13988	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	2816249	2540198	13913434		55827603	3123507	20523090	103
104 UNIT COST MULT-WS B PT I	.045705		.009106		.169712		37.962838	104
104 UNIT COST MULT-WS B PT I		.001663				4.337276		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	2476	109831	23018		984151	206548	4594534	107
108 UNIT COST MULT-WS B PT III	.000040		.000015		.002992		8.498796	108
108 UNIT COST MULT-WS B PT III		.000072				.286811		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA (FULL TIME EQUIV'S) 12	NURSING ADMINI-STRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY EXPENSE 15	PHARMACY (COSTED REQUIS) 16
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
6.01 NON PATIENT TELEPHONES							6.01
6.02 DATA PROCESSING							6.02
6.03 PURCHASING/STOREROOM							6.03
6.04 ADMITTING							6.04
6.05 CASHIERING/ACCTS. RECEIVABLE							6.05
6.06 ADMINISTRATIVE & GENERAL							6.06
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT							8
9 LAUNDRY & LINEN SERVICE	2054295						9
10 HOUSEKEEPING		536443					10
11 DIETARY		12854	315867				11
12 CAFETERIA		14504		178965			12
14 NURSING ADMINISTRATION		744		2479	104660		14
15 CENTRAL SERVICES & SUPPLY	3968	16133		1830		10747188	15
16 PHARMACY		5901		5015		96060	16
17 MEDICAL RECORDS & LIBRARY		11256		5243		347	17
18 SOCIAL SERVICE		778		2461			18
24 PARMED ED PRGM-PASTORAL CARE		923		100			24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	768448	149422	227979	52688	52688	1321124	25
26 INTENSIVE CARE UNIT	210921	27407	28116	11079	11079	660682	26
31 SUBPROVIDER I	130101	43597	59772	10231	10231	257451	31
33 NURSERY	43	2702		1422	1422	153834	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	331214	40320		12030	12030	3727451	37
37.01 GAMMA KNIFE		3690		270	270		15
37.02 ENDOSCOPY		6965		2479	2479	438340	3028
37.03 IMPLANTS							37.03
38 RECOVERY ROOM	54306	6133		1866	1866	46765	250
39 DELIVERY ROOM & LABOR ROOM	72367	19695		3617	3617	210709	
40 ANESTHESIOLOGY		455				529618	280383
41 RADIOLOGY-DIAGNOSTIC	61563	8809		3817		16075	690
41.01 ULTRASOUND	58415	4582		1214		29349	167
41.02 CAT SCANNER		4433		1666		68522	448
41.03 MRI		6598		1061		25257	87
41.04 PET SCAN		1397		106		1762	175
41.05 RADIATION ONCOLOGY		9904		1126		48322	19855
41.06 MAMMOGRAPHY		5940		1311		64898	116
43 RADIOISOTOPE		5790		546		6016	5237
44 LABORATORY		18646		11489		237067	180
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		871		778		31491	
48 INTRAVENOUS THERAPY		493		1784		213121	48603
49 RESPIRATORY THERAPY		2251		4072		259157	2624
50 PHYSICAL THERAPY	44762	8312		3796		19284	
50.01 OP PHYSICAL THERAPY		6487		2658		25371	208
50.02 IP PHYSICAL THERAPY		851		1893		3348	
53 ELECTROCARDIOLOGY		3308		1023		16173	1688
53.01 CATH LAB	39638	16020		4009		982231	4182
53.02 CARDIAC REHAB		4187		634		8818	
54 ELECTROENCEPHALOGRAPHY	32472	2451		201		8321	
54.01 NEURO MEG		524		242			
54.02 SLEEP LAB		5914		875		44664	
55.30 IMPL. DEV. CHARGED TO PATIENT		450				130	
56 DRUGS CHARGED TO PATIENTS							17730165
57 RENAL DIALYSIS		964		24		6855	538
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	85051	9841		1455	1455	105843	3618
60.01 DAY REHABILITATION		2085		934		923	
60.02 OUTPATIENT IMAGING CENTERS				1664		18633	
60.03 IMMEDIATE CARE CENTERS							
60.04 COUMADIN CLINIC		579		265		636	
60.05 WOUND CLINIC		6086		909		221092	8609

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING SQUARE FEET 10	DIETARY PATIENT DAYS 11	CAFETERIA (FULL TIME EQUIV'S) 12	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY EXPENSE 15	PHARMACY (COSTED REQUIS) 16	
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY	161026	14406		7523	7523	703509	11128	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				6734		120551		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE				856		6005	38240	93
95 SUBTOTALS	2054295	515658	315867	177475	104660	10735805	18245224	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C		2119		102				96
96.02 NON ALLOW CLINICS				190		776		96.02
97 RESEARCH								97
97.01 EPILEPSY		3037				890		97.01
98 PHYSICIANS' PRIVATE OFFICES		1641		967		7701		98
99 NONPAID WORKERS						2016		99
99.01 RETAIL PHARMACY		13988		231			1151913	99.01
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1713427	5734942	5832893	2266337	3599854	3118636	7651970	103
104 UNIT COST MULT-WS B PT I	.834071		18.466294		34.395700		.394490	
104 UNIT COST MULT-WS B PT I		10.690683		12.663577		.290182		104
105 COST TO BE ALLOC PER B PT II								104
106 UNIT COST MULT-WS B PT II								105
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III	4383	175794	453873	496198	200264	642973	244299	106
108 UNIT COST MULT-WS B PT III	.002134		1.436912		1.913472		.012595	107
108 UNIT COST MULT-WS B PT III		.327703		2.772598		.059827		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS + LIBRARY PATIENT DAYS	SOCIAL SERVICE PATIENT DAYS	PARAMED ED PASTORAL CARE PATIENT DAYS	
	17	18	24	
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
6.01 NON PATIENT TELEPHONES				6.01
6.02 DATA PROCESSING				6.02
6.03 PURCHASING/STOREROOM				6.03
6.04 ADMITTING				6.04
6.05 CASHIERING/ACCTS. RECEIVABLE				6.05
6.06 ADMINISTRATIVE & GENERAL				6.06
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	105289			17
18 SOCIAL SERVICE		105289		18
24 PARAMED ED PRGM-PASTORAL CARE			105289	24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	75993	75993	75993	25
26 INTENSIVE CARE UNIT	9372	9372	9372	26
31 SUBPROVIDER I	19924	19924	19924	31
33 NURSERY				33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM				37
37.01 GAMMA KNIFE				37.01
37.02 ENDOSCOPY				37.02
37.03 IMPLANTS				37.03
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC				41
41.01 ULTRASOUND				41.01
41.02 CAT SCANNER				41.02
41.03 MRI				41.03
41.04 PET SCAN				41.04
41.05 RADIATION ONCOLOGY				41.05
41.06 MAMMOGRAPHY				41.06
43 RADIOISOTOPE				43
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
47 BLOOD STORING, PROCESSING & T				47
48 INTRAVENOUS THERAPY				48
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
50.01 OP PHYSICAL THERAPY				50.01
50.02 IP PHYSICAL THERAPY				50.02
53 ELECTROCARDIOLOGY				53
53.01 CATH LAB				53.01
53.02 CARDIAC REHAB				53.02
54 ELECTROENCEPHALOGRAPHY				54
54.01 NEURO MEG				54.01
54.02 SLEEP LAB				54.02
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS				56
57 RENAL DIALYSIS				57
59 PSYCHOLOGY				59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 DAY REHABILITATION				60.01
60.02 OUTPATIENT IMAGING CENTERS				60.02
60.03 IMMEDIATE CARE CENTERS				60.03
60.04 COUMADIN CLINIC				60.04
60.05 WOUND CLINIC				60.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED ED	
	RECORDS + LIBRARY PATIENT DAYS	SERVICE PATIENT DAYS	PASTORAL CARE PATIENT DAYS	
	17	18	24	
60.06 ENTEROSTOMAL THERAPY				60.06
61 EMERGENCY				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				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
93 HOSPICE				93
95 SUBTOTALS	105289	105289	105289	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
96.02 NON ALLOW CLINICS				96.02
97 RESEARCH				97
97.01 EPILEPSY				97.01
98 PHYSICIANS' PRIVATE OFFICES				98
99 NONPAID WORKERS				99
99.01 RETAIL PHARMACY				99.01
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	5821039	4224980	520321	103
104 UNIT COST MULT-WS B PT I	55.286298		4.941836	
		40.127459		104
104 UNIT COST MULT-WS B PT I				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	414701	45239	32618	107
108 UNIT COST MULT-WS B PT III	3.938693		.309795	
		.429665		108
108 UNIT COST MULT-WS B PT III				108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	81846164		81846164		81846164	25
26 INTENSIVE CARE UNIT	17971610		17971610		17971610	26
31 SUBPROVIDER I	23684697		23684697		23684697	31
33 NURSERY	2543285		2543285		2543285	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	32862408		32862408		32862408	37
37.01 GAMMA KNIFE	2825978		2825978		2825978	37.01
37.02 ENDOSCOPY	5742871		5742871		5742871	37.02
37.03 IMPLANTS						37.03
38 RECOVERY ROOM	3348097		3348097		3348097	38
39 DELIVERY ROOM & LABOR ROOM	6457560		6457560		6457560	39
40 ANESTHESIOLOGY	2187561		2187561		2187561	40
41 RADIOLOGY-DIAGNOSTIC	5777148		5777148		5777148	41
41.01 ULTRASOUND	2743260		2743260		2743260	41.01
41.02 CAT SCANNER	5076723		5076723		5076723	41.02
41.03 MRI	3196167		3196167		3196167	41.03
41.04 PET SCAN	1289257		1289257		1289257	41.04
41.05 RADIATION ONCOLOGY	3582058		3582058		3582058	41.05
41.06 MAMMOGRAPHY	2774598		2774598		2774598	41.06
43 RADIOISOTOPE	2625935		2625935		2625935	43
44 LABORATORY	21354499		21354499		21354499	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	4061590		4061590		4061590	47
48 INTRAVENOUS THERAPY	3424427		3424427		3424427	48
49 RESPIRATORY THERAPY	5212811		5212811		5212811	49
50 PHYSICAL THERAPY	4964669		4964669		4964669	50
50.01 OP PHYSICAL THERAPY	3542624		3542624		3542624	50.01
50.02 IP PHYSICAL THERAPY	2430617		2430617		2430617	50.02
53 ELECTROCARDIOLOGY	1995587		1995587		1995587	53
53.01 CATH LAB	31726509		31726509		31726509	53.01
53.02 CARDIAC REHAB	1220372		1220372		1220372	53.02
54 ELECTROENCEPHALOGRAPHY	438011		438011		438011	54
54.01 NEURO MEG	627130		627130		627130	54.01
54.02 SLEEP LAB	1467878		1467878		1467878	54.02
55.30 IMPL. DEV. CHARGED TO PATIE	21912703		21912703		21912703	55.30
56 DRUGS CHARGED TO PATIENTS	29619064		29619064		29619064	56
57 RENAL DIALYSIS	1579883		1579883		1579883	57
59 PSYCHOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2967173		2967173		2967173	60
60.01 DAY REHABILITATION	1279280		1279280		1279280	60.01
60.02 OUTPATIENT IMAGING CENTERS	5685835		5685835		5685835	60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 COUMADIN CLINIC	390779		390779		390779	60.04
60.05 WOUND CLINIC	2409553		2409553		2409553	60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	11692964		11692964		11692964	61
62 OBSERVATION BEDS (NON-DISTI	3930013		3930013		3930013	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	370469348		370469348		370469348	101
102 LESS OBSERVATION BEDS	3930013		3930013		3930013	102
103 TOTAL	366539335		366539335		366539335	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	116231380		116231380			25
26 INTENSIVE CARE UNIT	21749158		21749158			26
31 SUBPROVIDER I	24700139		24700139			31
33 NURSERY	7797478		7797478			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	90794068	74056300	164850368	.199347	.199347	.199347 37
37.01 GAMMA KNIFE	172237	11856770	12029007	.234930	.234930	.234930 37.01
37.02 ENDOSCOPY	8804587	34220006	43024593	.133479	.133479	.133479 37.02
37.03 IMPLANTS						37.03
38 RECOVERY ROOM	11747108	10891573	22638681	.147893	.147893	.147893 38
39 DELIVERY ROOM & LABOR ROOM	10207767	943690	11151457	.579078	.579078	.579078 39
40 ANESTHESIOLOGY	16297969	15777188	32075157	.068201	.068201	.068201 40
41 RADIOLOGY-DIAGNOSTIC	14150029	17493150	31643179	.182572	.182572	.182572 41
41.01 ULTRASOUND	9019768	13570409	22590177	.121436	.121436	.121436 41.01
41.02 CAT SCANNER	44739477	65945184	110684661	.045867	.045867	.045867 41.02
41.03 MRI	16970796	24295925	41266721	.077451	.077451	.077451 41.03
41.04 PET SCAN	58838	5680325	5739163	.224642	.224642	.224642 41.04
41.05 RADIATION ONCOLOGY	1218839	22274195	23493034	.152473	.152473	.152473 41.05
41.06 MAMMOGRAPHY	24304	7204862	7229166	.383806	.383806	.383806 41.06
43 RADIOISOTOPE	7918703	8785156	16703859	.157205	.157205	.157205 43
44 LABORATORY	108279657	119576694	227856351	.093719	.093719	.093719 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	9262711	2253134	11515845	.352696	.352696	.352696 47
48 INTRAVENOUS THERAPY	3398884	67960	3466844	.987765	.987765	.987765 48
49 RESPIRATORY THERAPY	47922572	2389708	50312280	.103609	.103609	.103609 49
50 PHYSICAL THERAPY	22010823		22010823	.225556	.225556	.225556 50
50.01 OP PHYSICAL THERAPY	3021	11306234	11309255	.313250	.313250	.313250 50.01
50.02 IP PHYSICAL THERAPY	9672741	196967	9869708	.246270	.246270	.246270 50.02
53 ELECTROCARDIOLOGY	23926810	14939509	38866319	.051345	.051345	.051345 53
53.01 CATH LAB	110922758	18689878	129612636	.244779	.244779	.244779 53.01
53.02 CARDIAC REHAB	109360	1235453	1344813	.907466	.907466	.907466 53.02
54 ELECTROENCEPHALOGRAPHY	960194	1535453	2495647	.175510	.175510	.175510 54
54.01 NEURO MEG		918513	918513	.682767	.682767	.682767 54.01
54.02 SLEEP LAB	2926	5468330	5471256	.268289	.268289	.268289 54.02
55.30 IMPL. DEV. CHARGED TO PATIE	25383752	9262264	34646016	.632474	.632474	.632474 55.30
56 DRUGS CHARGED TO PATIENTS	107324554	42359388	149683942	.197877	.197877	.197877 56
57 RENAL DIALYSIS	5677163	316329	5993492	.263600	.263600	.263600 57
59 PSYCHOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	259259	5394367	5653626	.524827	.524827	.524827 60
60.01 DAY REHABILITATION		4300061	4300061	.297503	.297503	.297503 60.01
60.02 OUTPATIENT IMAGING CENTERS	283461	30404131	30687592	.185281	.185281	.185281 60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 COUMADIN CLINIC	734	624784	625518	.624729	.624729	.624729 60.04
60.05 WOUND CLINIC	15652	8698744	8714396	.276503	.276503	.276503 60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	15824225	36648678	52472903	.222838	.222838	.222838 61
62 OBSERVATION BEDS (NON-DISTI		4505041	4505041	.872359	.872359	.872359 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	893843902	634086353	1527930255			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	893843902	634086353	1527930255			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	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				6618696		6618696
26 INTENSIVE CARE UNIT				1341522		1341522
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1929345		1929345
33 NURSERY				122799		122799
101 TOTAL				10012362		10012362

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	79826	41581			82.91	3447481
26 INTENSIVE CARE UNIT	9372	4990			143.14	714269
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	19924	13210			96.84	1279256
33 NURSERY	6640				18.49	
101 TOTAL	115762	59781				5441006

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL 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		2430576	164850368	39648398			.014744	584576 37
37.01 GAMMA KNIFE		189209	12029007	141680			.015729	2228 37.01
37.02 ENDOSCOPY		345469	43024593	5317521			.008030	42700 37.02
37.03 IMPLANTS								37.03
38 RECOVERY ROOM		254031	22638681	5279965			.011221	59246 38
39 DELIVERY ROOM & LABOR ROOM		745112	11151457				.066817	39
40 ANESTHESIOLOGY		122049	32075157	6988140			.003805	26590 40
41 RADIOLOGY-DIAGNOSTIC		627308	31643179	8591867			.019824	170325 41
41.01 ULTRASOUND		230519	22590177	5132367			.010204	52371 41.01
41.02 CAT SCANNER		215273	110684661	25045062			.001945	48713 41.02
41.03 MRI		281284	41266721	8200016			.006816	55891 41.03
41.04 PET SCAN		64979	5739163	45615			.011322	516 41.04
41.05 RADIATION ONCOLOGY		523934	23493034	692145			.022302	15436 41.05
41.06 MAMMOGRAPHY		311546	7229166	8828			.043096	380 41.06
43 RADIOISOTOPE		250710	16703859	5015069			.015009	75271 43
44 LABORATORY		863810	227856351	56708889			.003791	214983 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		46280	11515845	4805806			.004019	19315 47
48 INTRAVENOUS THERAPY		58004	3466844	1881856			.016731	31485 48
49 RESPIRATORY THERAPY		186845	50312280	28675529			.003714	106501 49
50 PHYSICAL THERAPY		305601	22010823				.013884	50
50.01 OP PHYSICAL THERAPY		235496	11309255				.020823	50.01
50.02 IP PHYSICAL THERAPY		42879	9869708	6352204			.004345	27600 50.02
53 ELECTROCARDIOLOGY		152549	38866319	14258243			.003925	55964 53
53.01 CATH LAB		990098	129612636	64375172			.007639	491762 53.01
53.02 CARDIAC REHAB		151272	1344813	55612			.112486	6256 53.02
54 ELECTROENCEPHALOGRAPHY		87000	2495647	553204			.034861	19285 54
54.01 NEURO MEG		93365	918513				.101648	54.01
54.02 SLEEP LAB		263255	5471256				.048116	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		74552	34646016	10983137			.002152	23636 55.30
56 DRUGS CHARGED TO PATIENTS		294199	149683942	54712082			.001965	107509 56
57 RENAL DIALYSIS		41484	5993492	3243932			.006922	22454 57
59 PSYCHOLOGY								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		370966	5653626	127030			.065616	8335 60
60.01 DAY REHABILITATION		78589	4300061				.018276	60.01
60.02 OUTPATIENT IMAGING CENTERS		215745	30687592	126047			.007030	886 60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 COUMADIN CLINIC		21006	625518	193			.033582	6 60.04
60.05 WOUND CLINIC		229771	8714396	15010			.026367	396 60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		665000	52472903	9023309			.012673	114352 61
62 OBSERVATION BEDS (NON-DISTINC		317812	4505041				.070546	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		12377577	1357452100	366003928				2384968 101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 12:50

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			375545			375545	25
26 INTENSIVE CARE UNIT			46315			46315	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			98461			98461	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			520321			520321	101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/31/2011 12:50

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	79826	4.70	41581	195431	25
26 INTENSIVE CARE UNIT	9372	4.94	4990	24651	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	19924	4.94	13210	65257	31
33 NURSERY	6640				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	115762		59781	285339	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				18031			18031
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				18031			18031 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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		164850368			39648398		13684708 37
37.01 GAMMA KNIFE		12029007			141680		3770951 37.01
37.02 ENDOSCOPY		43024593			5317521		11410592 37.02
37.03 IMPLANTS							
38 RECOVERY ROOM		22638681			5279965		1930133 38
39 DELIVERY ROOM & LABOR ROOM		11151457					
40 ANESTHESIOLOGY		32075157			6988140		2637307 40
41 RADIOLOGY-DIAGNOSTIC		31643179			8591867		4682255 41
41.01 ULTRASOUND		22590177			5132367		2733763 41.01
41.02 CAT SCANNER		110684661			25045062		17176233 41.02
41.03 MRI		41266721			8200016		5840535 41.03
41.04 PET SCAN		5739163			45615		2601905 41.04
41.05 RADIATION ONCOLOGY		23493034			692145		9116249 41.05
41.06 MAMMOGRAPHY		7229166			8828		790891 41.06
43 RADIOISOTOPE		16703859			5015069		3072516 43
44 LABORATORY		227856351			56708889		2979827 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		11515845			4805806		548001 47
48 INTRAVENOUS THERAPY		3466844			1881856		27866 48
49 RESPIRATORY THERAPY		50312280			28675529		621621 49
50 PHYSICAL THERAPY		22010823					
50.01 OP PHYSICAL THERAPY		11309255					
50.02 IP PHYSICAL THERAPY		9869708			6352204		
53 ELECTROCARDIOLOGY		38866319			14258243		4263594 53
53.01 CATH LAB		129612636			64375172		9879650 53.01
53.02 CARDIAC REHAB		1344813			55612		570635 53.02
54 ELECTROENCEPHALOGRAPHY		2495647			553204		456620 54
54.01 NEURO MEG		918513					194149 54.01
54.02 SLEEP LAB		5471256					1407395 54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		34646016			10983137		2210153 55.30
56 DRUGS CHARGED TO PATIENTS		149683942			54712082		17392491 56
57 RENAL DIALYSIS		5993492			3243932		230510 57
59 PSYCHOLOGY							
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5653626			127030		2243527 60
60.01 DAY REHABILITATION		4300061					
60.02 OUTPATIENT IMAGING CENTERS		30687592			126047		8948812 60.02
60.03 IMMEDIATE CARE CENTERS							
60.04 COUMADIN CLINIC		625518			193		398066 60.04
60.05 WOUND CLINIC		8714396			15010		4825775 60.05
60.06 ENTEROSTOMAL THERAPY							
61 EMERGENCY		52472903			9023309		5455624 61
62 OBSERVATION BEDS (NON-DISTINC	18031	4505041	.004002	.004002			905110 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	18031	1357452100			366003928		143007464 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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	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
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC			3622		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			3622		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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	.199347	.199347	.199347				37
37.01 GAMMA KNIFE	.234930	.234930	.234930				37.01
37.02 ENDOSCOPY	.133479	.133479	.133479				37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM	.147893	.147893	.147893				38
39 DELIVERY ROOM & LABOR ROOM	.579078	.579078	.579078				39
40 ANESTHESIOLOGY	.068201	.068201	.068201				40
41 RADIOLOGY-DIAGNOSTIC	.182572	.182572	.182572				41
41.01 ULTRASOUND	.121436	.121436	.121436				41.01
41.02 CAT SCANNER	.045867	.045867	.045867				41.02
41.03 MRI	.077451	.077451	.077451				41.03
41.04 PET SCAN	.224642	.224642	.224642				41.04
41.05 RADIATION ONCOLOGY	.152473	.152473	.152473				41.05
41.06 MAMMOGRAPHY	.383806	.383806	.383806				41.06
43 RADIOISOTOPE	.157205	.157205	.157205				43
44 LABORATORY	.093719	.093719	.093719				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.352696	.352696	.352696				47
48 INTRAVENOUS THERAPY	.987765	.987765	.987765				48
49 RESPIRATORY THERAPY	.103609	.103609	.103609				49
50 PHYSICAL THERAPY	.225556	.225556	.225556				50
50.01 OP PHYSICAL THERAPY	.313250	.313250	.313250				50.01
50.02 IP PHYSICAL THERAPY	.246270	.246270	.246270				50.02
53 ELECTROCARDIOLOGY	.051345	.051345	.051345				53
53.01 CATH LAB	.244779	.244779	.244779				53.01
53.02 CARDIAC REHAB	.907466	.907466	.907466				53.02
54 ELECTROENCEPHALOGRAPHY	.175510	.175510	.175510				54
54.01 NEURO MEG	.682767	.682767	.682767				54.01
54.02 SLEEP LAB	.268289	.268289	.268289				54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	.632474	.632474	.632474				55.30
56 DRUGS CHARGED TO PATIENTS	.197877	.197877	.197877				56
57 RENAL DIALYSIS	.263600	.263600	.263600				57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.524827	.524827	.524827				60
60.01 DAY REHABILITATION	.297503	.297503	.297503				60.01
60.02 OUTPATIENT IMAGING CENTERS	.185281	.185281	.185281				60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC	.624729	.624729	.624729				60.04
60.05 WOUND CLINIC	.276503	.276503	.276503				60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY	.222838	.222838	.222838				61
62 OBSERVATION BEDS (NON-DISTINCT)	.872359	.872359	.872359				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							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		1.197877	1
2 PROGRAM VACCINE CHARGES		48557	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		9608	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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 CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		13684708						37
37.01 GAMMA KNIFE		3770951						37.01
37.02 ENDOSCOPY		11410592						37.02
37.03 IMPLANTS								37.03
38 RECOVERY ROOM		1930133						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		2637307						40
41 RADIOLOGY-DIAGNOSTIC		4682255						41
41.01 ULTRASOUND		2733763						41.01
41.02 CAT SCANNER		17176233						41.02
41.03 MRI		5840535						41.03
41.04 PET SCAN		2601905						41.04
41.05 RADIATION ONCOLOGY		9116249						41.05
41.06 MAMMOGRAPHY		790891						41.06
43 RADIOISOTOPE		3072516						43
44 LABORATORY		2979827						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		548001						47
48 INTRAVENOUS THERAPY		27866						48
49 RESPIRATORY THERAPY		621621						49
50 PHYSICAL THERAPY								50
50.01 OP PHYSICAL THERAPY								50.01
50.02 IP PHYSICAL THERAPY								50.02
53 ELECTROCARDIOLOGY		4263594						53
53.01 CATH LAB		9879650						53.01
53.02 CARDIAC REHAB		570635						53.02
54 ELECTROENCEPHALOGRAPHY		456620						54
54.01 NEURO MEG		194149						54.01
54.02 SLEEP LAB		1407395						54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		2210153						55.30
56 DRUGS CHARGED TO PATIENTS		17392491						56
57 RENAL DIALYSIS		230510						57
59 PSYCHOLOGY								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
60 OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2243527						60
60.01 DAY REHABILITATION								60.01
60.02 OUTPATIENT IMAGING CENTERS		8948812						60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 COUMADIN CLINIC		398066						60.04
60.05 WOUND CLINIC		4825775						60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY		5455624						61
62 OBSERVATION BEDS (NON-DISTINCT		905110						62
63.50 RHC								63.50
63.60 FQHC								63.60
65 OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		143007464						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		143007464						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0258) [] 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	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2728005					37
37.01 GAMMA KNIFE		885910					37.01
37.02 ENDOSCOPY		1523074					37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM		285453					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		179867					40
41 RADIOLOGY-DIAGNOSTIC		854849					41
41.01 ULTRASOUND		331977					41.01
41.02 CAT SCANNER		787822					41.02
41.03 MRI		452355					41.03
41.04 PET SCAN		584497					41.04
41.05 RADIATION ONCOLOGY		1389982					41.05
41.06 MAMMOGRAPHY		303549					41.06
43 RADIOISOTOPE		483015					43
44 LABORATORY		279266					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		193278					47
48 INTRAVENOUS THERAPY		27525					48
49 RESPIRATORY THERAPY		64406					49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY		218914					53
53.01 CATH LAB		2418331					53.01
53.02 CARDIAC REHAB		517832					53.02
54 ELECTROENCEPHALOGRAPHY		80141					54
54.01 NEURO MEG		132559					54.01
54.02 SLEEP LAB		377589					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		1397864					55.30
56 DRUGS CHARGED TO PATIENTS		3441574					56
57 RENAL DIALYSIS		60762					57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1177464					60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS		1658045					60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC		248683					60.04
60.05 WOUND CLINIC		1334341					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		1215720					61
62 OBSERVATION BEDS (NON-DISTINCT		789581					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		26424230					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		26424230					104

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 [XX] SUB I (14-T258) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2430576	164850368	15847		.014744	234 37
37.01 GAMMA KNIFE		189209	12029007			.015729	37.01
37.02 ENDOSCOPY		345469	43024593	14935		.008030	120 37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM		254031	22638681	10187		.011221	114 38
39 DELIVERY ROOM & LABOR ROOM		745112	11151457			.066817	39
40 ANESTHESIOLOGY		122049	32075157	3738		.003805	14 40
41 RADIOLOGY-DIAGNOSTIC		627308	31643179	294605		.019824	5840 41
41.01 ULTRASOUND		230519	22590177	161792		.010204	1651 41.01
41.02 CAT SCANNER		215273	110684661	370765		.001945	721 41.02
41.03 MRI		281284	41266721	91456		.006816	623 41.03
41.04 PET SCAN		64979	5739163			.011322	41.04
41.05 RADIATION ONCOLOGY		523934	23493034	93857		.022302	2093 41.05
41.06 MAMMOGRAPHY		311546	7229166	376		.043096	16 41.06
43 RADIOISOTOPE		250710	16703859	63280		.015009	950 43
44 LABORATORY		863810	227856351	4650251		.003791	17629 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		46280	11515845	89129		.004019	358 47
48 INTRAVENOUS THERAPY		58004	3466844	33863		.016731	567 48
49 RESPIRATORY THERAPY		186845	50312280	993126		.003714	3688 49
50 PHYSICAL THERAPY		305601	22010823	14499031		.013884	201305 50
50.01 OP PHYSICAL THERAPY		235496	11309255			.020823	50.01
50.02 IP PHYSICAL THERAPY		42879	9869708			.004345	50.02
53 ELECTROCARDIOLOGY		152549	38866319	106864		.003925	419 53
53.01 CATH LAB		990098	129612636	204974		.007639	1566 53.01
53.02 CARDIAC REHAB		151272	1344813	150		.112486	17 53.02
54 ELECTROENCEPHALOGRAPHY		87000	2495647	4852		.034861	169 54
54.01 NEURO MEG		93365	918513			.101648	54.01
54.02 SLEEP LAB		263255	5471256			.048116	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		74552	34646016	12640		.002152	27 55.30
56 DRUGS CHARGED TO PATIENTS		294199	149683942	4915230		.001965	9658 56
57 RENAL DIALYSIS		41484	5993492	589174		.006922	4078 57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		370966	5653626	13094		.065616	859 60
60.01 DAY REHABILITATION		78589	4300061			.018276	60.01
60.02 OUTPATIENT IMAGING CENTERS		215745	30687592			.007030	60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC		21006	625518			.033582	60.04
60.05 WOUND CLINIC		229771	8714396			.026367	60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		665000	52472903	22418		.012673	284 61
62 OBSERVATION BEDS (NON-DISTINC		317812	4505041			.070546	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		12377577	1357452100	27255634			253000 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 (14-T258) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC				18031			18031
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				18031			18031 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 (14-T258) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF COST TO CHARGES	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS			RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		164850368			15847		843
37.01 GAMMA KNIFE		12029007					
37.02 ENDOSCOPY		43024593			14935		
37.03 IMPLANTS							
38 RECOVERY ROOM		22638681			10187		
39 DELIVERY ROOM & LABOR ROOM		11151457					
40 ANESTHESIOLOGY		32075157			3738		
41 RADIOLOGY-DIAGNOSTIC		31643179			294605		9279
41.01 ULTRASOUND		22590177			161792		891
41.02 CAT SCANNER		110684661			370765		14957
41.03 MRI		41266721			91456		
41.04 PET SCAN		5739163					
41.05 RADIATION ONCOLOGY		23493034			93857		
41.06 MAMMOGRAPHY		7229166			376		
43 RADIOISOTOPE		16703859			63280		
44 LABORATORY		227856351			4650251		475
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		11515845			89129		
48 INTRAVENOUS THERAPY		3466844			33863		
49 RESPIRATORY THERAPY		50312280			993126		
50 PHYSICAL THERAPY		22010823			14499031		
50.01 OP PHYSICAL THERAPY		11309255					
50.02 IP PHYSICAL THERAPY		9869708					
53 ELECTROCARDIOLOGY		38866319			106864		2198
53.01 CATH LAB		129612636			204974		
53.02 CARDIAC REHAB		1344813			150		
54 ELECTROENCEPHALOGRAPHY		2495647			4852		
54.01 NEURO MEG		918513					
54.02 SLEEP LAB		5471256					
55.30 IMPL. DEV. CHARGED TO PATIENT		34646016			12640		
56 DRUGS CHARGED TO PATIENTS		149683942			4915230		106746
57 RENAL DIALYSIS		5993492			589174		
59 PSYCHOLOGY							
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5653626			13094		
60.01 DAY REHABILITATION		4300061					
60.02 OUTPATIENT IMAGING CENTERS		30687592					
60.03 IMMEDIATE CARE CENTERS							
60.04 COUMADIN CLINIC		625518					
60.05 WOUND CLINIC		8714396					
60.06 ENTEROSTOMAL THERAPY							
61 EMERGENCY		52472903			22418		
62 OBSERVATION BEDS (NON-DISTINC	18031	4505041	.004002	.004002			
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	18031	1357452100			27255634		135389

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 (14-T258) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] 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
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T258) [] 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	.199347	.199347	.199347			37
37.01 GAMMA KNIFE	.234930	.234930	.234930			37.01
37.02 ENDOSCOPY	.133479	.133479	.133479			37.02
37.03 IMPLANTS						37.03
38 RECOVERY ROOM	.147893	.147893	.147893			38
39 DELIVERY ROOM & LABOR ROOM	.579078	.579078	.579078			39
40 ANESTHESIOLOGY	.068201	.068201	.068201			40
41 RADIOLOGY-DIAGNOSTIC	.182572	.182572	.182572			41
41.01 ULTRASOUND	.121436	.121436	.121436			41.01
41.02 CAT SCANNER	.045867	.045867	.045867			41.02
41.03 MRI	.077451	.077451	.077451			41.03
41.04 PET SCAN	.224642	.224642	.224642			41.04
41.05 RADIATION ONCOLOGY	.152473	.152473	.152473			41.05
41.06 MAMMOGRAPHY	.383806	.383806	.383806			41.06
43 RADIOISOTOPE	.157205	.157205	.157205			43
44 LABORATORY	.093719	.093719	.093719			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.352696	.352696	.352696			47
48 INTRAVENOUS THERAPY	.987765	.987765	.987765			48
49 RESPIRATORY THERAPY	.103609	.103609	.103609			49
50 PHYSICAL THERAPY	.225556	.225556	.225556			50
50.01 OP PHYSICAL THERAPY	.313250	.313250	.313250			50.01
50.02 IP PHYSICAL THERAPY	.246270	.246270	.246270			50.02
53 ELECTROCARDIOLOGY	.051345	.051345	.051345			53
53.01 CATH LAB	.244779	.244779	.244779			53.01
53.02 CARDIAC REHAB	.907466	.907466	.907466			53.02
54 ELECTROENCEPHALOGRAPHY	.175510	.175510	.175510			54
54.01 NEURO MEG	.682767	.682767	.682767			54.01
54.02 SLEEP LAB	.268289	.268289	.268289			54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	.632474	.632474	.632474			55.30
56 DRUGS CHARGED TO PATIENTS	.197877	.197877	.197877			56
57 RENAL DIALYSIS	.263600	.263600	.263600			57
59 PSYCHOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.524827	.524827	.524827			60
60.01 DAY REHABILITATION	.297503	.297503	.297503			60.01
60.02 OUTPATIENT IMAGING CENTERS	.185281	.185281	.185281			60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 COUMADIN CLINIC	.624729	.624729	.624729			60.04
60.05 WOUND CLINIC	.276503	.276503	.276503			60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	.222838	.222838	.222838			61
62 OBSERVATION BEDS (NON-DISTINCT)	.872359	.872359	.872359			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						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	.197877	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 [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T258) [] 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 CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		843						37
37.01 GAMMA KNIFE								37.01
37.02 ENDOSCOPY								37.02
37.03 IMPLANTS								37.03
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		9279						41
41.01 ULTRASOUND		891						41.01
41.02 CAT SCANNER		14957						41.02
41.03 MRI								41.03
41.04 PET SCAN								41.04
41.05 RADIATION ONCOLOGY								41.05
41.06 MAMMOGRAPHY								41.06
43 RADIOISOTOPE								43
44 LABORATORY		475						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
50.01 OP PHYSICAL THERAPY								50.01
50.02 IP PHYSICAL THERAPY								50.02
53 ELECTROCARDIOLOGY		2198						53
53.01 CATH LAB								53.01
53.02 CARDIAC REHAB								53.02
54 ELECTROENCEPHALOGRAPHY								54
54.01 NEURO MEG								54.01
54.02 SLEEP LAB								54.02
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		106746						56
57 RENAL DIALYSIS								57
59 PSYCHOLOGY								59
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 DAY REHABILITATION								60.01
60.02 OUTPATIENT IMAGING CENTERS								60.02
60.03 IMMEDIATE CARE CENTERS								60.03
60.04 COUMADIN CLINIC								60.04
60.05 WOUND CLINIC								60.05
60.06 ENTEROSTOMAL THERAPY								60.06
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		135389						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		135389						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (14-T258) [] 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	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		168					37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		1694					41
41.01 ULTRASOUND		108					41.01
41.02 CAT SCANNER		686					41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY		45					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY		113					53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		21123					56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.)							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.)							65.03
101 SUBTOTAL		23937					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		23937					104

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				6618696		6618696	25
26 INTENSIVE CARE UNIT				1341522		1341522	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				1929345		1929345	31
33 NURSERY				122799		122799	33
101 TOTAL				10012362		10012362	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	79826	11966			82.91	992101	25
26 INTENSIVE CARE UNIT	9372	486			143.14	69566	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	19924	825			96.84	79893	31
33 NURSERY	6640	1063			18.49	19655	33
101 TOTAL	115762	14340				1161215	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2		TOTAL CHARGES 3	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2430576	164850368			.014744	37
37.01 GAMMA KNIFE		189209	12029007			.015729	37.01
37.02 ENDOSCOPY		345469	43024593			.008030	37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM		254031	22638681			.011221	38
39 DELIVERY ROOM & LABOR ROOM		745112	11151457			.066817	39
40 ANESTHESIOLOGY		122049	32075157			.003805	40
41 RADIOLOGY-DIAGNOSTIC		627308	31643179			.019824	41
41.01 ULTRASOUND		230519	22590177			.010204	41.01
41.02 CAT SCANNER		215273	110684661			.001945	41.02
41.03 MRI		281284	41266721			.006816	41.03
41.04 PET SCAN		64979	5739163			.011322	41.04
41.05 RADIATION ONCOLOGY		523934	23493034			.022302	41.05
41.06 MAMMOGRAPHY		311546	7229166			.043096	41.06
43 RADIOISOTOPE		250710	16703859			.015009	43
44 LABORATORY		863810	227856351			.003791	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		46280	11515845			.004019	47
48 INTRAVENOUS THERAPY		58004	3466844			.016731	48
49 RESPIRATORY THERAPY		186845	50312280			.003714	49
50 PHYSICAL THERAPY		305601	22010823			.013884	50
50.01 OP PHYSICAL THERAPY		235496	11309255			.020823	50.01
50.02 IP PHYSICAL THERAPY		42879	9869708			.004345	50.02
53 ELECTROCARDIOLOGY		152549	38866319			.003925	53
53.01 CATH LAB		990098	129612636			.007639	53.01
53.02 CARDIAC REHAB		151272	1344813			.112486	53.02
54 ELECTROENCEPHALOGRAPHY		87000	2495647			.034861	54
54.01 NEURO MEG		93365	918513			.101648	54.01
54.02 SLEEP LAB		263255	5471256			.048116	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		74552	34646016			.002152	55.30
56 DRUGS CHARGED TO PATIENTS		294199	149683942			.001965	56
57 RENAL DIALYSIS		41484	5993492			.006922	57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		370966	5653626			.065616	60
60.01 DAY REHABILITATION		78589	4300061			.018276	60.01
60.02 OUTPATIENT IMAGING CENTERS		215745	30687592			.007030	60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC		21006	625518			.033582	60.04
60.05 WOUND CLINIC		229771	8714396			.026367	60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		665000	52472903			.012673	61
62 OBSERVATION BEDS (NON-DISTINC		317812	4505041			.070546	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		12377577	1357452100				101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 12:50

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL			
	COST	COST	COSTS	EDUCATION	ADJUSTMENT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			375545			375545	25
26 INTENSIVE CARE UNIT			46315			46315	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			98461			98461	31
33 NURSERY							33
34 SKILLED NURSING FACILITY							34
35 NURSING FACILITY							35
101 TOTAL			520321			520321	101

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 12:50

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	79826	4.70	11966	56240	25
26	INTENSIVE CARE UNIT	9372	4.94	486	2401	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	19924	4.94	825	4076	31
33	NURSERY	6640		1063		33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	115762		14340	62717	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
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 (14-0258) [] 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	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		164850368					37
37.01 GAMMA KNIFE		12029007					37.01
37.02 ENDOSCOPY		43024593					37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM		22638681					38
39 DELIVERY ROOM & LABOR ROOM		11151457					39
40 ANESTHESIOLOGY		32075157					40
41 RADIOLOGY-DIAGNOSTIC		31643179					41
41.01 ULTRASOUND		22590177					41.01
41.02 CAT SCANNER		110684661					41.02
41.03 MRI		41266721					41.03
41.04 PET SCAN		5739163					41.04
41.05 RADIATION ONCOLOGY		23493034					41.05
41.06 MAMMOGRAPHY		7229166					41.06
43 RADIOISOTOPE		16703859					43
44 LABORATORY		227856351					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		11515845					47
48 INTRAVENOUS THERAPY		3466844					48
49 RESPIRATORY THERAPY		50312280					49
50 PHYSICAL THERAPY		22010823					50
50.01 OP PHYSICAL THERAPY		11309255					50.01
50.02 IP PHYSICAL THERAPY		9869708					50.02
53 ELECTROCARDIOLOGY		38866319					53
53.01 CATH LAB		129612636					53.01
53.02 CARDIAC REHAB		1344813					53.02
54 ELECTROENCEPHALOGRAPHY		2495647					54
54.01 NEURO MEG		918513					54.01
54.02 SLEEP LAB		5471256					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		34646016					55.30
56 DRUGS CHARGED TO PATIENTS		149683942					56
57 RENAL DIALYSIS		5993492					57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5653626					60
60.01 DAY REHABILITATION		4300061					60.01
60.02 OUTPATIENT IMAGING CENTERS		30687592					60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC		625518					60.04
60.05 WOUND CLINIC		8714396					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		52472903					61
62 OBSERVATION BEDS (NON-DISTINC		4505041					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1357452100					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0258) [] 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
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
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 [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-T258) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL		TOTAL	RATIO OF	RATIO OF	CAPITAL
	RELATED	RELATED	PROGRAM	COST TO	CAPITAL	COST TO	CAPITAL
	COST	COST	CHARGES	CHARGES	COSTS	CHARGES	COSTS
	1	2	3	4	5	6	7
							8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		2430576	164850368			.014744	37
37.01 GAMMA KNIFE		189209	12029007			.015729	37.01
37.02 ENDOSCOPY		345469	43024593			.008030	37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM		254031	22638681			.011221	38
39 DELIVERY ROOM & LABOR ROOM		745112	11151457			.066817	39
40 ANESTHESIOLOGY		122049	32075157			.003805	40
41 RADIOLOGY-DIAGNOSTIC		627308	31643179			.019824	41
41.01 ULTRASOUND		230519	22590177			.010204	41.01
41.02 CAT SCANNER		215273	110684661			.001945	41.02
41.03 MRI		281284	41266721			.006816	41.03
41.04 PET SCAN		64979	5739163			.011322	41.04
41.05 RADIATION ONCOLOGY		523934	23493034			.022302	41.05
41.06 MAMMOGRAPHY		311546	7229166			.043096	41.06
43 RADIOISOTOPE		250710	16703859			.015009	43
44 LABORATORY		863810	227856351			.003791	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		46280	11515845			.004019	47
48 INTRAVENOUS THERAPY		58004	3466844			.016731	48
49 RESPIRATORY THERAPY		186845	50312280			.003714	49
50 PHYSICAL THERAPY		305601	22010823			.013884	50
50.01 OP PHYSICAL THERAPY		235496	11309255			.020823	50.01
50.02 IP PHYSICAL THERAPY		42879	9869708			.004345	50.02
53 ELECTROCARDIOLOGY		152549	38866319			.003925	53
53.01 CATH LAB		990098	129612636			.007639	53.01
53.02 CARDIAC REHAB		151272	1344813			.112486	53.02
54 ELECTROENCEPHALOGRAPHY		87000	2495647			.034861	54
54.01 NEURO MEG		93365	918513			.101648	54.01
54.02 SLEEP LAB		263255	5471256			.048116	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		74552	34646016			.002152	55.30
56 DRUGS CHARGED TO PATIENTS		294199	149683942			.001965	56
57 RENAL DIALYSIS		41484	5993492			.006922	57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		370966	5653626			.065616	60
60.01 DAY REHABILITATION		78589	4300061			.018276	60.01
60.02 OUTPATIENT IMAGING CENTERS		215745	30687592			.007030	60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC		21006	625518			.033582	60.04
60.05 WOUND CLINIC		229771	8714396			.026367	60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		665000	52472903			.012673	61
62 OBSERVATION BEDS (NON-DISTINC		317812	4505041			.070546	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		12377577	1357452100				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 (14-T258) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 GAMMA KNIFE							37.01
37.02 ENDOSCOPY							37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CAT SCANNER							41.02
41.03 MRI							41.03
41.04 PET SCAN							41.04
41.05 RADIATION ONCOLOGY							41.05
41.06 MAMMOGRAPHY							41.06
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
50.02 IP PHYSICAL THERAPY							50.02
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
53.02 CARDIAC REHAB							53.02
54 ELECTROENCEPHALOGRAPHY							54
54.01 NEURO MEG							54.01
54.02 SLEEP LAB							54.02
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 DAY REHABILITATION							60.01
60.02 OUTPATIENT IMAGING CENTERS							60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC							60.04
60.05 WOUND CLINIC							60.05
60.06 ENTEROSTOMAL THERAPY							60.06
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 (14-T258) [] 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		164850368					37
37.01 GAMMA KNIFE		12029007					37.01
37.02 ENDOSCOPY		43024593					37.02
37.03 IMPLANTS							37.03
38 RECOVERY ROOM		22638681					38
39 DELIVERY ROOM & LABOR ROOM		11151457					39
40 ANESTHESIOLOGY		32075157					40
41 RADIOLOGY-DIAGNOSTIC		31643179					41
41.01 ULTRASOUND		22590177					41.01
41.02 CAT SCANNER		110684661					41.02
41.03 MRI		41266721					41.03
41.04 PET SCAN		5739163					41.04
41.05 RADIATION ONCOLOGY		23493034					41.05
41.06 MAMMOGRAPHY		7229166					41.06
43 RADIOISOTOPE		16703859					43
44 LABORATORY		227856351					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		11515845					47
48 INTRAVENOUS THERAPY		3466844					48
49 RESPIRATORY THERAPY		50312280					49
50 PHYSICAL THERAPY		22010823					50
50.01 OP PHYSICAL THERAPY		11309255					50.01
50.02 IP PHYSICAL THERAPY		9869708					50.02
53 ELECTROCARDIOLOGY		38866319					53
53.01 CATH LAB		129612636					53.01
53.02 CARDIAC REHAB		1344813					53.02
54 ELECTROENCEPHALOGRAPHY		2495647					54
54.01 NEURO MEG		918513					54.01
54.02 SLEEP LAB		5471256					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT		34646016					55.30
56 DRUGS CHARGED TO PATIENTS		149683942					56
57 RENAL DIALYSIS		5993492					57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		5653626					60
60.01 DAY REHABILITATION		4300061					60.01
60.02 OUTPATIENT IMAGING CENTERS		30687592					60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC		625518					60.04
60.05 WOUND CLINIC		8714396					60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY		52472903					61
62 OBSERVATION BEDS (NON-DISTINC		4505041					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1357452100					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 (14-T258) [] 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
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
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

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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	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)	79826	19924					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	79826	19924					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	79826	19924					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)	41581	13210					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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	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	81846164	23684697					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	81846164	23684697					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	114924388	21559057					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	114924388	21559057					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.712174	1.098596					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1439.69	1082.06					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	81846164	23684697					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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1025.31	1188.75				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	42633415	15703388				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	42633415	15703388				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
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	17971610	9372	1917.59	4990	9568774	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	65561810	5207209				48
49 TOTAL PROGRAM INPATIENT COSTS	117763999	20910597				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4381832	1344513				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2384968	253000				51
52 TOTAL PROGRAM EXCLUDABLE COST	6766800	1597513				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	110997199	19313084				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) (14-0258)	SUB I (PPS) (14-T258)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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) (PPS)
 (14-0258)(14-T258)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3833	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1025.31	84
85 OBSERVATION BED COST	3930013	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (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		81846164		3930013		86
87 NEW CAPITAL-RELATED COST	6618696	81846164	.080868	3930013	317812	87
88 NON PHYSICIAN ANESTHETIST		81846164		3930013		88
89 NURSING SCHOOL		81846164		3930013		89
89.01 ALLIED HEALTH	375545	81846164	.004588	3930013	18031	89.01
89.02 ALL OTHER		81846164		3930013		89.02

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 (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	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)	79826	19924				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	79826	19924				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	79826	19924				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)	11966	825				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	6640					15
16 TITLE V OR XIX NURSERY DAYS	1063					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 (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	81846164	23684697					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	81846164	23684697					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	114924388	21559057					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	114924388	21559057					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.712174	1.098596					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1439.69	1082.06					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	81846164	23684697					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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 (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	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	1025.31	1188.75			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12268859	980719			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12268859	980719			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)	2543285	6640	383.02	1063	407150 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	17971610	9372	1917.59	486	931949 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47

	HOSPITAL (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	13607958	980719			49

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1139963	83969			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1139963	83969			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS					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 (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		54				54
55						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. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/31/2011 12:50

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

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/31/2011 12:50

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0258)	SUB I (OTHER) (14-T258)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3833	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1025.31	84
85 OBSERVATION BED COST	3930013	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[XX] HOSPITAL (14-0258)	[] 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		66912511		25
26 INTENSIVE CARE UNIT		11678870		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.199347	39648398	7903789	37
37.01 GAMMA KNIFE	.234930	141680	33285	37.01
37.02 ENDOSCOPY	.133479	5317521	709777	37.02
37.03 IMPLANTS				37.03
38 RECOVERY ROOM	.147893	5279965	780870	38
39 DELIVERY ROOM & LABOR ROOM	.579078			39
40 ANESTHESIOLOGY	.068201	6988140	476598	40
41 RADIOLOGY-DIAGNOSTIC	.182572	8591867	1568634	41
41.01 ULTRASOUND	.121436	5132367	623254	41.01
41.02 CAT SCANNER	.045867	25045062	1148742	41.02
41.03 MRI	.077451	8200016	635099	41.03
41.04 PET SCAN	.224642	45615	10247	41.04
41.05 RADIATION ONCOLOGY	.152473	692145	105533	41.05
41.06 MAMMOGRAPHY	.383806	8828	3388	41.06
43 RADIOISOTOPE	.157205	5015069	788394	43
44 LABORATORY	.093719	56708889	5314700	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.352696	4805806	1694989	47
48 INTRAVENOUS THERAPY	.987765	1881856	1858831	48
49 RESPIRATORY THERAPY	.103609	28675529	2971043	49
50 PHYSICAL THERAPY	.225556			50
50.01 OP PHYSICAL THERAPY	.313250			50.01
50.02 IP PHYSICAL THERAPY	.246270	6352204	1564357	50.02
53 ELECTROCARDIOLOGY	.051345	14258243	732089	53
53.01 CATH LAB	.244779	64375172	15757690	53.01
53.02 CARDIAC REHAB	.907466	55612	50466	53.02
54 ELECTROENCEPHALOGRAPHY	.175510	553204	97093	54
54.01 NEURO MEG	.682767			54.01
54.02 SLEEP LAB	.268289			54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	.632474	10983137	6946549	55.30
56 DRUGS CHARGED TO PATIENTS	.197877	54712082	10826263	56
57 RENAL DIALYSIS	.263600	3243932	855100	57
59 PSYCHOLOGY				59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.524827	127030	66669	60
60.01 DAY REHABILITATION	.297503			60.01
60.02 OUTPATIENT IMAGING CENTERS	.185281	126047	23354	60.02
60.03 IMMEDIATE CARE CENTERS				60.03
60.04 COUMADIN CLINIC	.624729	193	121	60.04
60.05 WOUND CLINIC	.276503	15010	4150	60.05
60.06 ENTEROSTOMAL THERAPY				60.06
61 EMERGENCY	.222838	9023309	2010736	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.872359			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		366003928	65561810	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		366003928		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 checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-T258)	<input type="checkbox"/> NF	<input 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		16376539		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.199347	15847	3159	37
37.01 GAMMA KNIFE	.234930			37.01
37.02 ENDOSCOPY	.133479	14935	1994	37.02
37.03 IMPLANTS				37.03
38 RECOVERY ROOM	.147893	10187	1507	38
39 DELIVERY ROOM & LABOR ROOM	.579078			39
40 ANESTHESIOLOGY	.068201	3738	255	40
41 RADIOLOGY-DIAGNOSTIC	.182572	294605	53787	41
41.01 ULTRASOUND	.121436	161792	19647	41.01
41.02 CAT SCANNER	.045867	370765	17006	41.02
41.03 MRI	.077451	91456	7083	41.03
41.04 PET SCAN	.224642			41.04
41.05 RADIATION ONCOLOGY	.152473	93857	14311	41.05
41.06 MAMMOGRAPHY	.383806	376	144	41.06
43 RADIOISOTOPE	.157205	63280	9948	43
44 LABORATORY	.093719	4650251	435817	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.352696	89129	31435	47
48 INTRAVENOUS THERAPY	.987765	33863	33449	48
49 RESPIRATORY THERAPY	.103609	993126	102897	49
50 PHYSICAL THERAPY	.225556	14499031	3270343	50
50.01 OP PHYSICAL THERAPY	.313250			50.01
50.02 IP PHYSICAL THERAPY	.246270			50.02
53 ELECTROCARDIOLOGY	.051345	106864	5487	53
53.01 CATH LAB	.244779	204974	50173	53.01
53.02 CARDIAC REHAB	.907466	150	136	53.02
54 ELECTROENCEPHALOGRAPHY	.175510	4852	852	54
54.01 NEURO MEG	.682767			54.01
54.02 SLEEP LAB	.268289			54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	.632474	12640	7994	55.30
56 DRUGS CHARGED TO PATIENTS	.197877	4915230	972611	56
57 RENAL DIALYSIS	.263600	589174	155306	57
59 PSYCHOLOGY				59
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.524827	13094	6872	60
60.01 DAY REHABILITATION	.297503			60.01
60.02 OUTPATIENT IMAGING CENTERS	.185281			60.02
60.03 IMMEDIATE CARE CENTERS				60.03
60.04 COUMADIN CLINIC	.624729			60.04
60.05 WOUND CLINIC	.276503			60.05
60.06 ENTEROSTOMAL THERAPY				60.06
61 EMERGENCY	.222838	22418	4996	61
62 OBSERVATION BEDS (NON-DISTINCT	.872359			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		27255634	5207209	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		27255634		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0258)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<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 checked="" 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			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.199347		37
37.01 GAMMA KNIFE	.234930		37.01
37.02 ENDOSCOPY	.133479		37.02
37.03 IMPLANTS			37.03
38 RECOVERY ROOM	.147893		38
39 DELIVERY ROOM & LABOR ROOM	.579078		39
40 ANESTHESIOLOGY	.068201		40
41 RADIOLOGY-DIAGNOSTIC	.182572		41
41.01 ULTRASOUND	.121436		41.01
41.02 CAT SCANNER	.045867		41.02
41.03 MRI	.077451		41.03
41.04 PET SCAN	.224642		41.04
41.05 RADIATION ONCOLOGY	.152473		41.05
41.06 MAMMOGRAPHY	.383806		41.06
43 RADIOISOTOPE	.157205		43
44 LABORATORY	.093719		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.352696		47
48 INTRAVENOUS THERAPY	.987765		48
49 RESPIRATORY THERAPY	.103609		49
50 PHYSICAL THERAPY	.225556		50
50.01 OP PHYSICAL THERAPY	.313250		50.01
50.02 IP PHYSICAL THERAPY	.246270		50.02
53 ELECTROCARDIOLOGY	.051345		53
53.01 CATH LAB	.244779		53.01
53.02 CARDIAC REHAB	.907466		53.02
54 ELECTROENCEPHALOGRAPHY	.175510		54
54.01 NEURO MEG	.682767		54.01
54.02 SLEEP LAB	.268289		54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	.632474		55.30
56 DRUGS CHARGED TO PATIENTS	.197877		56
57 RENAL DIALYSIS	.263600		57
59 PSYCHOLOGY			59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.524827		60
60.01 DAY REHABILITATION	.297503		60.01
60.02 OUTPATIENT IMAGING CENTERS	.185281		60.02
60.03 IMMEDIATE CARE CENTERS			60.03
60.04 COUMADIN CLINIC	.624729		60.04
60.05 WOUND CLINIC	.276503		60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY	.222838		61
62 OBSERVATION BEDS (NON-DISTINCT	.872359		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-T258)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] 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
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.199347		37
37.01 GAMMA KNIFE	.234930		37.01
37.02 ENDOSCOPY	.133479		37.02
37.03 IMPLANTS			37.03
38 RECOVERY ROOM	.147893		38
39 DELIVERY ROOM & LABOR ROOM	.579078		39
40 ANESTHESIOLOGY	.068201		40
41 RADIOLOGY-DIAGNOSTIC	.182572		41
41.01 ULTRASOUND	.121436		41.01
41.02 CAT SCANNER	.045867		41.02
41.03 MRI	.077451		41.03
41.04 PET SCAN	.224642		41.04
41.05 RADIATION ONCOLOGY	.152473		41.05
41.06 MAMMOGRAPHY	.383806		41.06
43 RADIOISOTOPE	.157205		43
44 LABORATORY	.093719		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.352696		47
48 INTRAVENOUS THERAPY	.987765		48
49 RESPIRATORY THERAPY	.103609		49
50 PHYSICAL THERAPY	.225556		50
50.01 OP PHYSICAL THERAPY	.313250		50.01
50.02 IP PHYSICAL THERAPY	.246270		50.02
53 ELECTROCARDIOLOGY	.051345		53
53.01 CATH LAB	.244779		53.01
53.02 CARDIAC REHAB	.907466		53.02
54 ELECTROENCEPHALOGRAPHY	.175510		54
54.01 NEURO MEG	.682767		54.01
54.02 SLEEP LAB	.268289		54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	.632474		55.30
56 DRUGS CHARGED TO PATIENTS	.197877		56
57 RENAL DIALYSIS	.263600		57
59 PSYCHOLOGY			59
59.97 CARDIAC REHABILITATION			59.97
59.98 HYPERBARIC OXYGEN THERAPY			59.98
59.99 LITHOTRIPSY			59.99
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.524827		60
60.01 DAY REHABILITATION	.297503		60.01
60.02 OUTPATIENT IMAGING CENTERS	.185281		60.02
60.03 IMMEDIATE CARE CENTERS			60.03
60.04 COUMADIN CLINIC	.624729		60.04
60.05 WOUND CLINIC	.276503		60.05
60.06 ENTEROSTOMAL THERAPY			60.06
61 EMERGENCY	.222838		61
62 OBSERVATION BEDS (NON-DISTINCT	.872359		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0258)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	60022829					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	20007609					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						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	5212863					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	324.50					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 (14-0258)	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						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0258)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	87538457					26
27						27
28	85172334					28
28.01						28.01
29	2366123					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0258) 1	HOSPITAL (14-0258) 1.01	HOSPITAL (14-0258) 1.02	
1 MEDICAL AND OTHER SERVICES	9608			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	26420608			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	24542773			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	3622			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	9608			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	48557			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	48557			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	48557			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	38949			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	9608			17
17.01 TOTAL PPS PAYMENTS	24546395			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0258) 1	HOSPITAL (14-0258) 1.01	HOSPITAL (14-0258) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	5545644		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	19010359		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	19010359		23
24 PRIMARY PAYER PAYMENTS	95930		24
25 SUBTOTAL	18914429		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	775607		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	542925		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	554946		27.02
28 SUBTOTAL	19457354		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	19457354		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	19608504		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-151150		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T258) 1	SUB I (14-T258) 1.01	SUB I (14-T258) 1.02	
1				1
1.01				1.01
1.02				1.02
1.03				1.03
1.04				1.04
1.05				1.05
1.06				1.06
1.07				1.07
2				2
3				3
4				4
5				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6				6
7				7
8				8
9				9
10				10
CUSTOMARY CHARGES				
11				11
12				12
13				13
14				14
15				15
16				16
17				17
17.01	19063			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-T258) 1	SUB I (14-T258) 1.01	SUB I (14-T258) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3940		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	15123		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	15123		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	15123		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	15123		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	15123		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	15123		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
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)			51
52 THE RATE USED TO CALCULATE THE TIME VALUE MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0258)

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		84098134		18907204	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.		801100		582500	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	08/10/2010 273100	08/10/2010	118800	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	273100		118800	3.99
4 TOTAL INTERIM PAYMENTS		85172334		19608504	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		2366123	-151150	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		87538457		19457354	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-T258)

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		17033396		15123	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.		3000		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/13/2010 44000		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	44000			3.99
4 TOTAL INTERIM PAYMENTS		17080396		15123	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		-16093		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		17064303		15123	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-T258)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	15928936				1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0048				1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	335400				1.04
1.05	OUTLIER PAYMENTS	1103220				1.05
1.06	TOTAL PPS PAYMENTS	17367556				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)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					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)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					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)	54.586301				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	17367556				4
5	PRIMARY PAYER PAYMENTS	59279				5
6	SUBTOTAL	17308277				6
7	DEDUCTIBLES	48336				7
8	SUBTOTAL	17259941				8
9	COINSURANCE	260895				9
10	SUBTOTAL	16999046				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	16999046				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 (14-T258)	SUB II	SUB III	SUB IV	
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		65257				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		17064303				17
18 SEQUESTRATION ADJUSTMENT						18
19 INTERIM PAYMENTS		17080396				19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)						19.01
20 BALANCE DUE PROVIDER/PROGRAM		-16093				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 PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)						50
51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)						51
52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)						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 (14-0258) (OTHER)	SUB I (14-T258) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	13607958	980719				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	13607958	980719				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	13607958	980719				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13607958	980719				22
23	COST OF COVERED SERVICES	13607958	980719				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	13607958	980719				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	13607958	980719				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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 (14-0258) (OTHER)	SUB I (14-T258) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	13607958	980719				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	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	5006000			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	48345000			4
5 OTHER RECEIVABLES	1177000			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	8055000			7
8 PREPAID EXPENSES	1085000			8
9 OTHER CURRENT ASSETS				9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	63668000			11
FIXED ASSETS				
12 LAND	1405000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	2266000			13
13.01 ACCUMULATED DEPRECIATION	-2261000			13.01
14 BUILDINGS	307041000			14
14.01 ACCUMULATED DEPRECIATION	-109927000			14.01
15 LEASEHOLD IMPROVEMENTS	7123000			15
15.01 ACCUMULATED AMORTIZATION	-1353000			15.01
16 FIXED EQUIPMENT	37352000			16
16.01 ACCUMULATED DEPRECIATION	-34974000			16.01
17 AUTOMOBILES AND TRUCKS	328000			17
17.01 ACCUMULATED DEPRECIATION	-342000			17.01
18 MAJOR MOVABLE EQUIPMENT	118254000			18
18.01 ACCUMULATED DEPRECIATION	-101899000			18.01
19 MINOR EQUIPMENT DEPRECIABLE	2378000			19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	225391000			21
OTHER ASSETS				
22 INVESTMENTS	32000000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	18423000			25
26 TOTAL OTHER ASSETS	50423000			26
27 TOTAL ASSETS	339482000			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10253000			28
29 SALARIES, WAGES & FEES PAYABLE				29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	41853000			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	23835000			35
36 TOTAL CURRENT LIABILITIES	75941000			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	29620000			41
42 TOTAL LONG TERM LIABILITIES	29620000			42
43 TOTAL LIABILITIES	105561000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	233921000			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	233921000			51
52 TOTAL LIABILITIES AND FUND BALANCES	339482000			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	246724000			1
2 NET INCOME (LOSS)	13630000			2
3 TOTAL	260354000			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 MINORITY INTEREST	96000			5
6 NET ASSETS RELEASED	167000			6
7				7
8				8
9				9
10 TOTAL ADDITIONS	263000			10
11 SUBTOTAL	260617000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERS TO AFFILIATES	26696000			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	26696000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	233921000			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	116231000		116231000	1
4 SUBPROVIDER I	247000000		247000000	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	140931000		140931000	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	217490000		217490000	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	217490000		217490000	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	162680000		162680000	16
19 ANCILLARY SERVICES	731241000	640897000	1372138000	17
18.50 OUTPATIENT SERVICES				18
18.60 RHC				18.50
19 FQHC				18.60
20 HOME HEALTH AGENCY		131700000	131700000	19
21 AMBULANCE				20
22 CORF				21
23 ASC				22
24 HOSPICE		1343000	1343000	23
25 HOSPICE		1343000	1343000	24
TOTAL PATIENT REVENUES	893921000	655410000	1549331000	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		405171671	26
27 ADD (SPECIFY)			27
28 NEUROMEG	1045000		28
29 WORKPLACE SOLUTIONS	1921000		29
30 INTEREST	10980000		30
31			31
32			32
33 TOTAL ADDITIONS		13946000	33
34 DEDUCT (SPECIFY)			34
35 ROUNDING	-36671		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-36671		39
40 TOTAL OPERATING EXPENSES		419081000	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1549331000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	1127154000	2
3	NET PATIENT REVENUES	422177000	3
4	LESS - TOTAL OPERATING EXPENSES	419081000	4
5	NET INCOME FROM SERVICE TO PATIENTS	3096000	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	729000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1423000	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		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	242000	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CAPITATION REVENUE	2185000	24
24.01	REHAB OTHER INCOME	467000	24.01
24.02	ANSWERING SERVICE	370000	24.02
24.03	INTERCO RENT	316000	24.03
24.04	EMERGENCY OTHER INCOME	109000	24.04
24.05	RESTRICTED FUNDS UTILIZATION	730000	24.05
24.06	POWERHOUSE	28000	24.06
24.07	TERTIARY CARE	278000	24.07
24.08	OTHER OPERATING	1738000	24.08
24.09	PHYSICIAN APPLICATION FEES	78000	24.09
24.10	MINORITY INTEREST	103000	24.10
24.11	PHYSICIAN OFFICE RENTAL	1590000	24.11
24.12	REFERENCE LAB	148000	24.12
25	TOTAL OTHER INCOME	10534000	25
26	TOTAL	13630000	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	13630000	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

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 HHA REIMBURSABLE SERVICES	1483941	416087	214573		572128	2686729 5
6 SKILLED NURSING CARE	2158456					2158456 6
7 PHYSICAL THERAPY	1195364					1195364 7
8 OCCUPATIONAL THERAPY	510140					510140 8
9 SPEECH PATHOLOGY	47189					47189 9
10 MEDICAL SOCIAL SERVICES	21795					21795 10
11 HOME HEALTH AIDE	412620					412620 11
12 SUPPLIES					73944	73944 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	5829505	416087	214573		646072	7106237 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7583

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
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 HHA REIMBURSABLE SERVICES		2686729		2686729	5
6 SKILLED NURSING CARE		2158456		2158456	6
7 PHYSICAL THERAPY		1195364		1195364	7
8 OCCUPATIONAL THERAPY		510140		510140	8
9 SPEECH PATHOLOGY		47189		47189	9
10 MEDICAL SOCIAL SERVICES		21795		21795	10
11 HOME HEALTH AIDE		412620		412620	11
12 SUPPLIES		73944		73944	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		7106237		7106237	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7583

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	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	2686729					2686729	2686729	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2158456					2158456	1312179	3470635
7 PHYSICAL THERAPY	1195364					1195364	726692	1922056
8 OCCUPATIONAL THERAPY	510140					510140	310127	820267
9 SPEECH PATHOLOGY	47189					47189	28687	75876
10 MEDICAL SOCIAL SERVICES	21795					21795	13250	35045
11 HOME HEALTH AIDE	412620					412620	250842	663462
12 SUPPLIES	73944					73944	44952	118896
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	7106237					7106237		7106237

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/31/2011 12:50

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-2686729	4419508	5
6 SKILLED NURSING CARE						2158456	6
7 PHYSICAL THERAPY						1195364	7
8 OCCUPATIONAL THERAPY						510140	8
9 SPEECH PATHOLOGY						47189	9
10 MEDICAL SOCIAL SERVICES						21795	10
11 HOME HEALTH AIDE						412620	11
12 SUPPLIES						73944	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					-2686729	4419508	24
25 COST TO BE ALLOC (PER W/S H)						2686729	25
26 UNIT COST MULTIPLIER						.607925	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7583

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED PASTORAL CARE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		464406		464406			1
2 SKILLED NURSING CARE		4574415		4574415	227398	4801813	2
3 PHYSICAL THERAPY		2533983		2533983	125967	2659950	3
4 OCCUPATIONAL THERAPY		1081016		1081016	53738	1134754	4
5 SPEECH PATHOLOGY		99546		99546	4949	104495	5
6 MEDICAL SOCIAL SERVICES		45861		45861	2280	48141	6
7 HOME HEALTH AIDE		868220		868220	43160	911380	7
8 SUPPLIES		139074		139074	6914	145988	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		9806521		9806521	464406	9806521	20
21 UNIT COST MULTIPLIER					.049711		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT TELEPHONES NUMBER OF PHONES	DATA PROCESSING TIME SPENT	PURCHASING STOREROOM SUPPLY EXPENSE	
	1	2	3	4	5	6.01	6.02	6.03	
1 ADMINISTRATIVE AND GENERAL				5904	1483941	98		233855	1
2 SKILLED NURSING CARE					2158456				2
3 PHYSICAL THERAPY					1195364				3
4 OCCUPATIONAL THERAPY					510140				4
5 SPEECH PATHOLOGY					47189				5
6 MEDICAL SOCIAL SERVICES					21795				6
7 HOME HEALTH AIDE					412620				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				5904	5829505	98		233855	20
21 TOTAL COST TO BE ALLOCATED				4607	1113132	46231		10688	21
22 UNIT COST MULTIPLIER					.190948				22
22 UNIT COST MULTIPLIER				.780318		471.744898		.045704	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE 6.04	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.05	RECON- CILIATION 6A.06	ADMINI- STRATIVE & GENERAL ACCUM COST 6.06	MAINTEN- ANCE AND REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE- KEEPING SQUARE FEET 10	
1				344882					1
2				3882787					2
3				2150308					3
4				917677					4
5				84887					5
6				39207					6
7				742251					7
8				118896					8
9									9
9.20									9.20
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
19.50									19.50
20									20
21				8280895					20
22				1405367					21
22									22
22				.169712					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7583

WORKSHEET H-5
 PART II

HHA COST CENTER	DIETARY PATIENT DAYS 11	CAFETERIA (FULL TIME EQUIV'S) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14	CENTRAL SERVICES & SUPPLY EXPENSE 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS + LIBRARY PATIENT DAYS 17	SOCIAL SERVICE PATIENT DAYS 18	PARAMED ED PASTORAL CARE PATIENT DAYS 24
1 ADMINISTRATIVE AND GENERAL		2054		120551				1
2 SKILLED NURSING CARE		2580						2
3 PHYSICAL THERAPY		1480						3
4 OCCUPATIONAL THERAPY		600						4
5 SPEECH PATHOLOGY		20						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		6734		120551				20
21 TOTAL COST TO BE ALLOCATED		85277		34982				21
22 UNIT COST MULTIPLIER								22
22 UNIT COST MULTIPLIER		12.663647		.290184				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7583

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] 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	4801813		4801813	32416	148.13	1
2	PHYSICAL THERAPY	3	2659950		2659950	19577	135.87	2
3	OCCUPATIONAL THERAPY	4	1134754		1134754	6858	165.46	3
4	SPEECH PATHOLOGY	5	104495		104495	439	238.03	4
5	MEDICAL SOCIAL SERV	6	48141		48141	267	180.30	5
6	HOME HEALTH AIDE SERV	7	911380		911380	8204	111.09	6
7	TOTAL		9660533		9660533	67761		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							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	145988		145988	254972	.572565	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							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7583

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				2
2 TOTAL CHARGES				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				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				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		PART B SERVICES		
	1	2	3	4	
10 TOTAL REASONABLE COST					10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	5916875		3078607		10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	10850		11991		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	67028		48125		10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	46127		25324		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	2994		1117		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	6043874		3165164		12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL	6043874		3165164		14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST	6043874		3165164		16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	6043874		3165164		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	6043874		3165164		22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL	6043874		3165164		24
25 TOTAL INTERIM PAYMENTS	6043874		3165164		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.: 14-7583

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		6043874		3165164	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					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		6043874		3165164	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		6043874		3165164	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL					216850	216850 6
7 INPATIENT CARE SERVICE						7
8 INPATIENT - GENERAL CARE						8
9 INPATIENT - RESPITE CARE						9
10 VISITING SERVICES						10
11 PHYSICIAN SERVICES						11
12 NURSING CARE	548455	39262		216585		804302 12
13 NURSING CARE-CONTINUOUS HOME CARE						10.20 13
14 PHYSICAL THERAPY						14
15 OCCUPATIONAL THERAPY						15
16 SPEECH/LANGUAGE PATHOLOGY						16
17 MEDICAL SOCIAL SERVICES						17
18 SPIRITUAL COUNSELING						18
19 DIETARY COUNSELING						19
20 COUNSELING - OTHER						20
21 HOME HEALTH AIDE AND HOMEMAKER						21
22 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20 22
23 OTHER						23
24 OTHER HOSPICE SERVICE COSTS						24
25 DRUGS, BIOLOGICAL & INFUSION THERAPY						25
26 ANALGESICS						26
27 SEDATIVES / HYPNOTICS						20.31 27
28 OTHER - SPECIFY						20.32 28
29 DURABLE MEDICAL EQUIPMENT/OXYGEN						29
30 PATIENT TRANSPORTATION						30
31 IMAGING SERVICES						31
32 LABS AND DIAGNOSTICS						32
33 MEDICAL SUPPLIES						33
34 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						34
35 RADIATION THERAPY						35
36 CHEMOTHERAPY						36
37 OTHER						37
38 HOSPICE NONREIMBURSABLE SERVICE						38
39 BEREAVEMENT PROGRAM COSTS						39
40 VOLUNTEER PROGRAM COSTS						40
41 FUNDRAISING						41
42 OTHER PROGRAM COSTS						42
43 TOTAL	548455	39262		216585	216850	1021152 43

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1632

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL		216850		216850	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES					9
10 NURSING CARE		804302		804302	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES					14
15 SPIRITUAL COUNSELING					15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER					18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES					25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL		1021152		1021152	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1632

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10			23673		194979		8952	320851	548455 10
10.20									10.20
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34			23673		194979		8952	320851	548455 34

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1632

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								
14									39262
15									39262
16	NURSING CARE-CONT.HOME CARE								10.20
17	PHYSICAL THERAPY								11
18	OCCUPATIONAL THERAPY								12
19	SPEECH/LANGUAGE PATHOLOGY								13
20	MEDICAL SOCIAL SERVICES								14
21	SPIRITUAL COUNSELING								15
22	DIETARY COUNSELING								16
23	COUNSELING - OTHER								17
24	HH AIDE AND HOMEMAKER								18
25	HH AIDE & HMKR-CONT.HME CARE								18.20
26	OTHER								19
27	OTHER HOSPICE SERVICE COSTS								
28	DRUGS, BIOL. & INFUS. THER.								20
29	ANALGESICS								20.30
30	SEDATIVES / HYPNOTICS								20.31
31	OTHER - SPECIFY								20.32
32	DURABLE MED. EQUIP./OXYGEN								21
33	PATIENT TRANSPORTATION								22
34	IMAGING SERVICES								23
35	LABS AND DIAGNOSTICS								24
36	MEDICAL SUPPLIES								25
37	OUTPAT.SERV.(INCL.E/R DEPT.)								26
38	RADIATION THERAPY								27
39	CHEMOTHERAPY								28
40	OTHER								29
41	HOSPICE NONREIMBURSABLE SERVICE								
42	BEREAVEMENT PROGRAM COSTS								30
43	VOLUNTEER PROGRAM COSTS								31
44	FUNDRAISING								32
45	OTHER PROGRAM COSTS								33
46	TOTAL								39262
47									39262
48									34

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1632 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE				216585				216585 10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL				216585				216585 34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1632

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	216850						216850	216850	6
7									7
8									8
9									9
10	804302						804302	216850	1021152
10.20									10.20
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	1021152						1021152		1021152

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED PASTORAL CARE 24	ED SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1640		1640			1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE		1351697		1351697	1640	1353337	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE							9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS							13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO							15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES							20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		1353337		1353337		1353337	29
30 UNIT COST MULTIPLIER					.001213		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	NON PATIENT TELEPHONES NUMBER OF PHONES	DATA PROCESSING TIME SPENT	PURCHASING STOREROOM SUPPLY EXPENSE
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL								808
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				8054	177954			5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				8054	177954			808
30 TOTAL COST TO BE ALLOCATED				6100	104675			1402
31 UNIT COST MULTIPLIER					.588214			31
31 UNIT COST MULTIPLIER				.757388				1.735149

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	ADMITTING GROSS REVENUE	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS SQUARE FEET	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET
	6.04	6.05	6A.06	6.06	7	8	9	10
1 ADMINISTRATIVE AND GENERAL				1402				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE				1131927				5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				1133329				29
30 TOTAL COST TO BE ALLOCATED				192340				30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER				.169712				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	DIETARY PATIENT DAYS 11	CAFETERIA (FULL TIME EQUIV'S) 12	NURSING ADMINI- STRATION (DIRECT NRSG HRS) 14	CENTRAL SERVICES & SUPPLY EXPENSE 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS + LIBRARY PATIENT DAYS 17	SOCIAL SERVICE PATIENT DAYS 18	PARAMED ED PASTORAL CARE PATIENT DAYS 24
1 ADMINISTRATIVE AND GENERAL								1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE		100		100	100			5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		100		100	100			29
30 TOTAL COST TO BE ALLOCATED		10840		1743	15085			30
31 UNIT COST MULTIPLIER					150.850000			31
31 UNIT COST MULTIPLIER	108.400000		17.430000					31

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
 PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2011.03
 05/31/2011 12:50

APPORIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1632

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	50	0.225556	1
1.01	OP PHYSICAL THERAPY	50.01	0.313250	1.01
1.02	IP PHYSICAL THERAPY	50.02	0.246270	1.02
2	OCCUPATIONAL THERAPY	51		2
3	SPEECH/LANGUAGE PATHOLOGY	52		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.197877	4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.093719	6
7	MEDICAL SUPPLIES	55		7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	0.632474	7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.222838	8
9	RADIATION THERAPY	41	0.182572	9
9.01	ULTRASOUND	41.01	0.121436	9.01
9.02	CAT SCANNER	41.02	0.045867	9.02
9.03	MRI	41.03	0.077451	9.03
9.04	PET SCAN	41.04	0.224642	9.04
9.05	RADIATION ONCOLOGY	41.05	0.152473	9.05
9.06	MAMMOGRAPHY	41.06	0.383806	9.06
10	PSYCHOLOGY	59		10
10.97	CARDIAC REHABILITATION	59.97		10.97
10.98	HYPERBARIC OXYGEN THERAPY	59.98		10.98
10.99	LITHOTRIPSY	59.99		10.99
11	TOTALS			11

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2011.03
05/31/2011 12:50

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1632

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				1353337	1
2 TOTAL UNDUPLICATED DAYS				3322	2
3 AGGREGATE COST PER DIEM				407.39	3
4 UNDUPLICATED MEDICARE DAYS	3322				4
5 AGGREGATE MEDICARE COST	1353350				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS					12
13 AGGREGATE COST FOR OTHER DAYS					13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0258)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	6564177				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	209090				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD
					[E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0117				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.1475				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.1592				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0328				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	215305				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	6988572				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 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
6.01 NON PATIENT TELEPHONES					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING/STOREROOM					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING/ACCTS. RECEIVABLE					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
24 PARAMED ED PRGM-PASTORAL CARE					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 GAMMA KNIFE					37.01
37.02 ENDOSCOPY					37.02
37.03 IMPLANTS					37.03
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CAT SCANNER					41.02
41.03 MRI					41.03
41.04 PET SCAN					41.04
41.05 RADIATION ONCOLOGY					41.05
41.06 MAMMOGRAPHY					41.06
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
50.02 IP PHYSICAL THERAPY					50.02
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
53.02 CARDIAC REHAB					53.02
54 ELECTROENCEPHALOGRAPHY					54
54.01 NEURO MEG					54.01
54.02 SLEEP LAB					54.02
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 PSYCHOLOGY					59
59.97 CARDIAC REHABILITATION					59.97
59.98 HYPERBARIC OXYGEN THERAPY					59.98
59.99 LITHOTRIPSY					59.99
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 DAY REHABILITATION					60.01
60.02 OUTPATIENT IMAGING CENTERS					60.02
60.03 IMMEDIATE CARE CENTERS					60.03
60.04 COUMADIN CLINIC					60.04
60.05 WOUND CLINIC					60.05
60.06 ENTEROSTOMAL THERAPY					60.06
61 EMERGENCY					61

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
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 THERAP					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
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CA					96
96.02 NON ALLOW CLINICS					96.02
97 RESEARCH					97
97.01 EPILEPSY					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
99.01 RETAIL PHARMACY					99.01
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	52.09		14.99				67.08 25
26 INTENSIVE CARE UNIT	53.24		5.19				58.43 26
33 NURSERY			16.01				16.01 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	24.05	8.30					32.35 37
37.01 GAMMA KNIFE	1.18	31.35					32.53 37.01
37.02 ENDOSCOPY	12.36	26.52					38.88 37.02
38 RECOVERY ROOM	23.32	8.53					31.85 38
40 ANESTHESIOLOGY	21.79	8.22					30.01 40
41 RADIOLOGY-DIAGNOSTIC	27.15	14.80					41.95 41
41.01 ULTRASOUND	22.72	12.10					34.82 41.01
41.02 CAT SCANNER	22.63	15.52					38.15 41.02
41.03 MRI	19.87	14.15					34.02 41.03
41.04 PET SCAN	0.79	45.34					46.13 41.04
41.05 RADIATION ONCOLOGY	2.95	38.80					41.75 41.05
41.06 MAMMOGRAPHY	0.12	10.94					11.06 41.06
43 RADIOISOTOPE	30.02	18.39					48.41 43
44 LABORATORY	24.89	1.31					26.20 44
47 BLOOD STORING, PROCESSING & TRA	41.73	4.76					46.49 47
48 INTRAVENOUS THERAPY	54.28	0.80					55.08 48
49 RESPIRATORY THERAPY	57.00	1.24					58.24 49
50.02 IP PHYSICAL THERAPY	64.36						64.36 50.02
53 ELECTROCARDIOLOGY	36.69	10.97					47.66 53
53.01 CATH LAB	49.67	7.62					57.29 53.01
53.02 CARDIAC REHAB	4.14	42.43					46.57 53.02
54 ELECTROENCEPHALOGRAPHY	22.17	18.30					40.47 54
54.01 NEURO MEG		21.14					21.14 54.01
54.02 SLEEP LAB		25.72					25.72 54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	31.70	6.38					38.08 55.30
56 DRUGS CHARGED TO PATIENTS	36.55	11.62					48.17 56
57 RENAL DIALYSIS	54.12	3.85					57.97 57
60 CLINIC	2.25	39.68					41.93 60
60.02 OUTPATIENT IMAGING CENTERS	0.41	29.16					29.57 60.02
60.04 COUMADIN CLINIC	0.03	63.64					63.67 60.04
60.05 WOUND CLINIC	0.17	55.38					55.55 60.05
61 EMERGENCY	17.20	10.40					27.60 61
62 OBSERVATION BEDS (NON-DISTINCT)		20.09					20.09 62
101 TOTAL CHARGES	23.95	9.36					33.31 101

***** 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	66.30		4.14				70.44 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
37.02 ENDOSCOPY	0.03						0.03 37.02
38 RECOVERY ROOM	0.04						0.04 38
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.93	0.03					0.96 41
41.01 ULTRASOUND	0.72						0.72 41.01
41.02 CAT SCANNER	0.33	0.01					0.34 41.02
41.03 MRI	0.22						0.22 41.03
41.05 RADIATION ONCOLOGY	0.40						0.40 41.05
41.06 MAMMOGRAPHY	0.01						0.01 41.06
43 RADIOISOTOPE	0.38						0.38 43
44 LABORATORY	2.04						2.04 44
47 BLOOD STORING, PROCESSING & TRA	0.77						0.77 47
48 INTRAVENOUS THERAPY	0.98						0.98 48
49 RESPIRATORY THERAPY	1.97						1.97 49
50 PHYSICAL THERAPY	65.87						65.87 50
53 ELECTROCARDIOLOGY	0.27	0.01					0.28 53
53.01 CATH LAB	0.16						0.16 53.01
53.02 CARDIAC REHAB	0.01						0.01 53.02
54 ELECTROENCEPHALOGRAPHY	0.19						0.19 54
55.30 IMPL. DEV. CHARGED TO PATIENT	0.04						0.04 55.30
56 DRUGS CHARGED TO PATIENTS	3.28	0.07					3.35 56
57 RENAL DIALYSIS	9.83						9.83 57
60 CLINIC	0.23						0.23 60
61 EMERGENCY	0.04						0.04 61
101 TOTAL CHARGES	1.78	0.01					1.79 101

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	18217465	4.73	-18217465	-11.23		3
4	NEW CAP REL COSTS-MVBLE EQUIP	5039629	1.31	-5039629	-3.11		4
5	EMPLOYEE BENEFITS	26434297	6.87	-26434297	-16.29		5
6.01	NON PATIENT TELEPHONES	713339	.19	-713339	-.44		6.01
6.02	DATA PROCESSING	11010248	2.86	-11010248	-6.78		6.02
6.03	PURCHASING/STOREROOM	2454899	.64	-2454899	-1.51		6.03
6.04	ADMITTING	2050113	.53	-2050113	-1.26		6.04
6.05	CASHIERING/ACCTS. RECEIVABLE	5258531	1.37	-5258531	-3.24		6.05
6.06	ADMINISTRATIVE & GENERAL	50621750	13.16	-50621750	-31.19		6.06
7	MAINTENANCE & REPAIRS	2266009	.59	-2266009	-1.40		7
8	OPERATION OF PLANT	12072112	3.14	-12072112	-7.44		8
9	LAUNDRY & LINEN SERVICE	1464828	.38	-1464828	-.90		9
10	HOUSEKEEPING	4085869	1.06	-4085869	-2.52		10
11	DIETARY	3728332	.97	-3728332	-2.30		11
12	CAFETERIA	769722	.20	-769722	-.47		12
14	NURSING ADMINISTRATION	2426245	.63	-2426245	-1.50		14
15	CENTRAL SERVICES & SUPPLY	1289821	.34	-1289821	-.79		15
16	PHARMACY	5285088	1.37	-5285088	-3.26		16
17	MEDICAL RECORDS & LIBRARY	3624296	.94	-3624296	-2.23		17
18	SOCIAL SERVICE	3110614	.81	-3110614	-1.92		18
24	PARAMED ED PRGM-PASTORAL CARE	356354	.09	-356354	-.22		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	38420361	9.98	43425803	26.76	81846164	21.27
26	INTENSIVE CARE UNIT	9431257	2.45	8540353	5.26	17971610	4.67
31	SUBPROVIDER I	12307674	3.20	11377023	7.01	23684697	6.16
33	NURSERY	1542464	.40	1000821	.62	2543285	.66
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	19130514	4.97	13731894	8.46	32862408	8.54
37.01	GAMMA KNIFE	1902769	.49	923209	.57	2825978	.73
37.02	ENDOSCOPY	3339222	.87	2403649	1.48	5742871	1.49
37.03	IMPLANTS						
38	RECOVERY ROOM	1741970	.45	1606127	.99	3348097	.87
39	DELIVERY ROOM & LABOR ROOM	3219718	.84	3237842	2.00	6457560	1.68
40	ANESTHESIOLOGY	1163058	.30	1024503	.63	2187561	.57
41	RADIOLOGY-DIAGNOSTIC	3124351	.81	2652797	1.63	5777148	1.50
41.01	ULTRASOUND	1435825	.37	1307435	.81	2743260	.71
41.02	CAT SCANNER	2515995	.65	2560728	1.58	5076723	1.32
41.03	MRI	1610762	.42	1585405	.98	3196167	.83
41.04	PET SCAN	902825	.23	386432	.24	1289257	.34
41.05	RADIATION ONCOLOGY	1695147	.44	1886911	1.16	3582058	.93
41.06	MAMMOGRAPHY	1565924	.41	1208674	.74	2774598	.72
43	RADIOISOTOPE	1472048	.38	1153887	.71	2625935	.68
44	LABORATORY	12870721	3.34	8483778	5.23	21354499	5.55
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
47 BLOOD STORING, PROCESSING & TRA	3056863	.79	1004727	.62	4061590	1.06	47
48 INTRAVENOUS THERAPY	2420779	.63	1003648	.62	3424427	.89	48
49 RESPIRATORY THERAPY	3099505	.81	2113306	1.30	5212811	1.35	49
50 PHYSICAL THERAPY	2861705	.74	2102964	1.30	4964669	1.29	50
50.01 OP PHYSICAL THERAPY	2061112	.54	1481512	.91	3542624	.92	50.01
50.02 IP PHYSICAL THERAPY	1604641	.42	825976	.51	2430617	.63	50.02
53 ELECTROCARDIOLOGY	877397	.23	1118190	.69	1995587	.52	53
53.01 CATH LAB	22534812	5.86	9191697	5.66	31726509	8.25	53.01
53.02 CARDIAC REHAB	625978	.16	594394	.37	1220372	.32	53.02
54 ELECTROENCEPHALOGRAPHY	120444	.03	317567	.20	438011	.11	54
54.01 NEURO MEG	376114	.10	251016	.15	627130	.16	54.01
54.02 SLEEP LAB	606662	.16	861216	.53	1467878	.38	54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	17528067	4.56	4384636	2.70	21912703	5.69	55.30
56 DRUGS CHARGED TO PATIENTS	17730165	4.61	11888899	7.33	29619064	7.70	56
57 RENAL DIALYSIS	1207503	.31	372380	.23	1579883	.41	57
59 PSYCHOLOGY							59
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	1399803	.36	1567370	.97	2967173	.77	60
60.01 DAY REHABILITATION	761694	.20	517586	.32	1279280	.33	60.01
60.02 OUTPATIENT IMAGING CENTERS	4107366	1.07	1578469	.97	5685835	1.48	60.02
60.03 IMMEDIATE CARE CENTERS							60.03
60.04 COUMADIN CLINIC	244181	.06	146598	.09	390779	.10	60.04
60.05 WOUND CLINIC	1347552	.35	1062001	.65	2409553	.63	60.05
60.06 ENTEROSTOMAL THERAPY							60.06
61 EMERGENCY	6734272	1.75	4958692	3.06	11692964	3.04	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	7106237	1.85	2700284	1.66	9806521	2.55	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	1021152	.27	332185	.20	1353337	.35	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	249057	.06	229863	.14	478920	.12	96
96.02 NON ALLOW CLINICS	1166		2870		4036		96.02
97 RESEARCH	179165	.05	199153	.12	378318	.10	97
97.01 EPILEPSY	425348	.11	353271	.22	778619	.20	97.01

PROVIDER NO. 14-0258 ALEXIAN BROTHERS MEDICAL CENTE
PERIOD FROM 01/01/2010 TO 12/31/2010

KPMG LLP COMPU-MAX MICRO SYSTEM
CMS-2552-96 - SUMMARY REPORT 98

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COST CENTER	---	DIRECT COSTS	---	--	ALLOCATED OVERHEAD	--	---	TOTAL COSTS	---
		AMOUNT	%		AMOUNT	%		AMOUNT	%
98	PHYSICIANS' PRIVATE OFFICES	1456036	.38		747549	.46		2203585	.57
99	NONPAID WORKERS				11183	.01		11183	.01
99.01	RETAIL PHARMACY	1365138	.35		1863088	1.15		3228226	.84
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	384782080	100.00		0	.00		384782080	100.00

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2430576	164850368	.014744	39648398	584576	37
37.01 GAMMA KNIFE	189209	12029007	.015729	141680	2228	37.01
37.02 ENDOSCOPY	345469	43024593	.008030	5317521	42700	37.02
37.03 IMPLANTS						37.03
38 RECOVERY ROOM	254031	22638681	.011221	5279965	59246	38
39 DELIVERY ROOM & LABOR ROOM	745112	11151457	.066817			39
40 ANESTHESIOLOGY	122049	32075157	.003805	6988140	26590	40
41 RADIOLOGY-DIAGNOSTIC	627308	31643179	.019824	8591867	170325	41
41.01 ULTRASOUND	230519	22590177	.010204	5132367	52371	41.01
41.02 CAT SCANNER	215273	110684661	.001945	25045062	48713	41.02
41.03 MRI	281284	41266721	.006816	8200016	55891	41.03
41.04 PET SCAN	64979	5739163	.011322	45615	516	41.04
41.05 RADIATION ONCOLOGY	523934	23493034	.022302	692145	15436	41.05
41.06 MAMMOGRAPHY	311546	7229166	.043096	8828	380	41.06
43 RADIOISOTOPE	250710	16703859	.015009	5015069	75271	43
44 LABORATORY	863810	227856351	.003791	56708889	214983	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	46280	11515845	.004019	4805806	19315	47
48 INTRAVENOUS THERAPY	58004	3466844	.016731	1881856	31485	48
49 RESPIRATORY THERAPY	186845	50312280	.003714	28675529	106501	49
50 PHYSICAL THERAPY	305601	22010823	.013884			50
50.01 OP PHYSICAL THERAPY	235496	11309255	.020823			50.01
50.02 IP PHYSICAL THERAPY	42879	9869708	.004345	6352204	27600	50.02
53 ELECTROCARDIOLOGY	152549	38866319	.003925	14258243	55964	53
53.01 CATH LAB	990098	129612636	.007639	64375172	491762	53.01
53.02 CARDIAC REHAB	151272	1344813	.112486	55612	6256	53.02
54 ELECTROENCEPHALOGRAPHY	87000	2495647	.034861	553204	19285	54
54.01 NEURO MEG	93365	918513	.101648			54.01
54.02 SLEEP LAB	263255	5471256	.048116			54.02
55.30 IMPL. DEV. CHARGED TO PATIENT	74552	34646016	.002152	10983137	23636	55.30
56 DRUGS CHARGED TO PATIENTS	294199	149683942	.001965	54712082	107509	56
57 RENAL DIALYSIS	41484	5993492	.006922	3243932	22454	57
59 PSYCHOLOGY						59
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	370966	5653626	.065616	127030	8335	60
60.01 DAY REHABILITATION	78589	4300061	.018276			60.01
60.02 OUTPATIENT IMAGING CENTERS	215745	30687592	.007030	126047	886	60.02
60.03 IMMEDIATE CARE CENTERS						60.03
60.04 COUMADIN CLINIC	21006	625518	.033582	193	6	60.04
60.05 WOUND CLINIC	229771	8714396	.026367	15010	396	60.05
60.06 ENTEROSTOMAL THERAPY						60.06
61 EMERGENCY	665000	52472903	.012673	9023309	114352	61
62 OBSERVATION BEDS (NON-DISTINCT	317812	4505041	.070546			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	12377577	1357452100		366003928	2384968	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	6618696		6618696	79826	82.91	41581	3447481 25
26	INTENSIVE CARE UNIT	1341522		1341522	9372	143.14	4990	714269 26
101	TOTAL	7960218		7960218			46571	4161750 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4161750	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2384968	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							6546718	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							8783	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							46571	
PER DISCHARGE CAPITAL COSTS							745.39	
PER DIEM CAPITAL COSTS							140.57	

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)	110997199
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	444595309
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.250

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))	20845340
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	43632282
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.478

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)	6546718
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

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)	26363468
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)	142776954
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.185