

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 ST. CATHERINE HOSPITAL (15-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2009 AND ENDING 06/30/2010, 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
	1	2	3
1	HOSPITAL	386190	55537
2	SUBPROVIDER I		
2.01	SUBPROVIDER II	69935	
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY		
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	456125	55537

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  
 (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		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		25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	YES	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	YES	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
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	158054		40
40.01	NAME: COMMUNITY FOUNDATION OF NOR FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:				40.01
40.02	STREET: 10010 DONALD S POWERS DRIVE		P.O.BOX: STE 201		40.02
40.03	CITY: MUNSTER		STATE: IN ZIP CODE: 46321		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ 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
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	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: PAID LOSSES: 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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		YES			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		NO			58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		NO			60.01
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:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	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	10/15/2010		63





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		2927	2549	7388
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		2927	2549	7388
13 RPCH VISITS				13
14 SUBPROVIDER I		199	287	818
14.01 SUBPROVIDER II		613	43	703
15 SKILLED NURSING FACILITY				15
16 NURSING FACILITY				16
17 OTHER LONG TERM CARE				17
18 HOME HEALTH AGENCY				18
20 ASC (DISTINCT PART)				20
21 HOSPICE (DISTINCT PART)				21
23 O/P REHAB PROVIDER				23
24 RHC I				24
25 TOTAL				25
26 OBSERVATION BED DAYS				26
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	54244445		54244445	1996876.00	27.16		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B	641102		641102	7990.32	80.23	CRNA ONLY	3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	3697215		3697215	22590.00	163.67		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL	5153849		5153849	124924.00	41.26		7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	8071628		8071628	265347.00	30.42		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	4166		4166	69.69	59.78	HOSP RECORDS	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	613733		613733	3682.00	166.68		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	10603519		10603519			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1039434		1039434			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B	367986		367986			CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	878532		878532			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	425202		425202	13351.00	31.85		21
22	ADMINISTRATIVE & GENERAL	5239236		5239236	172712.00	30.34		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	432589		432589	2946.18	146.83		22.01
23	MAINTENANCE & REPAIRS	1070890		1070890	37930.00	28.23		23
24	OPERATION OF PLANT	397515		397515	17161.00	23.16		24
25	LAUNDRY & LINEN SERVICE	81219		81219	6180.00	13.14		25
26	HOUSEKEEPING	1664620		1664620	109928.00	15.14		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1472281	-850669	621612	41113.84	15.12		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		850669	850669	52266.16	16.28		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1146100		1146100	37416.00	30.63		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	1329649		1329649	37100.00	35.84		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1114811		1114811	55354.00	20.14		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	45184868		45184868	1844317.86	24.50	1
2	EXCLUDED AREA SALARIES	8071628		8071628	265347.00	30.42	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	37113240		37113240	1578970.86	23.50	3
4	SUBTOTAL OTHER WAGES & REL COSTS	617899		617899	3751.69	164.70	4
5	SUBTOTAL WAGE-RELATED COSTS	10603519		10603519		28.57%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	48334658		48334658	1582722.55	30.54	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	14374112		14374112	583458.18	24.64	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		12093		1337	13430	1
2 UNDUPLICATED CENSUS COUNT		244.00	109.00	99.00	452.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	2.06		2.06	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL	5.66		5.66	5
6 DIRECT NURSING SERVICE	9.63		9.63	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		1.40	1.40	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.44	1.44	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE				14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	4.76		4.76	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	1	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)			23844	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 15-7453

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	11383	784	106	86		12359	21
22	SKILLED NURSING VISIT CHARGES	1698710	118152	14076	12836		1843774	22
23	PHYSICAL THERAPY VISITS	2924	54	9	29		3016	23
24	PHYSICAL THERAPY VISIT CHARGES	509841	9432	1575	5121		525969	24
25	OCCUPATIONAL THERAPY VISITS	1600	39	2	16		1657	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	278533	6750	360	2754		288397	26
27	SPEECH PATHOLOGY VISITS							27
28	SPEECH PATHOLOGY VISIT CHARGES							28
29	MEDICAL SOCIAL SERVICE VISITS	9	1				10	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	1785	205				1990	30
31	HOME HEALTH AIDE VISITS	5701	280	4	36		6021	31
32	HOME HEALTH AIDE VISIT CHARGES	650650	32690	470	4190		688000	32
33	TOTAL VISITS	21617	1158	121	167		23063	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	3139519	167229	16481	24901		3348130	35
36	TOTAL NUMBER OF EPISODES							36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	215065	437	485			215987	38

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	8079000	17
17.01	GROSS MEDICAID REVENUES	13773305	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	21852305	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.382766	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	70800689	28
29	TOTAL GROSS MEDICAID COST	27100097	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	22067397	30
31	UNCOMPENSATED CARE COST	8446649	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	27100097	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	
71	7100 HOME HEALTH AGENCY	1257343	603018	1860361	-114950	1745411		1745411	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	50547204	109906606	160453810	482258	160936068	-50067888	110868180	95
	NONREIMBURSABLE COST CENTERS								
98	9800 PHYSICIANS' PRIVATE OFFICES	3697215	1938871	5636086	-472229	5163857	-187324	4976533	98
100	7950 OTHER NON REIM COST CENTER	26	88852	88878	-8153	80725		80725	100
100.03	7951 ADVERTISING EXPENSE		199981	199981	-1876	198105	-3952	194153	100.03
100.04	7952 REGENCY HOSPITAL								100.04
100.05	7953 UNUSED SPACE								100.05
101	TOTAL	54244445	112134310	166378755		166378755	-50259164	116119591	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	A				1
2	A				2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9	A				9
10	A				10
11	A				11
12	A				12
13	A				13
14	A				14
15	A				15
16	A				16
17	A				17
18	A				18
19	A				19
20	A				20
21	A				21
22	A				22
23	A				23
24	A				24
25	A				25
26	A				26
27	A				27
28	A				28
29	A				29
30	A				30
31	A	MEDICAL SUPPLIES CHARGED TO P	55		8190740 31
32	B	DRUGS CHARGED TO PATIENTS			32
33	B				33
34	B				34
35	B				35
36		SUBTOTAL			8190740 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 MEDICAL SUPPLIES CHARGED TO PATIE	A	CENTRAL SERVICES & SUPPLY	15		12802	1
2	A	MEDICAL RECORDS & LIBRARY	17		29	2
3	A	ADULTS & PEDIATRICS	25		977316	3
4	A	INTENSIVE CARE UNIT	26		298507	4
5	A	SUBPROVIDER I	31		11702	5
6	A	SUBPROVIDER II	31.01		147145	6
7	A	OPERATING ROOM	37		2154304	7
8	A	RECOVERY ROOM	38		103203	8
9	A	ANESTHESIOLOGY	40		227952	9
10	A	RADIOLOGY-DIAGNOSTIC	41		35850	10
11	A	ULTRASOUND	41.01		20483	11
12	A	RADIOISOTOPE	43		9102	12
13	A	LABORATORY	44		968285	13
14	A	WHOLE BLOOD & PACKED RED BLOO	46		110997	14
15	A	CARDIAC REHAB	47.01		2494	15
16	A	NON INVASIVE LAB	47.02		21709	16
17	A	RESPIRATORY THERAPY	49		113903	17
18	A	PHYSICAL THERAPY	50		37696	18
19	A	OCCUPATIONAL THERAPY	51		5559	19
20	A	SPEECH PATHOLOGY	52		300	20
21	A	ELECTROENCEPHALOGRAPHY	54		12305	21
22	A	CAT SCAN	56.01		89267	22
23	A	CARDIAC CATHETERIZATION LAB	56.02		2046058	23
24	A	ONCOLOGY	58.01		13935	24
25	A	CLINIC	60		56771	25
26	A	EMERGENCY	61		516553	26
27	A	HOME HEALTH AGENCY	71		107390	27
28	A	PHYSICIANS' PRIVATE OFFICES	98		82679	28
29	A	ADVERTISING EXPENSE	100.03		60	29
30	A	OTHER NON REIM COST CENTER	100		6385	30
31	A					31
32 DRUGS CHARGED TO PATIENTS	B	PHARMACY	16		3962960	32
33	B	ADULTS & PEDIATRICS	25		2493	33
34	B	INTENSIVE CARE UNIT	26		606	34
35	B	SUBPROVIDER I	31		396	35
36 SUBTOTAL					12157196	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	B				1
2	B				2
3	B				3
4	B				4
5	B				5
6	B				6
7	B				7
8	B				8
9	B				9
10	B				10
11	B				11
12	B	DRUGS CHARGED TO PATIENTS	56		4421821 12
13	C	CAFETERIA RECLASS			13
14	C	CAFETERIA	12	850669	770239 14
15	D	UNASSIGNED DEPRECIATION RECLASS	3		2673844 15
16	D	NEW CAP REL COSTS-BLDG & FIXT	4		1923977 16
17	E	UNASSIGNED INTEREST RECLASS	3		1880968 17
18	E	NEW CAP REL COSTS-BLDG & FIXT	4		5956 18
19	F	RECLASS LABOR AND DELIVERY EXPENSE	39	846929	146838 19
20	G	RECLASS RENTAL EXPENSE EQPMT	3		1193840 20
21	G				21
22	G				22
23	G				23
24	G				24
25	G				25
26	G				26
27	G				27
28	G				28
29	G				29
30	G				30
31	G				31
32	G				32
33	G				33
34	G				34
35	G				35
36		SUBTOTAL		1697598	21208223 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	B	SUBPROVIDER II	31.01		699	1
2	B	OPERATING ROOM	37		1555	2
3	B	RECOVERY ROOM	38		317	3
4	B	ANESTHESIOLOGY	40		52182	4
5	B	RADIOISOTOPE	43		225934	5
6	B	RESPIRATORY THERAPY	49		35299	6
7	B	CARDIAC CATHETERIZATION LAB	56.02		1518	7
8	B	CLINIC	60		61021	8
9	B	EMERGENCY	61		1195	9
10	B	HOME HEALTH AGENCY	71		184	10
11	B	PHYSICIANS' PRIVATE OFFICES	98		75463	11
12	B					12
13	C	CAFETERIA RECLASS		850669	770239	13
14	C					14
15	D	UNASSIGNED DEPRECIATION RECLASS				9 15
16	D	OTHER ADMIN & GENERAL	6.05		4597822	9 16
17	E	UNASSIGNED INTEREST RECLASS	6.05		1880968	11 17
18	E	OTHER ADMIN & GENERAL	6.05		5956	11 18
19	F	RECLASS LABOR AND DELIVERY EXPENS	25	846929	146838	19
20	G	RECLASS RENTAL EXPENSE EQPMT	5		322	10 20
21	G	EMPLOYEE BENEFITS	5.01		5409	21
22	G	MAINTENANCE OF PERSONNEL	6.01		150	22
23	G	NONPATIENT TELEPHONES	6.03		6152	23
24	G	ADMITTING	6.04		26	24
25	G	CASHIERING ACCOUNTS RECEIVABL	6.05		28703	25
26	G	OTHER ADMIN & GENERAL	7		45711	26
27	G	MAINTENANCE & REPAIRS	8		2254	27
28	G	OPERATION OF PLANT	9		45	28
29	G	LAUNDRY & LINEN SERVICE	10		10286	29
30	G	HOUSEKEEPING	11		24440	30
31	G	DIETARY	14		1092	31
32	G	NURSING ADMINISTRATION	15		231544	32
33	G	CENTRAL SERVICES & SUPPLY	16		2762	33
34	G	PHARMACY	17		3778	34
35	G	MEDICAL RECORDS & LIBRARY	25		3486	35
36	G	ADULTS & PEDIATRICS		1697598	20380546	36
		SUBTOTAL				

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	G				9
10	G				10
11	G				11
12	G				12
13	G				13
14	G				14
15	G				15
16	G				16
17	G				17
18	G				18
19	G				19
20	G				20
21	G				21
22	G				22
23	G				23
24	G				24
25	G				25
26	G				26
27	G				27
28	H	NEW CAP REL COSTS-BLDG & FIXT	3		225464 28
29	H				29
30	I	EMPLOYEE BENEFITS	5		12889471 30
31	J	NEW CAP REL COSTS-BLDG & FIXT	3		26501 31
32	K	OPERATION OF PLANT	8		44666 32
33	L	CASHIERING ACCOUNTS RECEIVABL	6.04		31744 33
34					34
35					35
36		TOTAL RECLASSIFICATIONS		1697598	34426069 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	G	INTENSIVE CARE UNIT	26		289	1
2	G	SUBPROVIDER I	31		4584	2
3	G	SUBPROVIDER II	31.01		5531	3
4	G	OPERATING ROOM	37		135542	4
5	G	RECOVERY ROOM	38		2005	5
6	G	RECOVERY ROOM	38		225	6
7	G	ANESTHESIOLOGY	40		620	7
8	G	RADIOLOGY-DIAGNOSTIC	41		233077	8
9	G	ULTRASOUND	41.01		45423	9
10	G	RADIOISOTOPE	43		15096	10
11	G	LABORATORY	44		12630	11
12	G	WHOLE BLOOD & PACKED RED BLOO	46		47	12
13	G	CARDIAC REHAB	47.01		1491	13
14	G	NON INVASIVE LAB	47.02		32947	14
15	G	RESPIRATORY THERAPY	49		50918	15
16	G	PHYSICAL THERAPY	50		16351	16
17	G	OCCUPATIONAL THERAPY	51		90	17
18	G	ELECTROENCEPHALOGRAPHY	54		2763	18
19	G	CAT SCAN	56.01		62629	19
20	G	CARDIAC CATHETERIZATION LAB	56.02		131689	20
21	G	ONCOLOGY	58.01		90	21
22	G	CLINIC	60		11949	22
23	G	EMERGENCY	61		2666	23
24	G	HOME HEALTH AGENCY	71		7376	24
25	G	PHYSICIANS' PRIVATE OFFICES	98		48065	25
26	G	OTHER NON REIM COST CENTER	100		1768	26
27	G	ADVERTISING EXPENSE	100.03		1816	27
28	H	RECLASS RENTAL EXPENSE BLDG	7		4108	10 28
29	H	MAINTENANCE & REPAIRS	98		221356	29
30	I	PHYSICIANS' PRIVATE OFFICES	6.05		12889471	30
31	J	OTHER ADMIN & GENERAL	6.05		26501	12 31
32	K	RECLASS PROPERTY INSURANCE	98		44666	32
33	L	RECLASS POB UTILITIES EXPENSE	6.03		31744	33
34		CASHIERING ACCOUNTS RECEIVABLE				34
35						35
36		TOTAL RECLASSIFICATIONS		1697598	34426069	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	271342					271342		1
2 LAND IMPROVEMENTS	1958304	19544		19544		1977848		2
3 BUILDINGS AND FIXTURES	49732205				59956	49672249		3
4 BUILDING IMPROVEMENTS	5876231	1639951		1639951	4482	7511700		4
5 FIXED EQUIPMENT	88901316	4124291		4124291	562989	92462618		5
6 MOVABLE EQUIPMENT	2881668	241418		241418	34264	3088822		6
7 SUBTOTAL	149621066	6025204		6025204	661691	154984579		7
8 RECONCILING ITEMS								8
9 TOTAL	149621066	6025204		6025204	661691	154984579		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	59430140		59430140	.383466				3
4 NEW CAP REL COSTS-MVBLE EQUIP	95551441		95551441	.616534				4
5 TOTAL	154981581		154981581	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT							1	
2 OLD CAP REL COSTS-MVBLE EQUIP							2	
3 NEW CAP REL COSTS-BLDG & FIXT	3208382	1419304	1817665	26501			6471852 3	
4 NEW CAP REL COSTS-MVBLE EQUIP	3447007		5956				3452963 4	
5 TOTAL	6655389	1419304	1823621	26501			9924815 5	

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
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 TOTAL							5	

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 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	B	-63303	NEW CAP REL COSTS-BLDG & FIXT	3	11 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1298639			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	1952483			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	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	A	442666	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	392783	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 DISCOUNTS REBATES AND REFUNDS	B	-317	SUBPROVIDER II	31.01	37
37.01 DISCOUNTS REBATES AND REFUNDS	B	-516	INTENSIVE CARE UNIT	26	37.01
37.02 TRI CITY INCOME	B	-385800	SUBPROVIDER I	31	37.02
37.03 DISCOUNTS REBATES AND REFUNDS	B	-1780	ADULTS & PEDIATRICS	25	37.03
37.04 OTH OPER REV INTER COMPANY	B	-14040	NON INVASIVE LAB	47.02	37.04
37.05 CARDIAC PULM REHAB	B	-36241	CARDIAC REHAB	47.01	37.05
37.06 DISC REBATES	B	-1	CLINIC	60	37.06
37.07 LAB REVENUE	B	-35970	LABORATORY	44	37.07
37.08 RADIOLOGY REVENUE	B	-6709	RADIOLOGY-DIAGNOSTIC	41	37.08
37.09 PHARMACY DISCOUNTS	B	-15442	DRUGS CHARGED TO PATIENTS	56	37.09
37.10 NUC MED DISCOUNTS	B	-7585	RADIOISOTOPE	43	37.10
37.11 SURGERY REBATES AND DISCOUNTS	B	-1145	OPERATING ROOM	37	37.11
37.12 OP SURG REBATES AND DISC	B	-6	RECOVERY ROOM	38	37.12
37.13 OTHER OPERATING REVENUE	B	-41974	PHYSICAL THERAPY	50	37.13
37.14 REBATES AND REFUNDS	B	-1	SPEECH PATHOLOGY	52	37.14
37.15 OTHER OPERATING REVENUE	B	-287636	CLINIC	60	37.15
37.16 REBATES AND REFUNDS	B	-55	EMERGENCY	61	37.16
37.17 GRANT REVENUE	B	-659285	CLINIC	60	37.17
37.18 RENT REVENUE	B	-535551	OTHER ADMIN & GENERAL	6.05	37.18
37.19 OTHER OPERATING REVENUE	B	-258688	OTHER ADMIN & GENERAL	6.05	37.19
37.20 RELEASE TEMP REST ASSETS	B	-3952	ADVERTISING EXPENSE	100.03	37.20
37.21 COPYING FEE REVENUE	B	-88	MAINTENANCE OF PERSONNEL	5.01	37.21
37.22 OTHER OPER REVENUE	B	-19001	OTHER ADMIN & GENERAL	6.05	37.22
37.23 OTHER OPER REV	B	-13231	PURCHASING RECEIVING & STORES	6.02	37.23
37.24 COPYING FEE REVENUE	B	-33089	MEDICAL RECORDS & LIBRARY	17	37.24
37.25 RELEASE TEM REST ASSETS	B	-262	NURSING ADMINISTRATION	14	37.25
37.26 CAFETERIA REVENUE	B	-669606	DIETARY	11	37.26
37.27 OTHER OPER REVENUE	B	-10920	OTHER ADMIN & GENERAL	6.05	37.27
37.28 OTHER OPER REVENUE	B	-45802	OPERATION OF PLANT	8	37.28
37.29 OTHER OPERATING REVENUE	B	-4410	MAINTENANCE & REPAIRS	7	37.29

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7
			COST CENTER	LINE NO.	
	1	2	3	4	5
37.30 OTHER OPERATING REVENUE	B	-42922	LAUNDRY & LINEN SERVICE	9	37.30
37.31 PHYSICIAN LEASE PMTS	B	-187324	PHYSICIANS' PRIVATE OFFICES	98	37.31
37.32 RENTAL INCOME POB	B	-294261	OTHER ADMIN & GENERAL	6.05	37.32
37.33 CYBERKNIFE REVENUE	B	-207484	OPERATING ROOM	37	37.33
37.34 OTHER OPERATING REVENUE	B	-7140	NONPATIENT TELEPHONES	6.01	37.34
38 OFFSET HOSPITAL BAD DEBT EXPENSE	A	-7394	OTHER ADMIN & GENERAL	6.05	38
38.01 OFFSET CONTRIBUTIONS	A	-17825	OTHER ADMIN & GENERAL	6.05	38.01
38.02 OFFSET PHYSICIAN RECRUITMENT	A	-1222	OTHER ADMIN & GENERAL	6.05	38.02
38.03 OFFSET CAPITATION EXPENSE	A	-38270197	OTHER ADMIN & GENERAL	6.05	38.03
38.04 OFFSET HOSPITAL BAD DEBT EXP	A	-7434764	OTHER ADMIN & GENERAL	6.05	38.04
39 CRNA SALARIES	A	-2091538	ANESTHESIOLOGY	40	39
40 LOBBYING EXPENSE	A	-33980	OTHER ADMIN & GENERAL	6.05	40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-50259164			50



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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	6.05	OTHER ADMIN & GENERAL				
		CFNI HOME OFFICE ALLOCATI	9185255	8454891	730364	1
2	3	NEW CAP REL COSTS-BLDG & FIXT				
		CFNI HOME OFFICE ALLOCATI	91872		91872	9 2
3	4	NEW CAP REL COSTS-MVBLE EQUIP				
		CFNI HOME OFFICE ALLOCATI	1130247		1130247	9 3
4						
						4
5	TOTALS		10407374	8454891	1952483	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP		
1	2	3	4	5	6	
1	G CFNI			100.00		1
2						2
3						3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		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
LINE NO.	1	2	3	4	5	6	7	8	9
1	6.05	OTHER ADMIN & GENERAL	168499	42755	125744	171400	897	73916	3696
2	14	NURSING ADMINISTRATION	22649		22649	171400	174	14338	717
3	17	MEDICAL RECORDS & LIBRAR	23845		23845	171400	251	20683	1034
4	25	ADULTS & PEDIATRICS	60830	245	60585	171400	357	29418	1471
5	26	INTENSIVE CARE UNIT	13133		13133	171400	98	8076	404
6	37	OPERATING ROOM	54734	8500	46234	171400	228	18788	939
7	44	LABORATORY	20000		20000	219500	131	13824	691
8	47.01	CARDIAC REHAB	50101		50101	171400	251	20683	1034
9	47.02	NON INVASIVE LAB	27450		27450	171400	122	10053	503
10	50	PHYSICAL THERAPY	85544		85544	171400	335	27605	1380
11	54	ELECTROENCEPHALOGRAPHY	4051		4051	171400	35	2884	144
12	56.02	CARDIAC CATHETERIZATION	100498		100498	171400	503	41449	2072
13	60	CLINIC	330997	297097	33900	171400	300	24721	1236
14	31	SUBPROVIDER I	4548	4548					
15	41	RADIOLOGY-DIAGNOSTIC	525	525					
16	49	RESPIRATORY THERAPY	1123	1123					
17	40	ANESTHESIOLOGY	150	150					
18	31.01	SUBPROVIDER II	400	400					
19	61	EMERGENCY	636000	636000					
101		TOTAL	1605077	991343	613734		3682	306438	15321

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6.05	OTHER ADMIN & GENERAL	AGGREGATE				73916	51828	94583
2	14	NURSING ADMINISTRATION					14338	8311	8311
3	17	MEDICAL RECORDS & LIBRAR					20683	3162	3162
4	25	ADULTS & PEDIATRICS	AGGREGATE				29418	31167	31412
5	26	INTENSIVE CARE UNIT					8076	5057	5057
6	37	OPERATING ROOM	AGGREGATE				18788	27446	35946
7	44	LABORATORY					13824	6176	6176
8	47.01	CARDIAC REHAB					20683	29418	29418
9	47.02	NON INVASIVE LAB					10053	17397	17397
10	50	PHYSICAL THERAPY					27605	57939	57939
11	54	ELECTROENCEPHALOGRAPHY					2884	1167	1167
12	56.02	CARDIAC CATHETERIZATION					41449	59049	59049
13	60	CLINIC	AGGREGATE				24721	9179	306276
14	31	SUBPROVIDER I	AGGREGATE						4548
15	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE						525
16	49	RESPIRATORY THERAPY	AGGREGATE						1123
17	40	ANESTHESIOLOGY	AGGREGATE						150
18	31.01	SUBPROVIDER II	AGGREGATE						400
19	61	EMERGENCY	AGGREGATE						636000
101		TOTAL					306438	307296	1298639



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	MAINT OF	NONPATIENT	PURCHASING	ADMITTING
	FOR COST	BLDGS &	MOVABLE	BENEFITS	PERSONNEL	TELEPHONES	RECEIVING	
	ALLOCATION	FIXTURES	EQUIPMENT				& STORES	
	0	3	4	5	5.01	6.01	6.02	6.03
71 HOME HEALTH AGENCY	1745411	44704	13185	313242	24423	6913	4693	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	110868180	6166665	3420901	12054100	698348	540602	527612	1294492 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	4976533	6648	32062	921087	35108	3687	45052	98
100 OTHER NON REIM COST CENTER	80725			6				100
100.03ADVERTISING EXPENSE	194153	12680				4609	3083	100.03
100.04REGENCY HOSPITAL		238763						100.04
100.05UNUSED SPACE		47096						100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	116119591	6471852	3452963	12975193	733456	548898	575747	1294492 103



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE 6.04	SUBTOTAL 5A	OTHER ADMIN GENERAL 6.05	MAIN- TENANCE + REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
71 HOME HEALTH AGENCY		2152571	299242	88453	32786		32204	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	48202	109518299	13254607	8098780	2763585	876972	2670189	1875638
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES		6020177	836901	13155	4876		4789	98
100 OTHER NON REIM COST CENTER		80731	11223					100
100.03ADVERTISING EXPENSE		214525	29822	25090	9300		9135	100.03
100.04REGENCY HOSPITAL		238763	33192	472430	175113		172000	79691
100.05UNUSED SPACE		47096	6547	93188	34541		33927	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	48202	116119591	14172292	8702643	2987415	876972	2890040	1955329





COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
71 HOME HEALTH AGENCY	95045	98635	1658	112		2800706		2800706 71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2018979	2106073	252040	2651792	2442206	107291571		107291571 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES	132487	2003	1276	46041		7061705		7061705 98
100 OTHER NON REIM COST CENTER						91954		91954 100
100.03ADVERTISING EXPENSE			1			287873		287873 100.03
100.04REGENCY HOSPITAL						1171189		1171189 100.04
100.05UNUSED SPACE						215299		215299 100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2151466	2108076	253317	2697833	2442206	116119591		116119591 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	MAINT OF PERSONNEL 5.01	NONPATIENT TELEPHONES 6.01	PURCHASING RECEIVING & STORES 6.02	
71 HOME HEALTH AGENCY		44704	13185	57889	34	2810	408	950	71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		6166665	3420901	9587566	1325	80347	31917	106851	95
NONREIMBURSABLE COST CENTERS									
98 PHYSICIANS' PRIVATE OFFICES		6648	32062	38710	100	4039	218	9124	98
100 OTHER NON REIM COST CENTER									100
100.03ADVERTISING EXPENSE		12680		12680			272	624	100.03
100.04REGENCY HOSPITAL		238763		238763					100.04
100.05UNUSED SPACE		47096		47096					100.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		6471852	3452963	9924815	1425	84386	32407	116599	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMITTING 6.03	CASHIERING ACCOUNTS RECEIVABLE 6.04	OTHER ADMIN GENERAL 6.05	MAIN- TENANCE + REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11
71 HOME HEALTH AGENCY			48349	9819	7441		1327	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	56577	12121	2141605	899057	627234	70570	110045	386033
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES			135219	1460	1107		197	98
100 OTHER NON REIM COST CENTER			1813					100
100.03ADVERTISING EXPENSE			4818	2785	2111		376	100.03
100.04REGENCY HOSPITAL			5363	52445	39744		7088	16402
100.05UNUSED SPACE			1058	10345	7840		1398	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	56577	12121	2289876	966092	678036	70570	119104	402435



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS + LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
71	HOME HEALTH AGENCY	2489	6364	498	10		138388		138388 71
	SPECIAL PURPOSE COST CENTERS								
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	52866	135888	75776	243231	154933	9273415		9273415 95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	3469	129	384	4223		198379		198379 98
100	OTHER NON REIM COST CENTER						1813		1813 100
100.03	ADVERTISING EXPENSE						23666		23666 100.03
100.04	REGENCY HOSPITAL						359805		359805 100.04
100.05	UNUSED SPACE						67737		67737 100.05
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	56335	136017	76160	247454	154933	9924815		9924815 103





COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	MAINT OF	NONPATIENT	PURCHASING	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DEPRECIATI EXPENSE	BENEFITS GROSS SALARIES	PERSONNEL FTE'S	TELEPHONES NUMBER OF TELEPHONES	RECEIVING & STORES COSTED REQ	GROSS REVENUE
	3	4	5	5.01	6.01	6.02	6.03
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	3120	20043	1257343	32	15	19735	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	430391	5200350	48384829	915	1173	2218671	272989146 95
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	464	48739	3697215	46	8	189450	98
100 OTHER NON REIM COST CENTER			26				100
100.03 ADVERTISING EXPENSE	885				10	12966	100.03
100.04 REGENCY HOSPITAL	16664						100.04
100.05 UNUSED SPACE	3287						100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	6471852	3452963	12975193	733456	548898	575747	1294492 103
104 UNIT COST MULT-WS B PT I		.657821		763.221644		.237805	104
104 UNIT COST MULT-WS B PT I	14.328052		.249130		460.871537		.004742 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			1425	84386	32407	116599	56577 107
108 UNIT COST MULT-WS B PT III				87.810614		.048160	108
108 UNIT COST MULT-WS B PT III			.000027		27.209908		.000207 108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE	RECON- CILATION 6A.05	OTHER ADMIN GENERAL ACCUM COST 6.05	MAIN- TENANCE + REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY			2152571	3120	3120		3120	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	272989146	-14172292	95346007	285668	262986	935952	258698	317601 95
NONREIMBURSABLE COST CENTERS								
98 PHYSICIANS' PRIVATE OFFICES			6020177	464	464		464	98
100 OTHER NON REIM COST CENTER			80731					100
100.03 ADVERTISING EXPENSE			214525	885	885		885	100.03
100.04 REGENCY HOSPITAL			238763	16664	16664		16664	13494 100.04
100.05 UNUSED SPACE			47096	3287	3287		3287	100.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	48202		14172292	8702643	2987415	876972	2890040	1955329 103
104 UNIT COST MULT-WS B PT I	.000177		.139016		10.508484		10.321645	104
104 UNIT COST MULT-WS B PT I				28.350326		.936984		5.905643 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	12121		2289876	966092	678036	70570	119104	402435 107
108 UNIT COST MULT-WS B PT III	.000044		.022461		2.385049		.425374	108
108 UNIT COST MULT-WS B PT III				3.147208		.075399		1.215467 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS	ADMINIS- TRATION	SERVICES & SUPPLY	COSTED	RECORDS + LIBRARY	
	FTE'S	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.	GROSS REVENUE	
	12	14	15	16	17	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
5.01						5.01
6.01						6.01
6.02						6.02
6.03						6.03
6.04						6.04
6.05						6.05
7						7
8						8
9						9
10						10
11						11
12	747					12
13						13
14	18	1050331				14
15			16409208			15
16	18		67064	4421821		16
17	27		29		272989146	17
18						18
20						20
21						21
22						22
23						23
24						24
INPATIENT ROUTINE SERV COST CENTERS						
25	195	470449	977316	2493	18293639	25
26	31	97788	298507	606	3103790	26
31	25	48152	11702	396	3597204	31
31.01	35	68604	147145	699	8708071	31.01
33						33
ANCILLARY SERVICE COST CENTERS						
37	42	53149	2154304	1555	28365201	37
38	15	36970	103203	317	3848087	38
39					2080539	39
40	8		227952	52182	4170178	40
41	31	2332	35850		16326370	41
41.01	4		20483		3266962	41.01
41.02					20293	41.02
43	4		9102	225934	3642768	43
44	48		968285		41453709	44
46	3		110997		2323642	46
46.30						46.30
47.01	7	86550	2494		408989	47.01
47.02	12		21709		7885417	47.02
49	22		113903	35299	4714861	49
50	13		37696		3697076	50
51	10	8	5559		1637658	51
52	1		300		188206	52
54	5	6	12305		3850827	54
55			8170590		21564467	55
55.30						55.30
56				3962959	27897184	56
56.01	6		89267		19364001	56.01
56.02	12	23346	2046058	1518	12946881	56.02
57					2401587	57
58.01	2	872	13935		182277	58.01
59.97						59.97
59.98						59.98
59.99						59.99
OUTPATIENT SERVICE COST CENTERS						
60	30	8501	56771	61021	1953651	60
61	44	103462	516553	1195	25095611	61
62						62
63.50						63.50
63.60						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10						69.10
69.20						69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	
	MEALS	ADMINIS-	SERVICES &	COSTED	RECORDS +	
FTE'S	DIRECT	TRATION	SUPPLY	REQUIS.	LIBRARY	
12	NRSING	HRS	REQUIS.	REQUIS.	GROSS	REVENUE
			15	16		17
69.30 OUTPATIENT OCCUPATIONAL THERA						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY	33	49144	107390	184		71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	701	1049333	16326469	4346358	272989146	95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES	46	998	82679	75463		98
100 OTHER NON REIM COST CENTER						100
100.03 ADVERTISING EXPENSE			60			100.03
100.04 REGENCY HOSPITAL						100.04
100.05 UNUSED SPACE						100.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	2151466	2108076	253317	2697833	2442206	103
104 UNIT COST MULT-WS B PT I	2880.141901		.015437		.008946	104
104 UNIT COST MULT-WS B PT I		2.007059		.610118		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	56335	136017	76160	247454	154933	107
108 UNIT COST MULT-WS B PT III	75.414993		.004641		.000568	108
108 UNIT COST MULT-WS B PT III		.129499		.055962		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	21957674		21957674	31167	21988841	25
26 INTENSIVE CARE UNIT	4043129		4043129	5057	4048186	26
31 SUBPROVIDER I	2814111		2814111		2814111	31
31.01 SUBPROVIDER II	6994473		6994473		6994473	31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	12311666		12311666	27446	12339112	37
38 RECOVERY ROOM	661741		661741		661741	38
39 DELIVERY ROOM & LABOR ROOM	1533530		1533530		1533530	39
40 ANESTHESIOLOGY	668440		668440		668440	40
41 RADIOLOGY-DIAGNOSTIC	3955289		3955289		3955289	41
41.01 ULTRASOUND	674407		674407		674407	41.01
41.02 AUDIOLOGY	23580		23580		23580	41.02
43 RADIOISOTOPE	969373		969373		969373	43
44 LABORATORY	6263266		6263266	6176	6269442	44
46 WHOLE BLOOD & PACKED RED BL	1269333		1269333		1269333	46
46.30 BLOOD CLOTTING FACTORS ADM						46.30
47.01 CARDIAC REHAB	1302866		1302866	29418	1332284	47.01
47.02 NON INVASIVE LAB	1372341		1372341	17397	1389738	47.02
49 RESPIRATORY THERAPY	2143416		2143416		2143416	49
50 PHYSICAL THERAPY	1748855		1748855	57939	1806794	50
51 OCCUPATIONAL THERAPY	806704		806704		806704	51
52 SPEECH PATHOLOGY	163967		163967		163967	52
54 ELECTROENCEPHALOGRAPHY	789008		789008	1167	790175	54
55 MEDICAL SUPPLIES CHARGED TO	9769262		9769262		9769262	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	7842681		7842681		7842681	56
56.01 CAT SCAN	1236603		1236603		1236603	56.01
56.02 CARDIAC CATHETERIZATION LAB	3958230		3958230	59049	4017279	56.02
57 RENAL DIALYSIS	873611		873611		873611	57
58.01 ONCOLOGY	255764		255764		255764	58.01
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2654276		2654276	9179	2663455	60
61 EMERGENCY	5433269		5433269		5433269	61
62 OBSERVATION BEDS (NON-DISTI	2721134		2721134		2721134	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	107211999		107211999	243995	107455994	101
102 LESS OBSERVATION BEDS	2721134		2721134		2721134	102
103 TOTAL	104490865		104490865	243995	104734860	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	15071002		15071002			25
26 INTENSIVE CARE UNIT	3103790		3103790			26
31 SUBPROVIDER I	3597204		3597204			31
31.01 SUBPROVIDER II	8708071		8708071			31.01
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	10270529	18094672	28365201	.434041	.434041	.435009 37
38 RECOVERY ROOM	1052667	2795420	3848087	.171966	.171966	.171966 38
39 DELIVERY ROOM & LABOR ROOM	1645328	435211	2080539	.737083	.737083	.737083 39
40 ANESTHESIOLOGY	2102294	2067884	4170178	.160291	.160291	.160291 40
41 RADIOLOGY-DIAGNOSTIC	5830885	10495485	16326370	.242264	.242264	.242264 41
41.01 ULTRASOUND	706621	2506341	3266962	.206432	.206432	.206432 41.01
41.02 AUDIOLOGY		20293	20293	1.161977	1.161977	1.161977 41.02
43 RADIOISOTOPE	1709242	1933526	3642768	.266109	.266109	.266109 43
44 LABORATORY	20070990	21382719	41453709	.151091	.151091	.151240 44
46 WHOLE BLOOD & PACKED RED BL	1891381	432261	2323642	.546269	.546269	.546269 46
46.30 BLOOD CLOTTING FACTORS ADM						46.30
47.01 CARDIAC REHAB	116274	292715	408989	3.185577	3.185577	3.257506 47.01
47.02 NON INVASIVE LAB	4630998	3254419	7885417	.174035	.174035	.176242 47.02
49 RESPIRATORY THERAPY	3849038	865823	4714861	.454609	.454609	.454609 49
50 PHYSICAL THERAPY	1664019	2033057	3697076	.473037	.473037	.488709 50
51 OCCUPATIONAL THERAPY	712751	924907	1637658	.492596	.492596	.492596 51
52 SPEECH PATHOLOGY	140162	48044	188206	.871210	.871210	.871210 52
54 ELECTROENCEPHALOGRAPHY	1701300	2149527	3850827	.204893	.204893	.205196 54
55 MEDICAL SUPPLIES CHARGED TO	14607930	6956537	21564467	.453026	.453026	.453026 55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	20264157	7633027	27897184	.281128	.281128	.281128 56
56.01 CAT SCAN	8000582	11363419	19364001	.063861	.063861	.063861 56.01
56.02 CARDIAC CATHETERIZATION LAB	7925987	5020894	12946881	.305728	.305728	.310289 56.02
57 RENAL DIALYSIS	2315098	86489	2401587	.363764	.363764	.363764 57
58.01 ONCOLOGY	564	181713	182277	1.403161	1.403161	1.403161 58.01
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	29704	1923947	1953651	1.358623	1.358623	1.363322 60
61 EMERGENCY	6889702	18205909	25095611	.216503	.216503	.216503 61
62 OBSERVATION BEDS (NON-DISTI	78656	3143981	3222637	.844381	.844381	.844381 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	148740926	124248220	272989146			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	148740926	124248220	272989146			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2188590		2188590
26 INTENSIVE CARE UNIT				294558		294558
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				319197		319197
31.01 SUBPROVIDER II				665442		665442
33 NURSERY						
101 TOTAL				3467787		3467787

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29527	12524			74.12	928279
26 INTENSIVE CARE UNIT	2719	1538			108.33	166612
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5329	1600			59.90	95840
31.01 SUBPROVIDER II	7798	6809			85.33	581012
33 NURSERY	1385					
101 TOTAL	46758	22471				1771743



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	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		1257349	28365201	4933774			.044327	218699 37
38 RECOVERY ROOM		60218	3848087	392437			.015649	6141 38
39 DELIVERY ROOM & LABOR ROOM		44889	2080539	12399			.021576	268 39
40 ANESTHESIOLOGY		60228	4170178	838028			.014443	12104 40
41 RADIOLOGY-DIAGNOSTIC		660071	16326370	3170999			.040430	128203 41
41.01 ULTRASOUND		62897	3266962	267187			.019252	5144 41.01
41.02 AUDIOLOGY		5841	20293				.287833	41.02
43 RADIOISOTOPE		137015	3642768	822944			.037613	30953 43
44 LABORATORY		480043	41453709	9593794			.011580	111096 44
46 WHOLE BLOOD & PACKED RED BLOO		58373	2323642	923685			.025121	23204 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHAB		179039	408989	57367			.437760	25113 47.01
47.02 NON INVASIVE LAB		151805	7885417	1179358			.019251	22704 47.02
49 RESPIRATORY THERAPY		125598	4714861	1637410			.026639	43619 49
50 PHYSICAL THERAPY		201940	3697076	974672			.054622	53239 50
51 OCCUPATIONAL THERAPY		24775	1637658	454692			.015128	6879 51
52 SPEECH PATHOLOGY		14510	188206	106930			.077096	8244 52
54 ELECTROENCEPHALOGRAPHY		139559	3850827	597050			.036241	21638 54
55 MEDICAL SUPPLIES CHARGED TO P		241943	21564467	7720780			.011220	86627 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		346677	27897184	9351873			.012427	116216 56
56.01 CAT SCAN		202812	19364001	3200796			.010474	33525 56.01
56.02 CARDIAC CATHETERIZATION LAB		466890	12946881	4242500			.036062	152993 56.02
57 RENAL DIALYSIS		29477	2401587	1369765			.012274	16812 57
58.01 ONCOLOGY		25381	182277				.139244	58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		222446	1953651	1299			.113862	148 60
61 EMERGENCY		467464	25095611	814525			.018627	15172 61
62 OBSERVATION BEDS (NON-DISTINC		270840	3222637	24882			.084043	2091 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5938080	242509079	52689146				1140832 101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 10:26

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					29527		12524	25
26 INTENSIVE CARE UNIT					2719		1538	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					5329		1600	31
31.01 SUBPROVIDER II					7798		6809	31.01
33 NURSERY					1385			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					46758		22471	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
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
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28365201			4933774		9590572 37
38 RECOVERY ROOM		3848087			392437		883088 38
39 DELIVERY ROOM & LABOR ROOM		2080539			12399		2080539 39
40 ANESTHESIOLOGY		4170178			838028		549188 40
41 RADIOLOGY-DIAGNOSTIC		16326370			3170999		3078735 41
41.01 ULTRASOUND		3266962			267187		207680 41.01
41.02 AUDIOLOGY		20293					20293 41.02
43 RADIOISOTOPE		3642768			822944		707069 43
44 LABORATORY		41453709			9593794		432911 44
46 WHOLE BLOOD & PACKED RED BLOO		2323642			923685		120996 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
47.01 CARDIAC REHAB		408989			57367		143307 47.01
47.02 NON INVASIVE LAB		7885417			1179358		776342 47.02
49 RESPIRATORY THERAPY		4714861			1637410		186839 49
50 PHYSICAL THERAPY		3697076			974672		3332 50
51 OCCUPATIONAL THERAPY		1637658			454692		454692 51
52 SPEECH PATHOLOGY		188206			106930		5150 52
54 ELECTROENCEPHALOGRAPHY		3850827			597050		568874 54
55 MEDICAL SUPPLIES CHARGED TO P		21564467			7720780		2998378 55
55.30 IMPL. DEV. CHARGED TO PATIENT							
56 DRUGS CHARGED TO PATIENTS		27897184			9351873		2727589 56
56.01 CAT SCAN		19364001			3200796		2739142 56.01
56.02 CARDIAC CATHETERIZATION LAB		12946881			4242500		2082753 56.02
57 RENAL DIALYSIS		2401587			1369765		53184 57
58.01 ONCOLOGY		182277					51281 58.01
59.97 CARDIAC REHABILITATION							
59.98 HYPERBARIC OXYGEN THERAPY							
59.99 LITHOTRIPSY							
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1953651			1299		66044 60
61 EMERGENCY		25095611			814525		3480967 61
62 OBSERVATION BEDS (NON-DISTINC		3222637			24882		860605 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		242509079			52689146		32314026 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.434041	.434041	.434041			37
39 RECOVERY ROOM	.171966	.171966	.171966			38
39 DELIVERY ROOM & LABOR ROOM	.737083	.737083	.737083			39
40 ANESTHESIOLOGY	.160291	.160291	.160291			40
41 RADIOLOGY-DIAGNOSTIC	.242264	.242264	.242264			41
41.01 ULTRASOUND	.206432	.206432	.206432			41.01
41.02 AUDIOLOGY	1.161977	1.161977	1.161977			41.02
43 RADIOISOTOPE	.266109	.266109	.266109			43
44 LABORATORY	.151091	.151091	.151091			44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	.546269	.546269			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	3.185577	3.185577	3.185577			47.01
47.02 NON INVASIVE LAB	.174035	.174035	.174035			47.02
49 RESPIRATORY THERAPY	.454609	.454609	.454609			49
50 PHYSICAL THERAPY	.473037	.473037	.473037			50
51 OCCUPATIONAL THERAPY	.492596	.492596	.492596			51
52 SPEECH PATHOLOGY	.871210	.871210	.871210			52
54 ELECTROENCEPHALOGRAPHY	.204893	.204893	.204893			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	.453026	.453026			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.281128	.281128	.281128			56
56.01 CAT SCAN	.063861	.063861	.063861			56.01
56.02 CARDIAC CATHETERIZATION LAB	.305728	.305728	.305728			56.02
57 RENAL DIALYSIS	.363764	.363764	.363764			57
58.01 ONCOLOGY	1.403161	1.403161	1.403161			58.01
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	1.358623	1.358623	1.358623			60
61 EMERGENCY	.216503	.216503	.216503			61
62 OBSERVATION BEDS (NON-DISTINCT	.844381	.844381	.844381			62
63.50 RHC						63.50
63.60 FQHC						63.60
65.01 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.281128	1
2 PROGRAM VACCINE CHARGES	13926	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3915	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 (15-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		9590572						37
38 RECOVERY ROOM		883088						38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		549188						40
41 RADIOLOGY-DIAGNOSTIC		3078735						41
41.01 ULTRASOUND		207680						41.01
41.02 AUDIOLOGY								41.02
43 RADIOISOTOPE		707069						43
44 LABORATORY		432911						44
46 WHOLE BLOOD & PACKED RED BLOOD		120996						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHAB		143307						47.01
47.02 NON INVASIVE LAB		776342						47.02
49 RESPIRATORY THERAPY		186839						49
50 PHYSICAL THERAPY		3332						50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		5150						52
54 ELECTROENCEPHALOGRAPHY		568874						54
55 MEDICAL SUPPLIES CHARGED TO PA		2998378						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		2727589						56
56.01 CAT SCAN		2739142						56.01
56.02 CARDIAC CATHETERIZATION LAB		2082753						56.02
57 RENAL DIALYSIS		53184						57
58.01 ONCOLOGY		51281						58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		66044						60
61 EMERGENCY		3480967						61
62 OBSERVATION BEDS (NON-DISTINCT		860605						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		32314026						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		32314026						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	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		4162701					37
38 RECOVERY ROOM		151861					38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		88030					40
41 RADIOLOGY-DIAGNOSTIC		745867					41
41.01 ULTRASOUND		42872					41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE		188157					43
44 LABORATORY		65409					44
46 WHOLE BLOOD & PACKED RED BLOOD		66096					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHAB		456515					47.01
47.02 NON INVASIVE LAB		135111					47.02
49 RESPIRATORY THERAPY		84939					49
50 PHYSICAL THERAPY		1576					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		4487					52
54 ELECTROENCEPHALOGRAPHY		116558					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1358343					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		766802					56
56.01 CAT SCAN		174924					56.01
56.02 CARDIAC CATHETERIZATION LAB		636756					56.02
57 RENAL DIALYSIS		19346					57
58.01 ONCOLOGY		71955					58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		89729					60
61 EMERGENCY		753640					61
62 OBSERVATION BEDS (NON-DISTINCT		726679					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		10908353					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		10908353					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 (15-S008) [ ] 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		1257349	28365201	6191			.044327	274 37
38 RECOVERY ROOM		60218	3848087	1929			.015649	30 38
39 DELIVERY ROOM & LABOR ROOM		44889	2080539				.021576	39
40 ANESTHESIOLOGY		60228	4170178				.014443	40
41 RADIOLOGY-DIAGNOSTIC		660071	16326370	30558			.040430	1235 41
41.01 ULTRASOUND		62897	3266962	4820			.019252	93 41.01
41.02 AUDIOLOGY		5841	20293				.287833	41.02
43 RADIOISOTOPE		137015	3642768	6216			.037613	234 43
44 LABORATORY		480043	41453709	259897			.011580	3010 44
46 WHOLE BLOOD & PACKED RED BLOO		58373	2323642				.025121	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHAB		179039	408989				.437760	47.01
47.02 NON INVASIVE LAB		151805	7885417	24350			.019251	469 47.02
49 RESPIRATORY THERAPY		125598	4714861	4526			.026639	121 49
50 PHYSICAL THERAPY		201940	3697076	11335			.054622	619 50
51 OCCUPATIONAL THERAPY		24775	1637658	698			.015128	11 51
52 SPEECH PATHOLOGY		14510	188206				.077096	52
54 ELECTROENCEPHALOGRAPHY		139559	3850827	21523			.036241	780 54
55 MEDICAL SUPPLIES CHARGED TO P		241943	21564467	5934			.011220	67 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		346677	27897184	288251			.012427	3582 56
56.01 CAT SCAN		202812	19364001	35834			.010474	375 56.01
56.02 CARDIAC CATHETERIZATION LAB		466890	12946881	4582			.036062	165 56.02
57 RENAL DIALYSIS		29477	2401587				.012274	57
58.01 ONCOLOGY		25381	182277				.139244	58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		222446	1953651				.113862	60
61 EMERGENCY		467464	25095611	45558			.018627	849 61
62 OBSERVATION BEDS (NON-DISTINC		270840	3222637				.084043	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5938080	242509079	752202				11914 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
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
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28365201			6191		37
38 RECOVERY ROOM		3848087			1929		38
39 DELIVERY ROOM & LABOR ROOM		2080539					39
40 ANESTHESIOLOGY		4170178					40
41 RADIOLOGY-DIAGNOSTIC		16326370			30558		41
41.01 ULTRASOUND		3266962			4820		41.01
41.02 AUDIOLOGY		20293					41.02
43 RADIOISOTOPE		3642768			6216		43
44 LABORATORY		41453709			259897		44
46 WHOLE BLOOD & PACKED RED BLOO		2323642					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		408989					47.01
47.02 NON INVASIVE LAB		7885417			24350		47.02
49 RESPIRATORY THERAPY		4714861			4526		49
50 PHYSICAL THERAPY		3697076			11335		50
51 OCCUPATIONAL THERAPY		1637658			698		51
52 SPEECH PATHOLOGY		188206					52
54 ELECTROENCEPHALOGRAPHY		3850827			21523		54
55 MEDICAL SUPPLIES CHARGED TO P		21564467			5934		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		27897184			288251		56
56.01 CAT SCAN		19364001			35834		56.01
56.02 CARDIAC CATHETERIZATION LAB		12946881			4582		56.02
57 RENAL DIALYSIS		2401587					57
58.01 ONCOLOGY		182277					58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1953651					60
61 EMERGENCY		25095611			45558		61
62 OBSERVATION BEDS (NON-DISTINC		3222637					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		242509079			752202		43764 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
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 (15-S008) [ ] 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	.434041	.434041	.434041				37
38 RECOVERY ROOM	.171966	.171966	.171966				38
39 DELIVERY ROOM & LABOR ROOM	.737083	.737083	.737083				39
40 ANESTHESIOLOGY	.160291	.160291	.160291				40
41 RADIOLOGY-DIAGNOSTIC	.242264	.242264	.242264				41
41.01 ULTRASOUND	.206432	.206432	.206432				41.01
41.02 AUDIOLOGY	1.161977	1.161977	1.161977				41.02
43 RADIOISOTOPE	.266109	.266109	.266109				43
44 LABORATORY	.151091	.151091	.151091				44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	.546269	.546269				46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHAB	3.185577	3.185577	3.185577				47.01
47.02 NON INVASIVE LAB	.174035	.174035	.174035				47.02
49 RESPIRATORY THERAPY	.454609	.454609	.454609				49
50 PHYSICAL THERAPY	.473037	.473037	.473037				50
51 OCCUPATIONAL THERAPY	.492596	.492596	.492596				51
52 SPEECH PATHOLOGY	.871210	.871210	.871210				52
54 ELECTROENCEPHALOGRAPHY	.204893	.204893	.204893				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	.453026	.453026				55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	.281128	.281128	.281128				56
56.01 CAT SCAN	.063861	.063861	.063861				56.01
56.02 CARDIAC CATHETERIZATION LAB	.305728	.305728	.305728				56.02
57 RENAL DIALYSIS	.363764	.363764	.363764				57
58.01 ONCOLOGY	1.403161	1.403161	1.403161				58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1.358623	1.358623	1.358623				60
61 EMERGENCY	.216503	.216503	.216503				61
62 OBSERVATION BEDS (NON-DISTINCT	.844381	.844381	.844381				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.281128	1
2 PROGRAM VACCINE CHARGES				2
2.01 PROGRAM VACCINE CHARGES				2.01
3 PROGRAM COSTS				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 [ ] HOSPITAL [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (15-S008) [ ] 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
38 OPERATING ROOM								38
39 RECOVERY ROOM								39
40 DELIVERY ROOM & LABOR ROOM								40
41 ANESTHESIOLOGY								41
41 RADIOLOGY-DIAGNOSTIC								41
41.01 ULTRASOUND								41.01
41.02 AUDIOLOGY								41.02
43 RADIOISOTOPE								43
44 LABORATORY								44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHAB								47.01
47.02 NON INVASIVE LAB								47.02
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS								56
56.01 CAT SCAN								56.01
56.02 CARDIAC CATHETERIZATION LAB								56.02
57 RENAL DIALYSIS								57
58.01 ONCOLOGY								58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
60 OUTPATIENT SERVICE COST CENTERS								60
61 CLINIC								61
61 EMERGENCY		43764						61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
65.01 OTHER REIMBURSABLE COST CENTERS								65.01
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		43764						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		43764						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 (15-S008) [ ] 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							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOOD							46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
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
61 EMERGENCY			9475				61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL			9475				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			9475				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 [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [XX] SUB II (15-T008)

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		1257349	28365201	259147			.044327	11487 37
38 RECOVERY ROOM		60218	3848087	23324			.015649	365 38
39 DELIVERY ROOM & LABOR ROOM		44889	2080539				.021576	39
40 ANESTHESIOLOGY		60228	4170178	37430			.014443	541 40
41 RADIOLOGY-DIAGNOSTIC		660071	16326370	311177			.040430	12581 41
41.01 ULTRASOUND		62897	3266962	27174			.019252	523 41.01
41.02 AUDIOLOGY		5841	20293				.287833	41.02
43 RADIOISOTOPE		137015	3642768	51924			.037613	1953 43
44 LABORATORY		480043	41453709	1208117			.011580	13990 44
46 WHOLE BLOOD & PACKED RED BLOO		58373	2323642	96501			.025121	2424 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHAB		179039	408989				.437760	47.01
47.02 NON INVASIVE LAB		151805	7885417	68176			.019251	1312 47.02
49 RESPIRATORY THERAPY		125598	4714861	305892			.026639	8149 49
50 PHYSICAL THERAPY		201940	3697076				.054622	50
51 OCCUPATIONAL THERAPY		24775	1637658				.015128	51
52 SPEECH PATHOLOGY		14510	188206				.077096	52
54 ELECTROENCEPHALOGRAPHY		139559	3850827	538468			.036241	19515 54
55 MEDICAL SUPPLIES CHARGED TO P		241943	21564467	625783			.011220	7021 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		346677	27897184	2318362			.012427	28810 56
56.01 CAT SCAN		202812	19364001	241319			.010474	2528 56.01
56.02 CARDIAC CATHETERIZATION LAB		466890	12946881	46970			.036062	1694 56.02
57 RENAL DIALYSIS		29477	2401587	439451			.012274	5394 57
58.01 ONCOLOGY		25381	182277				.139244	58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		222446	1953651	284			.113862	32 60
61 EMERGENCY		467464	25095611				.018627	61
62 OBSERVATION BEDS (NON-DISTINC		270840	3222637				.084043	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5938080	242509079	6599499				118319 101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
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
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28365201			259147		37
38 RECOVERY ROOM		3848087			23324		38
39 DELIVERY ROOM & LABOR ROOM		2080539					39
40 ANESTHESIOLOGY		4170178			37430		40
41 RADIOLOGY-DIAGNOSTIC		16326370			311177		41
41.01 ULTRASOUND		3266962			27174		41.01
41.02 AUDIOLOGY		20293					41.02
43 RADIOISOTOPE		3642768			51924		43
44 LABORATORY		41453709			1208117		44
46 WHOLE BLOOD & PACKED RED BLOO		2323642			96501		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		408989					47.01
47.02 NON INVASIVE LAB		7885417			68176		47.02
49 RESPIRATORY THERAPY		4714861			305892		49
50 PHYSICAL THERAPY		3697076					50
51 OCCUPATIONAL THERAPY		1637658					51
52 SPEECH PATHOLOGY		188206					52
54 ELECTROENCEPHALOGRAPHY		3850827			538468		54
55 MEDICAL SUPPLIES CHARGED TO P		21564467			625783		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		27897184			2318362		56
56.01 CAT SCAN		19364001			241319		56.01
56.02 CARDIAC CATHETERIZATION LAB		12946881			46970		56.02
57 RENAL DIALYSIS		2401587			439451		57
58.01 ONCOLOGY		182277					58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1953651			284		60
61 EMERGENCY		25095611					61
62 OBSERVATION BEDS (NON-DISTINC		3222637					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		242509079			6599499		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
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 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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2188590		2188590
26 INTENSIVE CARE UNIT				294558		294558
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				319197		319197
31.01 SUBPROVIDER II				665442		665442
33 NURSERY						
101 TOTAL				3467787		3467787

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	29527	6901			74.12	511502
26 INTENSIVE CARE UNIT	2719	560			108.33	60665
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5329	2041			59.90	122256
31.01 SUBPROVIDER II	7798	497			85.33	42409
33 NURSERY	1385	1258				
101 TOTAL	46758	11257				736832

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	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		1257349	28365201	2467746			.044327	109388	37
38 RECOVERY ROOM		60218	3848087	306205			.015649	4792	38
39 DELIVERY ROOM & LABOR ROOM		44889	2080539	1195845			.021576	25802	39
40 ANESTHESIOLOGY		60228	4170178	565508			.014443	8168	40
41 RADIOLOGY-DIAGNOSTIC		660071	16326370	1250234			.040430	50547	41
41.01 ULTRASOUND		62897	3266962	192900			.019252	3714	41.01
41.02 AUDIOLOGY		5841	20293				.287833		41.02
43 RADIOISOTOPE		137015	3642768	331282			.037613	12461	43
44 LABORATORY		480043	41453709	4639913			.011580	53730	44
46 WHOLE BLOOD & PACKED RED BLOO		58373	2323642	324638			.025121	8155	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		179039	408989	23171			.437760	10143	47.01
47.02 NON INVASIVE LAB		151805	7885417	382852			.019251	7370	47.02
49 RESPIRATORY THERAPY		125598	4714861	635204			.026639	16921	49
50 PHYSICAL THERAPY		201940	3697076	269843			.054622	14739	50
51 OCCUPATIONAL THERAPY		24775	1637658	122194			.015128	1849	51
52 SPEECH PATHOLOGY		14510	188206	20374			.077096	1571	52
54 ELECTROENCEPHALOGRAPHY		139559	3850827	245204			.036241	8886	54
55 MEDICAL SUPPLIES CHARGED TO P		241943	21564467	2517298			.011220	28244	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		346677	27897184	4398036			.012427	54654	56
56.01 CAT SCAN		202812	19364001	1373557			.010474	14387	56.01
56.02 CARDIAC CATHETERIZATION LAB		466890	12946881	1322355			.036062	47687	56.02
57 RENAL DIALYSIS		29477	2401587	230128			.012274	2825	57
58.01 ONCOLOGY		25381	182277				.139244		58.01
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		222446	1953651				.113862		60
61 EMERGENCY		467464	25095611	1349211			.018627	25132	61
62 OBSERVATION BEDS (NON-DISTINC		270840	3222637	4728			.084043	397	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		5938080	242509079	24168426				511562	101

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 10:26

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					29527		6901	25
26 INTENSIVE CARE UNIT					2719		560	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					5329		2041	31
31.01 SUBPROVIDER II					7798		497	31.01
33 NURSERY					1385		1258	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					46758		11257	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
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
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		28365201			2467746		37
38 RECOVERY ROOM		3848087			306205		38
39 DELIVERY ROOM & LABOR ROOM		2080539			1195845		39
40 ANESTHESIOLOGY		4170178			565508		40
41 RADIOLOGY-DIAGNOSTIC		16326370			1250234		41
41.01 ULTRASOUND		3266962			192900		41.01
41.02 AUDIOLOGY		20293					41.02
43 RADIOISOTOPE		3642768			331282		43
44 LABORATORY		41453709			4639913		44
46 WHOLE BLOOD & PACKED RED BLOO		2323642			324638		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		408989			23171		47.01
47.02 NON INVASIVE LAB		7885417			382852		47.02
49 RESPIRATORY THERAPY		4714861			635204		49
50 PHYSICAL THERAPY		3697076			269843		50
51 OCCUPATIONAL THERAPY		1637658			122194		51
52 SPEECH PATHOLOGY		188206			20374		52
54 ELECTROENCEPHALOGRAPHY		3850827			245204		54
55 MEDICAL SUPPLIES CHARGED TO P		21564467			2517298		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		27897184			4398036		56
56.01 CAT SCAN		19364001			1373557		56.01
56.02 CARDIAC CATHETERIZATION LAB		12946881			1322355		56.02
57 RENAL DIALYSIS		2401587			230128		57
58.01 ONCOLOGY		182277					58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1953651					60
61 EMERGENCY		25095611			1349211		61
62 OBSERVATION BEDS (NON-DISTINC		3222637			4728		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		242509079			24168426		101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER	3	4	
				2			
37 ANCILLARY SERVICE COST CENTERS							37
38 OPERATING ROOM	.434041	.434041	.434041				38
39 RECOVERY ROOM	.171966	.171966	.171966				39
40 DELIVERY ROOM & LABOR ROOM	.737083	.737083	.737083				40
41 ANESTHESIOLOGY	.160291	.160291	.160291				41
41.01 RADIOLOGY-DIAGNOSTIC	.242264	.242264	.242264				41.01
41.02 ULTRASOUND	.206432	.206432	.206432				41.02
43 AUDIOLOGY	1.161977	1.161977	1.161977				43
44 RADIOISOTOPE	.266109	.266109	.266109				44
46 LABORATORY	.151091	.151091	.151091				46
46.30 WHOLE BLOOD & PACKED RED BLOOD	.546269	.546269	.546269				46.30
47.01 BLOOD CLOTTING FACTORS ADMIN CO							47.01
47.02 CARDIAC REHAB	3.185577	3.185577	3.185577				47.02
49 NON INVASIVE LAB	.174035	.174035	.174035				49
50 RESPIRATORY THERAPY	.454609	.454609	.454609				50
51 PHYSICAL THERAPY	.473037	.473037	.473037				51
52 OCCUPATIONAL THERAPY	.492596	.492596	.492596				52
54 SPEECH PATHOLOGY	.871210	.871210	.871210				54
55 ELECTROENCEPHALOGRAPHY	.204893	.204893	.204893				55
55.30 MEDICAL SUPPLIES CHARGED TO PAT	.453026	.453026	.453026				55.30
56 IMPL. DEV. CHARGED TO PATIENT							56
56.01 DRUGS CHARGED TO PATIENTS	.281128	.281128	.281128				56.01
56.02 CAT SCAN	.063861	.063861	.063861				56.02
57 CARDIAC CATHETERIZATION LAB	.305728	.305728	.305728				57
58.01 RENAL DIALYSIS	.363764	.363764	.363764				58.01
59.97 ONCOLOGY	1.403161	1.403161	1.403161				59.97
59.98 CARDIAC REHABILITATION							59.98
59.99 HYPERBARIC OXYGEN THERAPY							59.99
60 LITHOTRIPSY							60
61 OUTPATIENT SERVICE COST CENTERS							61
62 CLINIC	1.358623	1.358623	1.358623				62
63.50 EMERGENCY	.216503	.216503	.216503				63.50
63.60 OBSERVATION BEDS (NON-DISTINCT	.844381	.844381	.844381				63.60
65.01 RHC							65.01
65.02 FQHC							65.02
65.03 OTHER REIMBURSABLE COST CENTERS							65.03
101 AMBULANCE CHARGES (S-2 LINE 56.							101
102 AMBULANCE CHARGES (S-2 LINE 56.							102
103 AMBULANCE CHARGES (S-2 LINE 56.							103
104 SUBTOTAL							104
CRNA CHARGES							
LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							
NET CHARGES							

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.281128	1
2 PROGRAM VACCINE CHARGES		2		
2.01 PROGRAM VACCINE CHARGES		2.01		
3 PROGRAM COSTS		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 (15-0008) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3213186							37
38 RECOVERY ROOM	862831							38
39 DELIVERY ROOM & LABOR ROOM	19160							39
40 ANESTHESIOLOGY	672802							40
41 RADIOLOGY-DIAGNOSTIC	3337129							41
41.01 ULTRASOUND	1366519							41.01
41.02 AUDIOLOGY								41.02
43 RADIOISOTOPE	506129							43
44 LABORATORY	7367521							44
46 WHOLE BLOOD & PACKED RED BLOOD	41353							46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47.01 CARDIAC REHAB	25231							47.01
47.02 NON INVASIVE LAB	479145							47.02
49 RESPIRATORY THERAPY	428471							49
50 PHYSICAL THERAPY	404410							50
51 OCCUPATIONAL THERAPY	71223							51
52 SPEECH PATHOLOGY	22651							52
54 ELECTROENCEPHALOGRAPHY	892272							54
55 MEDICAL SUPPLIES CHARGED TO PA	2379925							55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS	2503126							56
56.01 CAT SCAN	3339633							56.01
56.02 CARDIAC CATHETERIZATION LAB	866950							56.02
57 RENAL DIALYSIS	10216							57
58.01 ONCOLOGY	22777							58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	501360							60
61 EMERGENCY	7812239							61
62 OBSERVATION BEDS (NON-DISTINCT	1764021							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	38910280							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	38910280							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

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

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 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	1394654						37
38 RECOVERY ROOM	148378						38
39 DELIVERY ROOM & LABOR ROOM	14123						39
40 ANESTHESIOLOGY	107844						40
41 RADIOLOGY-DIAGNOSTIC	808466						41
41.01 ULTRASOUND	282093						41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE	134685						43
44 LABORATORY	1113166						44
46 WHOLE BLOOD & PACKED RED BLOOD	22590						46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47.01 CARDIAC REHAB	80375						47.01
47.02 NON INVASIVE LAB	83388						47.02
49 RESPIRATORY THERAPY	194787						49
50 PHYSICAL THERAPY	191301						50
51 OCCUPATIONAL THERAPY	35084						51
52 SPEECH PATHOLOGY	19734						52
54 ELECTROENCEPHALOGRAPHY	182820						54
55 MEDICAL SUPPLIES CHARGED TO PAT	1078168						55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	703699						56
56.01 CAT SCAN	213272						56.01
56.02 CARDIAC CATHETERIZATION LAB	265051						56.02
57 RENAL DIALYSIS	3716						57
58.01 ONCOLOGY	31960						58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	681159						60
61 EMERGENCY	1691373						61
62 OBSERVATION BEDS (NON-DISTINCT	1489506						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	10971392						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	10971392						104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- 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		1257349	28365201	13492			.044327	598 37
38 RECOVERY ROOM		60218	3848087	3199			.015649	50 38
39 DELIVERY ROOM & LABOR ROOM		44889	2080539				.021576	39
40 ANESTHESIOLOGY		60228	4170178	3618			.014443	52 40
41 RADIOLOGY-DIAGNOSTIC		660071	16326370	43217			.040430	1747 41
41.01 ULTRASOUND		62897	3266962	6148			.019252	118 41.01
41.02 AUDIOLOGY		5841	20293				.287833	41.02
43 RADIOISOTOPE		137015	3642768	9094			.037613	342 43
44 LABORATORY		480043	41453709	338293			.011580	3917 44
46 WHOLE BLOOD & PACKED RED BLOO		58373	2323642	1646			.025121	41 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47.01 CARDIAC REHAB		179039	408989				.437760	47.01
47.02 NON INVASIVE LAB		151805	7885417	28057			.019251	540 47.02
49 RESPIRATORY THERAPY		125598	4714861	5151			.026639	137 49
50 PHYSICAL THERAPY		201940	3697076	6882			.054622	376 50
51 OCCUPATIONAL THERAPY		24775	1637658	3225			.015128	49 51
52 SPEECH PATHOLOGY		14510	188206	340			.077096	26 52
54 ELECTROENCEPHALOGRAPHY		139559	3850827	14915			.036241	541 54
55 MEDICAL SUPPLIES CHARGED TO P		241943	21564467	4439			.011220	50 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		346677	27897184	342376			.012427	4255 56
56.01 CAT SCAN		202812	19364001	49419			.010474	518 56.01
56.02 CARDIAC CATHETERIZATION LAB		466890	12946881	12050			.036062	435 56.02
57 RENAL DIALYSIS		29477	2401587				.012274	57
58.01 ONCOLOGY		25381	182277				.139244	58.01
59.97 CARDIAC REHABILITATION								59.97
59.98 HYPERBARIC OXYGEN THERAPY								59.98
59.99 LITHOTRIPSY								59.99
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		222446	1953651				.113862	60
61 EMERGENCY		467464	25095611	161859			.018627	3015 61
62 OBSERVATION BEDS (NON-DISTINC		270840	3222637				.084043	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5938080	242509079	1047420				16807 101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		28365201			13492		37
38 RECOVERY ROOM		3848087			3199		38
39 DELIVERY ROOM & LABOR ROOM		2080539					39
40 ANESTHESIOLOGY		4170178			3618		40
41 RADIOLOGY-DIAGNOSTIC		16326370			43217		41
41.01 ULTRASOUND		3266962			6148		41.01
41.02 AUDIOLOGY		20293					41.02
43 RADIOISOTOPE		3642768			9094		43
44 LABORATORY		41453709			338293		44
46 WHOLE BLOOD & PACKED RED BLOO		2323642			1646		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		408989					47.01
47.02 NON INVASIVE LAB		7885417			28057		47.02
49 RESPIRATORY THERAPY		4714861			5151		49
50 PHYSICAL THERAPY		3697076			6882		50
51 OCCUPATIONAL THERAPY		1637658			3225		51
52 SPEECH PATHOLOGY		188206			340		52
54 ELECTROENCEPHALOGRAPHY		3850827			14915		54
55 MEDICAL SUPPLIES CHARGED TO P		21564467			4439		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		27897184			342376		56
56.01 CAT SCAN		19364001			49419		56.01
56.02 CARDIAC CATHETERIZATION LAB		12946881			12050		56.02
57 RENAL DIALYSIS		2401587					57
58.01 ONCOLOGY		182277					58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1953651					60
61 EMERGENCY		25095611			161859		61
62 OBSERVATION BEDS (NON-DISTINC		3222637					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		242509079			1047420		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

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

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- 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		1257349	28365201	25424			.044327	1127	37
38 RECOVERY ROOM		60218	3848087	3398			.015649	53	38
39 DELIVERY ROOM & LABOR ROOM		44889	2080539				.021576		39
40 ANESTHESIOLOGY		60228	4170178	5971			.014443	86	40
41 RADIOLOGY-DIAGNOSTIC		660071	16326370	11212			.040430	453	41
41.01 ULTRASOUND		62897	3266962	1281			.019252	25	41.01
41.02 AUDIOLOGY		5841	20293				.287833		41.02
43 RADIOISOTOPE		137015	3642768	1359			.037613	51	43
44 LABORATORY		480043	41453709	64213			.011580	744	44
46 WHOLE BLOOD & PACKED RED BLOO		58373	2323642	335			.025121	8	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47.01 CARDIAC REHAB		179039	408989				.437760		47.01
47.02 NON INVASIVE LAB		151805	7885417	3947			.019251	76	47.02
49 RESPIRATORY THERAPY		125598	4714861	16294			.026639	434	49
50 PHYSICAL THERAPY		201940	3697076				.054622		50
51 OCCUPATIONAL THERAPY		24775	1637658				.015128		51
52 SPEECH PATHOLOGY		14510	188206				.077096		52
54 ELECTROENCEPHALOGRAPHY		139559	3850827	42194			.036241	1529	54
55 MEDICAL SUPPLIES CHARGED TO P		241943	21564467	32665			.011220	367	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS		346677	27897184	177297			.012427	2203	56
56.01 CAT SCAN		202812	19364001	8974			.010474	94	56.01
56.02 CARDIAC CATHETERIZATION LAB		466890	12946881	1368			.036062	49	56.02
57 RENAL DIALYSIS		29477	2401587	10728			.012274	132	57
58.01 ONCOLOGY		25381	182277				.139244		58.01
59.97 CARDIAC REHABILITATION									59.97
59.98 HYPERBARIC OXYGEN THERAPY									59.98
59.99 LITHOTRIPSY									59.99
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		222446	1953651	591			.113862	67	60
61 EMERGENCY		467464	25095611				.018627		61
62 OBSERVATION BEDS (NON-DISTINC		270840	3222637				.084043		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		5938080	242509079	407251				7498	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST 1	NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2				
ANCILLARY SERVICE COST CENTERS				2.01	2.02	2.03	3
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 AUDIOLOGY							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB							47.01
47.02 NON INVASIVE LAB							47.02
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 CAT SCAN							56.01
56.02 CARDIAC CATHETERIZATION LAB							56.02
57 RENAL DIALYSIS							57
58.01 ONCOLOGY							58.01
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
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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		28365201			25424		37
38 RECOVERY ROOM		3848087			3398		38
39 DELIVERY ROOM & LABOR ROOM		2080539					39
40 ANESTHESIOLOGY		4170178			5971		40
41 RADIOLOGY-DIAGNOSTIC		16326370			11212		41
41.01 ULTRASOUND		3266962			1281		41.01
41.02 AUDIOLOGY		20293					41.02
43 RADIOISOTOPE		3642768			1359		43
44 LABORATORY		41453709			64213		44
46 WHOLE BLOOD & PACKED RED BLOO		2323642			335		46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47.01 CARDIAC REHAB		408989					47.01
47.02 NON INVASIVE LAB		7885417			3947		47.02
49 RESPIRATORY THERAPY		4714861			16294		49
50 PHYSICAL THERAPY		3697076					50
51 OCCUPATIONAL THERAPY		1637658					51
52 SPEECH PATHOLOGY		188206					52
54 ELECTROENCEPHALOGRAPHY		3850827			42194		54
55 MEDICAL SUPPLIES CHARGED TO P		21564467			32665		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		27897184			177297		56
56.01 CAT SCAN		19364001			8974		56.01
56.02 CARDIAC CATHETERIZATION LAB		12946881			1368		56.02
57 RENAL DIALYSIS		2401587			10728		57
58.01 ONCOLOGY		182277					58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1953651			591		60
61 EMERGENCY		25095611					61
62 OBSERVATION BEDS (NON-DISTINC		3222637					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		242509079			407251		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

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

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
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) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29527	5329	7798				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29527	5329	7798				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29527	5329	7798				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)	12524	1600	6809				9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21988841	2814111	6994473				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	21988841	2814111	6994473				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9097198	3597204	8708071				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9097198	3597204	8708071				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.417100	.782305	.803217				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	308.10	675.02	1116.71				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	21988841	2814111	6994473				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

[ ] TITLE V-INPT

[XX] TITLE XVIII-PART A

[ ] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	744.70	528.07	896.96		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9326623	844912	6107401		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	9326623	844912	6107401		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	4048186	2719	1488.85	1538	2289851 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	15755181	166329	1840035		48
49	TOTAL PROGRAM INPATIENT COSTS	27371655	1011241	7947436		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1094891	95840	581012		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1140832	11914	118319		51
52	TOTAL PROGRAM EXCLUDABLE COST	2235723	107754	699331		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	25135932	903487	7248105		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
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. 15-0008 ST. CATHERINE HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 10:26

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) (PPS)  
 (15-0008)(15-S008)(15-T008)  
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3654	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.70	84
85 OBSERVATION BED COST	2721134	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		21988841		2721134		86
87 NEW CAPITAL-RELATED COST	2188590	21988841	.099532	2721134	270840	87
88 NON PHYSICIAN ANESTHETIST		21988841		2721134		88
89 MEDICAL EDUCATION		21988841		2721134		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	29527	5329	7798				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	29527	5329	7798				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29527	5329	7798				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)	6901	2041	497				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	1385						15
16 TITLE V OR XIX NURSERY DAYS	1258						16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	21988841	2814111	6994473				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	21988841	2814111	6994473				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9097198	3597204	8708071				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9097198	3597204	8708071				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.417100	.782305	.803217				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	308.10	675.02	1116.71				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	21988841	2814111	6994473				37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	744.70	528.07	896.96		38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5139175	1077791	445789		39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5139175	1077791	445789		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)		1385		1258	42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44	INTENSIVE CARE UNIT	4048186	2719	1488.85	560	833756 43
45	CORONARY CARE UNIT					44
46	BURN INTENSIVE CARE UNIT					45
47	SURGICAL INTENSIVE CARE UNIT					46
	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7354686	229015	112945		48
49	TOTAL PROGRAM INPATIENT COSTS	13327617	1306806	558734		49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	572167	122256	42409		50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	511562	16807	7498		51
52	TOTAL PROGRAM EXCLUDABLE COST	1083729	139063	49907		52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	12243888	1167743	508827		53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0008)	SUB I (PPS) (15-S008)	SUB II (PPS) (15-T008)	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	287	1	1	54
55			43			55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 10:26

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST		66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		67
68 PROGRAM ROUTINE SERVICE COST		68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS		71
72 PER DIEM CAPITAL RELATED COSTS		72
73 PROGRAM CAPITAL RELATED COSTS		73
74 INPATIENT ROUTINE SERVICE COST		74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT		76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS		79
80 PROGRAM INPATIENT ANCILLARY SERVICES		80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS		82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3654	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	744.70	84
85 OBSERVATION BED COST	2721134	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		21988841		2721134		86
87 NEW CAPITAL-RELATED COST	2188590	21988841	.099532	2721134	270840	87
88 NON PHYSICIAN ANESTHETIST		21988841		2721134		88
89 MEDICAL EDUCATION		21988841		2721134		89



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-0008)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<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		7407660		25
26 INTENSIVE CARE UNIT		1689538		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.435009	4933774	2146236	37
38 RECOVERY ROOM	.171966	392437	67486	38
39 DELIVERY ROOM & LABOR ROOM	.737083	12399	9139	39
40 ANESTHESIOLOGY	.160291	838028	134328	40
41 RADIOLOGY-DIAGNOSTIC	.242264	3170999	768219	41
41.01 ULTRASOUND	.206432	267187	55156	41.01
41.02 AUDIOLOGY	1.161977			41.02
43 RADIOISOTOPE	.266109	822944	218993	43
44 LABORATORY	.151240	9593794	1450965	44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	923685	504580	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.257506	57367	186873	47.01
47.02 NON INVASIVE LAB	.176242	1179358	207852	47.02
49 RESPIRATORY THERAPY	.454609	1637410	744381	49
50 PHYSICAL THERAPY	.488709	974672	476331	50
51 OCCUPATIONAL THERAPY	.492596	454692	223979	51
52 SPEECH PATHOLOGY	.871210	106930	93158	52
54 ELECTROENCEPHALOGRAPHY	.205196	597050	122512	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	7720780	3497714	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.281128	9351873	2629073	56
56.01 CAT SCAN	.063861	3200796	204406	56.01
56.02 CARDIAC CATHETERIZATION LAB	.310289	4242500	1316401	56.02
57 RENAL DIALYSIS	.363764	1369765	498271	57
58.01 ONCOLOGY	1.403161			58.01
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.363322	1299	1771	60
61 EMERGENCY	.216503	814525	176347	61
62 OBSERVATION BEDS (NON-DISTINCT	.844381	24882	21010	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		52689146	15755181	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		52689146		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 (15-S008)	<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		1078158		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.435009	6191	2693	37
38 RECOVERY ROOM	.171966	1929	332	38
39 DELIVERY ROOM & LABOR ROOM	.737083			39
40 ANESTHESIOLOGY	.160291			40
41 RADIOLOGY-DIAGNOSTIC	.242264	30558	7403	41
41.01 ULTRASOUND	.206432	4820	995	41.01
41.02 AUDIOLOGY	1.161977			41.02
43 RADIOISOTOPE	.266109	6216	1654	43
44 LABORATORY	.151240	259897	39307	44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.257506			47.01
47.02 NON INVASIVE LAB	.176242	24350	4291	47.02
49 RESPIRATORY THERAPY	.454609	4526	2058	49
50 PHYSICAL THERAPY	.488709	11335	5540	50
51 OCCUPATIONAL THERAPY	.492596	698	344	51
52 SPEECH PATHOLOGY	.871210			52
54 ELECTROENCEPHALOGRAPHY	.205196	21523	4416	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	5934	2688	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.281128	288251	81035	56
56.01 CAT SCAN	.063861	35834	2288	56.01
56.02 CARDIAC CATHETERIZATION LAB	.310289	4582	1422	56.02
57 RENAL DIALYSIS	.363764			57
58.01 ONCOLOGY	1.403161			58.01
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.363322			60
61 EMERGENCY	.216503	45558	9863	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.844381			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		752202	166329	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		752202		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II		7566140		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.435009	259147	112731	37
38 RECOVERY ROOM	.171966	23324	4011	38
39 DELIVERY ROOM & LABOR ROOM	.737083			39
40 ANESTHESIOLOGY	.160291	37430	6000	40
41 RADIOLOGY-DIAGNOSTIC	.242264	311177	75387	41
41.01 ULTRASOUND	.206432	27174	5610	41.01
41.02 AUDIOLOGY	1.161977			41.02
43 RADIOISOTOPE	.266109	51924	13817	43
44 LABORATORY	.151240	1208117	182716	44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	96501	52716	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.257506			47.01
47.02 NON INVASIVE LAB	.176242	68176	12015	47.02
49 RESPIRATORY THERAPY	.454609	305892	139061	49
50 PHYSICAL THERAPY	.488709			50
51 OCCUPATIONAL THERAPY	.492596			51
52 SPEECH PATHOLOGY	.871210			52
54 ELECTROENCEPHALOGRAPHY	.205196	538468	110491	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	625783	283496	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.281128	2318362	651756	56
56.01 CAT SCAN	.063861	241319	15411	56.01
56.02 CARDIAC CATHETERIZATION LAB	.310289	46970	14574	56.02
57 RENAL DIALYSIS	.363764	439451	159856	57
58.01 ONCOLOGY	1.403161			58.01
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.363322	284	387	60
61 EMERGENCY	.216503			61
62 OBSERVATION BEDS (NON-DISTINCT	.844381			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		6599499	1840035	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		6599499		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (15-0008)	<input type="checkbox"/> SNF	<input checked="" 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 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		4138641		25
26 INTENSIVE CARE UNIT		524020		26
31 SUBPROVIDER I				31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.435009	2467746	1073492	37
38 RECOVERY ROOM	.171966	306205	52657	38
39 DELIVERY ROOM & LABOR ROOM	.737083	1195845	881437	39
40 ANESTHESIOLOGY	.160291	565508	90646	40
41 RADIOLOGY-DIAGNOSTIC	.242264	1250234	302887	41
41.01 ULTRASOUND	.206432	192900	39821	41.01
41.02 AUDIOLOGY	1.161977			41.02
43 RADIOISOTOPE	.266109	331282	88157	43
44 LABORATORY	.151240	4639913	701740	44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	324638	177340	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.257506	23171	75480	47.01
47.02 NON INVASIVE LAB	.176242	382852	67475	47.02
49 RESPIRATORY THERAPY	.454609	635204	288769	49
50 PHYSICAL THERAPY	.488709	269843	131875	50
51 OCCUPATIONAL THERAPY	.492596	122194	60192	51
52 SPEECH PATHOLOGY	.871210	20374	17750	52
54 ELECTROENCEPHALOGRAPHY	.205196	245204	50315	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	2517298	1140401	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.281128	4398036	1236411	56
56.01 CAT SCAN	.063861	1373557	87717	56.01
56.02 CARDIAC CATHETERIZATION LAB	.310289	1322355	410312	56.02
57 RENAL DIALYSIS	.363764	230128	83712	57
58.01 ONCOLOGY	1.403161			58.01
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.363322			60
61 EMERGENCY	.216503	1349211	292108	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.844381	4728	3992	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		24168426	7354686	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		24168426		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		1411010		31
31.01 SUBPROVIDER II				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.435009	13492	5869	37
38 RECOVERY ROOM	.171966	3199	550	38
39 DELIVERY ROOM & LABOR ROOM	.737083			39
40 ANESTHESIOLOGY	.160291	3618	580	40
41 RADIOLOGY-DIAGNOSTIC	.242264	43217	10470	41
41.01 ULTRASOUND	.206432	6148	1269	41.01
41.02 AUDIOLOGY	1.161977			41.02
43 RADIOISOTOPE	.266109	9094	2420	43
44 LABORATORY	.151240	338293	51163	44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	1646	899	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.257506			47.01
47.02 NON INVASIVE LAB	.176242	28057	4945	47.02
49 RESPIRATORY THERAPY	.454609	5151	2342	49
50 PHYSICAL THERAPY	.488709	6882	3363	50
51 OCCUPATIONAL THERAPY	.492596	3225	1589	51
52 SPEECH PATHOLOGY	.871210	340	296	52
54 ELECTROENCEPHALOGRAPHY	.205196	14915	3060	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	4439	2011	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.281128	342376	96251	56
56.01 CAT SCAN	.063861	49419	3156	56.01
56.02 CARDIAC CATHETERIZATION LAB	.310289	12050	3739	56.02
57 RENAL DIALYSIS	.363764			57
58.01 ONCOLOGY	1.403161			58.01
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.363322			60
61 EMERGENCY	.216503	161859	35043	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.844381			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1047420	229015	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1047420		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input checked="" type="checkbox"/> SUB II (15-T008)	<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				31
31.01 SUBPROVIDER II		555032		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.435009	25424	11060	37
38 RECOVERY ROOM	.171966	3398	584	38
39 DELIVERY ROOM & LABOR ROOM	.737083			39
40 ANESTHESIOLOGY	.160291	5971	957	40
41 RADIOLOGY-DIAGNOSTIC	.242264	11212	2716	41
41.01 ULTRASOUND	.206432	1281	264	41.01
41.02 AUDIOLOGY	1.161977			41.02
43 RADIOISOTOPE	.266109	1359	362	43
44 LABORATORY	.151240	64213	9712	44
46 WHOLE BLOOD & PACKED RED BLOOD	.546269	335	183	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47.01 CARDIAC REHAB	3.257506			47.01
47.02 NON INVASIVE LAB	.176242	3947	696	47.02
49 RESPIRATORY THERAPY	.454609	16294	7407	49
50 PHYSICAL THERAPY	.488709			50
51 OCCUPATIONAL THERAPY	.492596			51
52 SPEECH PATHOLOGY	.871210			52
54 ELECTROENCEPHALOGRAPHY	.205196	42194	8658	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.453026	32665	14798	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.281128	177297	49843	56
56.01 CAT SCAN	.063861	8974	573	56.01
56.02 CARDIAC CATHETERIZATION LAB	.310289	1368	424	56.02
57 RENAL DIALYSIS	.363764	10728	3902	57
58.01 ONCOLOGY	1.403161			58.01
59.97 CARDIAC REHABILITATION				59.97
59.98 HYPERBARIC OXYGEN THERAPY				59.98
59.99 LITHOTRIPSY				59.99
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.363322	591	806	60
61 EMERGENCY	.216503			61
62 OBSERVATION BEDS (NON-DISTINCT	.844381			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		407251	112945	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		407251		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	5230444					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5156995					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	11271368					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	205265					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	122.99					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0997					4
4.01	0.2909					4.01
4.02	0.3906					4.02
4.03	0.2144					4.03
4.04	4643648					4.04
5	2850					5
5.01	307					5.01
5.02	10.77					5.02
5.03	1915					5.03
5.04	0.891112					5.04
5.05	335.00					5.05
5.06	91646					5.06
6	26599366					6
7						7
7.01						7.01
8	26599366					8
9	1957815					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	28557181					16
17	48126					17
18	28509055					18
19	1823288					19
20	292611					20
21	930011					21
21.01	651008					21.01
21.02	648561					21.02
22	27044164					22



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0008)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	27044164					26
27						27
28	26657974					28
28.01						28.01
29	386190					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 (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02	
1 MEDICAL AND OTHER SERVICES	3915			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	10908353			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	8500076			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3915			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	13926			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	13926			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	13926			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	10011			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3915			17
17.01 TOTAL PPS PAYMENTS	8500076			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0008) 1	HOSPITAL (15-0008) 1.01	HOSPITAL (15-0008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1970568		18.01
19 SUBTOTAL	6533423		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	6533423		23
24 PRIMARY PAYER PAYMENTS	34		24
25 SUBTOTAL	6533389		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	531265		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	371886		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	409622		27.02
28 SUBTOTAL	6905275		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	6905275		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	6849738		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	55537		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 RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			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 (15-S008) 1	SUB I (15-S008) 1.01	SUB I (15-S008) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	9475			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	15708			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	15708			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-S008) 1	SUB I (15-S008) 1.01	SUB I (15-S008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3516		18.01
19 SUBTOTAL	12192		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	12192		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	12192		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	12192		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	12192		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	12192		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 AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			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 II (15-T008) 1	SUB II (15-T008) 1.01	SUB II (15-T008) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (15-T008) 1	SUB II (15-T008) 1.01	SUB II (15-T008) 1.02	
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18 DEDUCTIBLES AND COINSURANCE				18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01				18.01
19 SUBTOTAL				19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				21
22 ESRD DIRECT MEDICAL EDUCATION COSTS				22
23 SUBTOTAL				23
24 PRIMARY PAYER PAYMENTS				24
25 SUBTOTAL				25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
26 COMPOSITE RATE ESRD				26
27 BAD DEBTS				27
27.01 REDUCED REIMBURSABLE BAD DEBTS				27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.02
28 SUBTOTAL				28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				29
30 OTHER ADJUSTMENTS				30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32 SUBTOTAL				32
33 SEQUESTRATION ADJUSTMENT				33
34 INTERIM PAYMENTS				34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 BALANCE DUE PROVIDER/PROGRAM				35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				36
TO BE COMPLETED BY CONTRACTOR				
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)				50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT				51
52 THE RATE USED TO CALCULATE THE TIME VALUE				52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)				53
54 TOTAL (SUM OF LINES 51 AND 53)				54

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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		25795800		6530797	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.		540540		301246	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	12/21/2009 12/21/2009 12/21/2009 57459 258523 5652	12/21/2009	17695 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	321634		17695	3.99
4 TOTAL INTERIM PAYMENTS		26657974		6849738	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			5.01 5.02 5.03 5.50 5.51 5.52	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				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

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

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





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

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9463153		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	01/14/2010 27045		3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	27045		3.99
4 TOTAL INTERIM PAYMENTS		9490198		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52			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 .01 PROVIDER TO .02 PROGRAM			6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

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

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)		9006358			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		0.0443			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)		594312			1.04
1.05	OUTLIER PAYMENTS		172874			1.05
1.06	TOTAL PPS PAYMENTS		9773544			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)	1106651				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	1922				1.09
1.10	NET IPF PPS ECT PAYMENTS					1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.600000				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1108573				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	1108573				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)		21.364384			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	1108573	9773544			4
5	PRIMARY PAYER PAYMENTS		2751			5
6	SUBTOTAL	1108573	9770793			6
7	DEDUCTIBLES	126636	47632			7
8	SUBTOTAL	981937	9723161			8
9	COINSURANCE	7079	163028			9
10	SUBTOTAL	974858	9560133			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	974858	9560133			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-S008)	SUB II (15-T008)	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	974858	9560133			17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	974858	9490198			19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM		69935			20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING 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		NF I
	HOSPITAL (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III	SUB IV
1	1	1	1	1	1
COMPUTATION OF NET COST OF COVERED SERVICES					
1					1
2	10971392				2
3					3
4					4
5					5
6	10971392				6
7					7
8					8
9	10971392				9
COMPUTATION OF LESSER OF COST OR CHARGES					
10					10
11	63078706	1047420	407251		11
12					12
13					13
14					14
15					15
16	63078706	1047420	407251		16
CUSTOMARY CHARGES					
17					17
18					18
19					19
20	63078706	1047420	407251		20
21	52107314	1047420	407251		21
22					22
23	10971392				23
PROSPECTIVE PAYMENT AMOUNT					
24					24
25					25
26					26
27					27
28					28
29					29
30	10971392				30
31					31
32					32
33					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 (15-0008) (PPS)	SUB I (15-S008) (PPS)	SUB II (15-T008) (PPS)	SUB III SUB IV NF I
	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,			
38.01	REIMBURSABLE BAD DEBTS			
38.02	REDUCED REIMBURSABLE BAD DEBTS			
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			
39	BENEFICIARIES (SEE INSTRUCTIONS)			
40	UTILIZATION REVIEW			
41	SUBTOTAL			
42	INPATIENT ROUTINE SERVICE COST			
43	MEDICARE INPATIENT ROUTINE CHARGES			
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
	ACCORDANCE WITH 42 CFR 413.13(E)			
45	RATIO OF LINE 43 TO LINE 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM			
	UTILIZATION			
50	OTHER ADJUSTMENTS			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING			
	DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT			
	SECTION 115.2			

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
<b>CURRENT ASSETS</b>					
1 CASH ON HAND AND IN BANKS	3110706				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	14173552				4
5 OTHER RECEIVABLES					5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE					6
7 INVENTORY	4343267				7
8 PREPAID EXPENSES	2203561				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS	11849654				10
11 TOTAL CURRENT ASSETS	35680740				11
<b>FIXED ASSETS</b>					
12 LAND					12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	1518291				13
13.01 ACCUMULATED DEPRECIATION	-451988				13.01
14 BUILDINGS	26692148				14
14.01 ACCUMULATED DEPRECIATION	-13015607				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	28345744				16
16.01 ACCUMULATED DEPRECIATION	-17850780				16.01
17 AUTOMOBILES AND TRUCKS	119777				17
17.01 ACCUMULATED DEPRECIATION	-67784				17.01
18 MAJOR MOVABLE EQUIPMENT	2541763				18
18.01 ACCUMULATED DEPRECIATION	-985714				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	26845850				21
<b>OTHER ASSETS</b>					
22 INVESTMENTS					22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS					25
26 TOTAL OTHER ASSETS					26
27 TOTAL ASSETS	62526590				27
<b>LIABILITIES AND FUND BALANCES</b>					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
<b>CURRENT LIABILITIES</b>					
28 ACCOUNTS PAYABLE	2755164				28
29 SALARIES, WAGES & FEES PAYABLE	13530943				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)	23317				31
32 DEFERRED INCOME	42661				32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS	9125042				34
35 OTHER CURRENT LIABILITIES	336026				35
36 TOTAL CURRENT LIABILITIES	25813153				36
<b>LONG-TERM LIABILITIES</b>					
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	539074				41
42 TOTAL LONG TERM LIABILITIES	539074				42
43 TOTAL LIABILITIES	26352227				43
<b>CAPITAL ACCOUNTS</b>					
44 GENERAL FUND BALANCE	36174363				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	36174363				51
52 TOTAL LIABILITIES AND FUND BALANCES	62526590				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	40973800			1
2 NET INCOME (LOSS)	-1940519			2
3 TOTAL	39033281			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED FROM RESTRICTIO	195184			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	195184			10
11 SUBTOTAL	39228465			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO CFNI	3049829			13
14 OTHER	4272			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	3054101			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	36174364			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	126630961		126630961	1
2 SUBPROVIDER I	6228368		6228368	2
2.01 SUBPROVIDER II	16252607		16252607	2.01
4 SWING BED - SNF				4
5 SWING BED - NF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	149111936		149111936	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 INTENSIVE CARE UNIT				10
11 CORONARY CARE UNIT				11
12 BURN INTENSIVE CARE UNIT				12
13 SURGICAL INTENSIVE CARE UNIT				13
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	149111936		149111936	16
17 ANCILLARY SERVICES				17
18 OUTPATIENT SERVICES		139396990	139396990	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		2977111	2977111	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24				24
25 TOTAL PATIENT REVENUES	149111936	142374101	291486037	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		166378755	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		166378755	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	291486037	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	169450008	2
3	NET PATIENT REVENUES	122036029	3
4	LESS - TOTAL OPERATING EXPENSES	166378755	4
5	NET INCOME FROM SERVICE TO PATIENTS	-44342726	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	63303	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	17674	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	530862	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		20
21	RENTAL OF VENDING MACHINES	22346	21
22	RENTAL OF HOSPITAL SPACE	1014312	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.01	CAPITATION REVENUE	38734907	24.01
24.02	CYBERKNIFE JV INCOME	207484	24.02
24.03	EMPLOYEE WELLNESS	5983	24.03
24.04	GAIN ON SALE OF EQUIPMENT	30808	24.04
24.05	GRANT REVENUE	659285	24.05
24.06	LOSS ON SALE OF EQUIPMENT	-174852	24.06
24.07	MEDICAL RECORDS COPYING FEE	8419	24.07
24.08	OCCUPATIONAL HEALTH	275557	24.08
24.09	OTHER INCOME	108154	24.09
24.10	PSYCH MANAGEMENT AGREEMENT	385800	24.10
24.11	RELEASE TEMP RESTRICTED FUNDS	512165	24.11
25	TOTAL OTHER INCOME	42402207	25
26	TOTAL	-1940519	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1940519	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	378469				175923	554392
6 SKILLED NURSING CARE	739338		34269			773607
7 PHYSICAL THERAPY				234168		234168
8 OCCUPATIONAL THERAPY				124540		124540
9 SPEECH PATHOLOGY						9
10 MEDICAL SOCIAL SERVICES				1140		1140
11 HOME HEALTH AIDE	139670		32844			172514
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1257477		67113	359848	175923	1860361

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 15-7453

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
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	-114950	439442		439442	5
6 SKILLED NURSING CARE		773607		773607	6
7 PHYSICAL THERAPY		234168		234168	7
8 OCCUPATIONAL THERAPY		124540		124540	8
9 SPEECH PATHOLOGY					9
10 MEDICAL SOCIAL SERVICES		1140		1140	10
11 HOME HEALTH AIDE		172514		172514	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-114950	1745411		1745411	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 15-7453

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	439442					439442	439442	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	773607					773607	260309	1033916
7 PHYSICAL THERAPY	234168					234168	78794	312962
8 OCCUPATIONAL THERAPY	124540					124540	41906	166446
9 SPEECH PATHOLOGY								9
10 MEDICAL SOCIAL SERVICES	1140					1140	384	1524
11 HOME HEALTH AIDE	172514					172514	58049	230563
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	1745411					1745411		1745411

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
 PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
 11/29/2010 10:26

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 15-7453

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					-439442	1305969	5
6 SKILLED NURSING CARE						773607	6
7 PHYSICAL THERAPY						234168	7
8 OCCUPATIONAL THERAPY						124540	8
9 SPEECH PATHOLOGY							9
10 MEDICAL SOCIAL SERVICES						1140	10
11 HOME HEALTH AIDE						172514	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-439442	1305969	24
25 COST TO BE ALLOC (PER W/S H)						439442	25
26 UNIT COST MULTIPLIER						.336487	26











ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	370854			1
2 SKILLED NURSING CARE	1526612	232998	1759610	2
3 PHYSICAL THERAPY	356469	54406	410875	3
4 OCCUPATIONAL THERAPY	189585	28935	218520	4
5 SPEECH PATHOLOGY				5
6 MEDICAL SOCIAL SERVICES	1736	265	2001	6
7 HOME HEALTH AIDE	355450	54250	409700	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	2800706	370854	2800706	20
21 UNIT COST MULTIPLIER		.152624		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DEPRECIATI EXPENSE	EMPLOYEE BENEFITS GROSS SALARIES	MAINT OF PERSONNEL FTE'S	NONPATIENT TELEPHONES NUMBER OF TELEPHONES	PURCHASING RECEIVING & STORES COSTED REQ	
	1	2	3	4	5	5.01	6.01	6.02	
1 ADMINISTRATIVE AND GENERAL			3120	20043	378335	7	15	19735	1
2 SKILLED NURSING CARE					739338	18			2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE					139670	7			7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			3120	20043	1257343	32	15	19735	20
21 TOTAL COST TO BE ALLOCATED			44704	13185	313242	24423	6913	4693	21
22 UNIT COST MULTIPLIER			14.328205		.249130		460.866667		22
22 UNIT COST MULTIPLIER				.657836		763.218750		.237801	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	ADMITTING GROSS REVENUE 6.03	CASHIERING ACCOUNTS RECEIVABLE GROSS REVENUE 6.04	RECON- CILIATION 6A.05	OTHER ADMIN GENERAL ACCUM COST 6.05	MAIN- TENANCE + REPAIRS SQUARE FEET 7	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	
1 ADMINISTRATIVE AND GENERAL				169093	3120	3120		3120	1
2 SKILLED NURSING CARE				1231844					2
3 PHYSICAL THERAPY				312962					3
4 OCCUPATIONAL THERAPY				166446					4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES				1524					6
7 HOME HEALTH AIDE				270702					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				2152571	3120	3120		3120	20
21 TOTAL COST TO BE ALLOCATED				299242	88453	32786		32204	21
22 UNIT COST MULTIPLIER					28.350321				22
22 UNIT COST MULTIPLIER				.139016		10.508333		10.321795	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

HHA COST CENTER	DIETARY MEALS SERVED 11	CAFETERIA MEALS FTE'S 12	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS- TRATION DIRECT NRSNG HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS + LIBRARY GROSS REVENUE 17	SOCIAL SERVICE TIME SPENT 18
1 ADMINISTRATIVE AND GENERAL		8			107390	184		1
2 SKILLED NURSING CARE		18		35714				2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE		7		13430				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		33		49144	107390	184		20
21 TOTAL COST TO BE ALLOCATED		95045		98635	1658	112		21
22 UNIT COST MULTIPLIER					.015439			22
22 UNIT COST MULTIPLIER		2880.151515		2.007061		.608696		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 15-7453

WORKSHEET H-5  
 PART II

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

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6  
 PARTS I & II

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

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

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
			1	2	3	4	5	
1	SKILLED NURSING CARE	2	1759610		1759610	15520	113.38	1
2	PHYSICAL THERAPY	3	410875		410875	3913	105.00	2
3	OCCUPATIONAL THERAPY	4	218520		218520	2080	105.06	3
4	SPEECH PATHOLOGY	5						4
5	MEDICAL SOCIAL SERV	6	2001		2001	10	200.10	5
6	HOME HEALTH AIDE SERV	7	409700		409700	6890	59.46	6
7	TOTAL		2800706		2800706	28413		7

  

LIMITATION COST COMPUTATION		MSA				PROGRAM		
PATIENT SERVICES		NO.	1	2	3	4	COST 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		97848	97848	215987	.453027	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





APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 15-7453

WORKSHEET H-6  
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1 PHYSICAL THERAPY	50	.473037			COL 2, LINE 2	1
2 OCCUPATIONAL THERAPY	51	.492596			COL 2, LINE 3	2
3 SPEECH PATHOLOGY	52	.871210			COL 2, LINE 4	3
4 MEDICAL SUPPLIES CHARGED TO PA	55	.453026	215987	97848	COL 2, LINE 15	4
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30				COL 2, LINE 15	4.30
5 DRUGS CHARGED TO PATIENTS	56	.281128			COL 2, LINE 16	5
5.01 CAT SCAN	56.01	.063861			COL 2, LINE 16	5.01
5.02 CARDIAC CATHETERIZATION LAB	56.02	.305728			COL 2, LINE 16	5.02

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I COL. 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				PROGRAM VISITS ON OR AFTER 1/1/99
			PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	FROM 1/1/98 THRU 12/31/98	
	1	2	3	4	5	6	
1 PHYSICAL THERAPY	2	105.00	2.01	3	3.01	4	1
2 OCCUPATIONAL THERAPY	3	105.06					2
3 SPEECH PATHOLOGY	4						3
4 TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 15-7453

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	1412848			2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	1412848			6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1412848			7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1		PART B SERVICES 2		
	10 TOTAL REASONABLE COST				
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS		964621		1356423	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS		28582		40692	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES		9906		2553	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES		4411		6567	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					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		1007520		1406235	12
13 EXCESS REASONABLE COST					13
14 SUBTOTAL		1007520		1406235	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS					15
16 NET COST		1007520		1406235	16
17 REIMBURSABLE BAD DEBTS					17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES					17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD		1007520		1406235	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		1007520		1406235	22
23 SEQUESTRATION ADJUSTMENT					23
24 SUBTOTAL		1007520		1406235	24
25 TOTAL INTERIM PAYMENTS		1007520		1406235	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)					25.01
26 BALANCE DUE PROVIDER/PROGRAM					26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2					27

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

HHA NO.: 15-7453

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1007520		1406235	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				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.05
					3.50
	PROVIDER				3.51
	TO				3.52
	PROGRAM	NONE		NONE	3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1007520		1406235	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			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

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

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	HOSPITAL (15-0008)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	1782963				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					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					4.01
					NO. OF INTERNS & RESIDENTS 0.00 0.00
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	1957815				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

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0008)	HOSPITAL (15-0008)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER				2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT				
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD				4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I				4.01
5.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS				5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS				6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

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
5.01 MAINTENANCE OF PERSONNEL					5.01
6.01 NONPATIENT TELEPHONES					6.01
6.02 PURCHASING RECEIVING & STORES					6.02
6.03 ADMITTING					6.03
6.04 CASHIERING ACCOUNTS RECEIVABLE					6.04
6.05 OTHER ADMIN & GENERAL					6.05
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
31.01 SUBPROVIDER II					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 AUDIOLOGY					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47.01 CARDIAC REHAB					47.01
47.02 NON INVASIVE LAB					47.02
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 CAT SCAN					56.01
56.02 CARDIAC CATHETERIZATION LAB					56.02
57 RENAL DIALYSIS					57
58.01 ONCOLOGY					58.01
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
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

PROVIDER NO. 15-0008 ST. CATHERINE HOSPITAL  
PERIOD FROM 07/01/2009 TO 06/30/2010

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

VERSION: 2010.09  
11/29/2010 10:26

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	
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
95 SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
98 PHYSICIANS' PRIVATE OFFICES						98
100 OTHER NON REIM COST CENTER						100
100.03 ADVERTISING EXPENSE						100.03
100.04 REGENCY HOSPITAL						100.04
100.05 UNUSED SPACE						100.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 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	42.42		23.37				65.79 25
26 INTENSIVE CARE UNIT	56.56		20.60				77.16 26
33 NURSERY			90.83				90.83 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	17.39	33.81	8.70	11.33			71.23 37
38 RECOVERY ROOM	10.20	22.95	7.96	22.42			63.53 38
39 DELIVERY ROOM & LABOR ROOM	0.60		57.48	0.92			59.00 39
40 ANESTHESIOLOGY	20.10	13.17	13.56	16.13			62.96 40
41 RADIOLOGY-DIAGNOSTIC	19.42	18.86	7.66	20.44			66.38 41
41.01 ULTRASOUND	8.18	6.36	5.90	41.83			62.27 41.01
43 RADIOISOTOPE	22.59	19.41	9.09	13.89			64.98 43
44 LABORATORY	23.14	1.04	11.19	17.77			53.14 44
46 WHOLE BLOOD & PACKED RED BLOOD	39.75	5.21	13.97	1.78			60.71 46
47.01 CARDIAC REHAB	14.03	35.04	5.67	6.17			60.91 47.01
47.02 NON INVASIVE LAB	14.96	9.85	4.86	6.08			35.75 47.02
49 RESPIRATORY THERAPY	34.73	3.96	13.47	9.09			61.25 49
50 PHYSICAL THERAPY	26.36	0.09	7.30	10.94			44.69 50
51 OCCUPATIONAL THERAPY	27.76		7.46	4.35			39.57 51
52 SPEECH PATHOLOGY	56.82	2.74	10.83	12.04			82.43 52
54 ELECTROENCEPHALOGRAPHY	15.50	14.77	6.37	23.17			59.81 54
55 MEDICAL SUPPLIES CHARGED TO PAT	35.80	13.90	11.67	11.04			72.41 55
56 DRUGS CHARGED TO PATIENTS	33.52	9.78	15.77	8.97			68.04 56
56.01 CAT SCAN	16.53	14.15	7.09	17.25			55.02 56.01
56.02 CARDIAC CATHETERIZATION LAB	32.77	16.09	10.21	6.70			65.77 56.02
57 RENAL DIALYSIS	57.04	2.21	9.58	0.43			69.26 57
58.01 ONCOLOGY		28.13		12.50			40.63 58.01
60 CLINIC	0.07	3.38		25.66			29.11 60
61 EMERGENCY	3.25	13.87	5.38	31.13			53.63 61
62 OBSERVATION BEDS (NON-DISTINCT	0.77	26.70	0.15	54.74			82.36 62
101 TOTAL CHARGES	19.30	11.84	8.85	14.25			54.24 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	30.02		38.30				68.32 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02		0.05				0.07 37
38 RECOVERY ROOM	0.05		0.08				0.13 38
40 ANESTHESIOLOGY			0.09				0.09 40
41 RADIOLOGY-DIAGNOSTIC	0.19		0.26				0.45 41
41.01 ULTRASOUND	0.15		0.19				0.34 41.01
43 RADIOISOTOPE	0.17		0.25				0.42 43
44 LABORATORY	0.63		0.82				1.45 44
46 WHOLE BLOOD & PACKED RED BLOOD			0.07				0.07 46
47.02 NON INVASIVE LAB	0.31		0.36				0.67 47.02
49 RESPIRATORY THERAPY	0.10		0.11				0.21 49
50 PHYSICAL THERAPY	0.31		0.19				0.50 50
51 OCCUPATIONAL THERAPY	0.04		0.20				0.24 51
52 SPEECH PATHOLOGY			0.18				0.18 52
54 ELECTROENCEPHALOGRAPHY	0.56		0.39				0.95 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03		0.02				0.05 55
56 DRUGS CHARGED TO PATIENTS	1.03		1.23				2.26 56
56.01 CAT SCAN	0.19		0.26				0.45 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.04		0.09				0.13 56.02
61 EMERGENCY	0.18	0.17	0.64				0.99 61
101 TOTAL CHARGES	0.28	0.02	0.38				0.68 101

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

SUBPROVIDER II

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31.01 SUBPROVIDER II	87.32		6.37				93.69 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.91		0.09				1.00 37
38 RECOVERY ROOM	0.61		0.09				0.70 38
40 ANESTHESIOLOGY	0.90		0.14				1.04 40
41 RADIOLOGY-DIAGNOSTIC	1.91		0.07				1.98 41
41.01 ULTRASOUND	0.83		0.04				0.87 41.01
43 RADIOISOTOPE	1.43		0.04				1.47 43
44 LABORATORY	2.91		0.15				3.06 44
46 WHOLE BLOOD & PACKED RED BLOOD	4.15		0.01				4.16 46
47.02 NON INVASIVE LAB	0.86		0.05				0.91 47.02
49 RESPIRATORY THERAPY	6.49		0.35				6.84 49
54 ELECTROENCEPHALOGRAPHY	13.98		1.10				15.08 54
55 MEDICAL SUPPLIES CHARGED TO PAT	2.90		0.15				3.05 55
56 DRUGS CHARGED TO PATIENTS	8.31		0.64				8.95 56
56.01 CAT SCAN	1.25		0.05				1.30 56.01
56.02 CARDIAC CATHETERIZATION LAB	0.36		0.01				0.37 56.02
57 RENAL DIALYSIS	18.30		0.45				18.75 57
60 CLINIC	0.01		0.03				0.04 60
101 TOTAL CHARGES	2.42		0.15				2.57 101

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	6471852	5.57	-6471852	-12.25		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3452963	2.97	-3452963	-6.54		4
5	EMPLOYEE BENEFITS	12973768	11.17	-12973768	-24.56		5
5.01	MAINTENANCE OF PERSONNEL	560797	.48	-560797	-1.06		5.01
6.01	NONPATIENT TELEPHONES	446655	.38	-446655	-.85		6.01
6.02	PURCHASING RECEIVING & STORES	375408	.32	-375408	-.71		6.02
6.03	ADMITTING	975126	.84	-975126	-1.85		6.03
6.04	CASHIERING ACCOUNTS RECEIVABLE	31744	.03	-31744	-.06		6.04
6.05	OTHER ADMIN & GENERAL	10685468	9.20	-10685468	-20.23		6.05
7	MAINTENANCE & REPAIRS	6514150	5.61	-6514150	-12.33		7
8	OPERATION OF PLANT	1379682	1.19	-1379682	-2.61		8
9	LAUNDRY & LINEN SERVICE	595941	.51	-595941	-1.13		9
10	HOUSEKEEPING	1931263	1.66	-1931263	-3.66		10
11	DIETARY	490404	.42	-490404	-.93		11
12	CAFETERIA	1620908	1.40	-1620908	-3.07		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1254941	1.08	-1254941	-2.38		14
15	CENTRAL SERVICES & SUPPLY	6318	.01	-6318	-.01		15
16	PHARMACY	1602651	1.38	-1602651	-3.03		16
17	MEDICAL RECORDS & LIBRARY	1455994	1.25	-1455994	-2.76		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	9608113	8.27	12349561	23.38	21957674	18.91
26	INTENSIVE CARE UNIT	2205445	1.90	1837684	3.48	4043129	3.48
31	SUBPROVIDER I	1094408	.94	1719703	3.26	2814111	2.42
31.01	SUBPROVIDER II	4072113	3.51	2922360	5.53	6994473	6.02
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	6981428	6.01	5330238	10.09	12311666	10.60
38	RECOVERY ROOM	225292	.19	436449	.83	661741	.57
39	DELIVERY ROOM & LABOR ROOM	993767	.86	539763	1.02	1533530	1.32
40	ANESTHESIOLOGY	362114	.31	306326	.58	668440	.58
41	RADIOLOGY-DIAGNOSTIC	1691583	1.46	2263706	4.29	3955289	3.41
41.01	ULTRASOUND	369100	.32	305307	.58	674407	.58
41.02	AUDIOLOGY	5324	.03	18256	.03	23580	.02
43	RADIOISOTOPE	368000	.32	601373	1.14	969373	.83
44	LABORATORY	3257299	2.81	3005967	5.69	6263266	5.39
46	WHOLE BLOOD & PACKED RED BLOOD	945693	.81	323640	.61	1269333	1.09
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
47.01 CARDIAC REHAB	422520	.36	880346	1.67	1302866	1.12	47.01
47.02 NON INVASIVE LAB	707270	.61	665071	1.26	1372341	1.18	47.02
49 RESPIRATORY THERAPY	1248676	1.08	894740	1.69	2143416	1.85	49
50 PHYSICAL THERAPY	775977	.67	972878	1.84	1748855	1.51	50
51 OCCUPATIONAL THERAPY	508894	.44	297810	.56	806704	.69	51
52 SPEECH PATHOLOGY	87742	.08	76225	.14	163967	.14	52
54 ELECTROENCEPHALOGRAPHY	243972	.21	545036	1.03	789008	.68	54
55 MEDICAL SUPPLIES CHARGED TO PAT	8190740	7.05	1578522	2.99	9769262	8.41	55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS	4406379	3.79	3436302	6.50	7842681	6.75	56
56.01 CAT SCAN	436108	.38	800495	1.52	1236603	1.06	56.01
56.02 CARDIAC CATHETERIZATION LAB	2336071	2.01	1622159	3.07	3958230	3.41	56.02
57 RENAL DIALYSIS	704448	.61	169163	.32	873611	.75	57
58.01 ONCOLOGY	121776	.10	133988	.25	255764	.22	58.01
59.97 CARDIAC REHABILITATION							59.97
59.98 HYPERBARIC OXYGEN THERAPY							59.98
59.99 LITHOTRIPSY							59.99
60 CLINIC	1272769	1.10	1381507	2.62	2654276	2.29	60
61 EMERGENCY	2653715	2.29	2779554	5.26	5433269	4.68	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	1745411	1.50	1055295	2.00	2800706	2.41	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
98 PHYSICIANS' PRIVATE OFFICES	4976533	4.29	2085172	3.95	7061705	6.08	98
100 OTHER NON REIM COST CENTER	80725	.07	11229	.02	91954	.08	100
100.03 ADVERTISING EXPENSE	194153	.17	93720	.18	287873	.25	100.03
100.04 REGENCY HOSPITAL			1171189	2.22	1171189	1.01	100.04
100.05 UNUSED SPACE			215299	.41	215299	.19	100.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	116119591	100.00	0	.00	116119591	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED COSTS 1	CHARGES 2	CAPITAL COST TO CHARGES 3	PROGRAM CHARGES 4	INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1257349	28365201	.044327	4933774	218699	37
38 RECOVERY ROOM	60218	3848087	.015649	392437	6141	38
39 DELIVERY ROOM & LABOR ROOM	44889	2080539	.021576	12399	268	39
40 ANESTHESIOLOGY	60228	4170178	.014443	838028	12104	40
41 RADIOLOGY-DIAGNOSTIC	660071	16326370	.040430	3170999	128203	41
41.01 ULTRASOUND	62897	3266962	.019252	267187	5144	41.01
41.02 AUDIOLOGY	5841	20293	.287833			41.02
43 RADIOISOTOPE	137015	3642768	.037613	822944	30953	43
44 LABORATORY	480043	41453709	.011580	9593794	111096	44
46 WHOLE BLOOD & PACKED RED BLOOD	58373	2323642	.025121	923685	23204	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47.01 CARDIAC REHAB	179039	408989	.437760	57367	25113	47.01
47.02 NON INVASIVE LAB	151805	7885417	.019251	1179358	22704	47.02
49 RESPIRATORY THERAPY	125598	4714861	.026639	1637410	43619	49
50 PHYSICAL THERAPY	201940	3697076	.054622	974672	53239	50
51 OCCUPATIONAL THERAPY	24775	1637658	.015128	454692	6879	51
52 SPEECH PATHOLOGY	14510	188206	.077096	106930	8244	52
54 ELECTROENCEPHALOGRAPHY	139559	3850827	.036241	597050	21638	54
55 MEDICAL SUPPLIES CHARGED TO PAT	241943	21564467	.011220	7720780	86627	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	346677	27897184	.012427	9351873	116216	56
56.01 CAT SCAN	202812	19364001	.010474	3200796	33525	56.01
56.02 CARDIAC CATHETERIZATION LAB	466890	12946881	.036062	4242500	152993	56.02
57 RENAL DIALYSIS	29477	2401587	.012274	1369765	16812	57
58.01 ONCOLOGY	25381	182277	.139244			58.01
59.97 CARDIAC REHABILITATION						59.97
59.98 HYPERBARIC OXYGEN THERAPY						59.98
59.99 LITHOTRIPSY						59.99
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	222446	1953651	.113862	1299	148	60
61 EMERGENCY	467464	25095611	.018627	814525	15172	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	270840	3222637	.084043	24882	2091	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	5938080	242509079		52689146	1140832	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	2188590		2188590	29527	74.12	12524	928279 25
26	INTENSIVE CARE UNIT	294558		294558	2719	108.33	1538	166612 26
101	TOTAL	2483148		2483148			14062	1094891 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							1094891	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1140832	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							2235723	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)							2927	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)							14062	
PER DISCHARGE CAPITAL COSTS							763.83	
PER DIEM CAPITAL COSTS							158.99	

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)	25135932
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	61786344
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.407

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))	7947436
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	14203174
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.560

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1011241
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	1830360
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.552

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)	2235723
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.036

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 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)	10882944
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	32252360
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.337