

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

WORKSHEET S  
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1.  ELECTRONICALLY FILED COST REPORT DATE: 01-30-2012 TIME: 14:54  
 2.  MANUALLY SUBMITTED COST REPORT  
 3.  IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT  
 4.  MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ST. JOSEPH'S HOSPITAL-HIGHLAND IL (14-1336) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2010 AND ENDING 06/30/2011, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

	TITLE V 1	TITLE XVIII		HIT 4	TITLE XIX 5
		PART A 2	PART B 3		
1 HOSPITAL		-47,900	-356,424		1
2 SUBPROVIDER - IPF					2
3 SUBPROVIDER - IRF					3
4 SUBPROVIDER (OTHER)					4
5 SWING BED - SNF		-65,219			5
6 SWING BED - NF					6
7 SKILLED NURSING FACILITY					7
8 NURSING FACILITY					8
9 HOME HEALTH AGENCY					9
10 HEALTH CLINIC - RHC					10
11 HEALTH CLINIC - FQHC					11
12 OUTPATIENT REHABILITATION PROVIDER					12
200 TOTAL		-113,119	-356,424		200

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1515 MAIN STREET  
 2 CITY: HIGHLAND

STATE: IL

P.O.BOX:  
 ZIP CODE: 62249

COUNTY: MADISON

1  
 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

0	COMPONENT NAME	1	CCN NUMBER	2	CBSA NUMBER	3	PROV TYPE	4	DATE CERTIFIED	5	PAYMENT SYSTEM (P, T, O, OR N)			3
											6	7	8	
3	HOSPITAL	ST. JOSEPH'S HOSPITAL-HIGHLAN	14-1336	00014	1				06/01/2004	N	O	N	3	
4	SUBPROVIDER - IPF												4	
5	SUBPROVIDER - IRF												5	
6	SUBPROVIDER - (OTHER)												6	
7	SWING BEDS - SNF	ST. JOSEPH'S HOSPITAL-SWING B	14-Z336	00014					08/19/2004	N	O	N	7	
8	SWING BEDS - NF												8	
9	HOSPITAL-BASED SNF												9	
10	HOSPITAL-BASED NF												10	
11	HOSPITAL-BASED OLTG												11	
12	HOSPITAL-BASED HHA												12	
13	SEPARATELY CERTIFIED ASC												13	
14	HOSPITAL-BASED HOSPICE												14	
15	HOSPITAL-BASED HEALTH CLINIC - RHC												15	
16	HOSPITAL-BASED HEALTH CLINIC - FQHC												16	
17	HOSPITAL-BASED (CMHC)												17	
18	RENAL DIALYSIS												18	
19	OTHER												19	
20	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 07/01/2010 TO: 06/30/2011												20	
21	TYPE OF CONTROL												21	

INPATIENT PPS INFORMATION

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

		IN-STATE MEDICAID PAID DAYS	IN-STATE MEDICAID ELIGIBLE DAYS	OUT-OF-STATE MEDICAID PAID DAYS	OUT-OF-STATE MEDICAID ELIGIBLE DAYS	MEDICAID HMO DAYS	OTHER MEDICAID DAYS	
		1	2	3	4	5	6	
24	IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPPS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							24
25	IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6.							25
26	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2			26
27	ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL.				2			27
35	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							35
36	ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		36
37	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD.							37
38	ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			BEGINNING:		ENDING:		38

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS		1	2	3	
56	IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N			56
57	IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE.	N	N		57
58	IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 21248? IF YES, COMPLETE WORKSHEET D-5.				58
59	ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N			59
60	ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS)	N			60
61	DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS)	Y/N N	IME AVERAGE	DIRECT GME AVERAGE	61
ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)					
62	ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS)				62
62.01	ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS)				62.01
TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS					
63	HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS)	N			63
SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010.					
64	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS)					
PROGRAM NAME		PROGRAM CODE			
1		2			
SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS					
EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010					
66	ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)		UNWEIGHTED FTEs NONPROVIDER SITE	UNWEIGHTED FTEs IN HOSPITAL	RATIO (COL.1/ (COL.1+COL.2))
66					

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

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

PROGRAM NAME 1	PROGRAM CODE 2	UNWEIGHTED FTEs NONPROVIDER SITE 3	UNWEIGHTED FTEs IN HOSPITAL 4	RATIO (COL.1/ (COL.3+COL.4)) 5
<b>INPATIENT PSYCHIATRIC FACILITY PPS</b>				
70	IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 70
71	IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			71
<b>INPATIENT REHABILITATION FACILITY PPS</b>				
75	IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 75
76	IF LINE 75 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.			76
<b>LONG TERM CARE HOSPITAL PPS</b>				
80	IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.			N 80
<b>TEFRA PROVIDERS</b>				
85	IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO.			N 85
86	DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO.			N 86
<b>TITLE V AND XIX INPATIENT SERVICES</b>				
90	DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN.			N Y 90
91	IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 91
92	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N 92
93	DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 93
94	DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 94
95	IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			95
96	DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN.			N N 96
97	IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN.			97
<b>RURAL PROVIDERS</b>				
105	DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)?			Y 105
106	IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES.			N 106
107	COLUMN 1: IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES, COMPLETE WORKSHEET D-2, PART II, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&Rs IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2.			N N 107
108	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO.			N 108
109	IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY.		PHY- OCCUP- SICAL ATIONAL N N	RESPI- RATORY N N 109

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

115	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	N		115
116	IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.	N		116
117	IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		117
118	IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.	2		118
119	WHAT IS THE LIABILITY LIMIT FOR THE MALPRACTICE INSURANCE POLICY? ENTER IN COLUMN 1 THE MONETARY LIMIT PER LAWSUIT. ENTER IN COLUMN 2 THE MONETARY LIMIT PER POLICY YEAR.		1,000,000 3,000,000	119
120	IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? AS AMENDED BY THE MEDICAID EXTENDER ACT (MMEA) §108? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.	N	N	120
121	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.	Y		121

TRANSPLANT CENTER INFORMATION

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

ALL PROVIDERS

140	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER.	Y	14H005	140
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IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

141	NAME: HOSPITAL SISTERS HEALTH SYSTEM CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICES	CONTRACTOR'S NUMBER: 00131	141
142	STREET: 4936 LAVERNA ROAD	P.O. BOX:	142
143	CITY: SPRINGFIELD	STATE: IL	143
144	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	144
145	IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.	N	145
146	HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2.	N	146
147	WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	147
148	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	148
149	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.	N	149

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

SEE 42 CFR §413.13)	PART A	PART B
155 HOSPITAL	1	2
156 SUBPROVIDER - IPF	N	N 155
157 SUBPROVIDER - IRF	N	N 156
158 SUBPROVIDER - (OTHER)	N	N 157
159 SNF	N	N 158
160 HHA	N	N 159
161 CMHC	N	N 160

MULTICAMPUS

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
 PART II

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

COMPLETED BY ALL HOSPITALS

		Y/N	DATE		
<b>PROVIDER ORGANIZATION AND OPERATION</b>					
1	HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS)	1 N	2	1	
		Y/N	DATE	V/I	
2	HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY.	1 N	2	3 2	
3	IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS)	N		3	
<b>FINANCIAL DATA AND REPORTS</b>					
		Y/N	TYPE	DATE	
4	COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS.	1 Y	2 A	3 4	
5	ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION.	Y		5	
<b>APPROVED EDUCATIONAL ACTIVITIES</b>					
		Y/N		Y/N	
6	COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?	1 N		2 6	
7	ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS.	N		7	
8	WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD?	N		8	
9	ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS.	N		9	
10	WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.	N		10	
11	ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS.	N		11	
<b>BED COMPLEMENT</b>					
12	IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS.			Y/N	
13	IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY.			Y 12 N 13	
14	IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS.			N 14	
15	DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS.			N 15	
<b>PS&amp;R REPORT DATA</b>					
		PART A		PART B	
		Y/N	DATE	Y/N	DATE
16	WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	1 Y	2 01/12/2012	3 Y	4 01/12/2012
17	WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS)	N		N	17
18	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS.	N		N	18
19	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS.	N		N	19
20	IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:	N		N	20
21	WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.	N		N	21

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2  
PART II

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

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

CAPITAL RELATED COST

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

INTEREST EXPENSE

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

PURCHASED SERVICES

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

PROVIDER-BASED PHYSICIANS

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

HOME OFFICE COSTS

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







HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

	WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES (FROM WKST A-6)	ADJUSTED SALARIES (COL. 2 + COL. 3)	PAID HOURS RELATED TO SALARIES IN COL. 4	AVERAGE HOURLY WAGE (COL. 4 + COL. 5)
	1	2	3	4	5	6
SALARIES						
1	TOTAL SALARIES (SEE INSTRUCTIONS)	200		8,332,420		1
2	NON-PHYSICIAN ANESTHETIST PART A					2
3	NON-PHYSICIAN ANESTHETIST PART B					3
4	PHYSICIAN-PART A					4
4.01	PHYSICIANS-PART A - DIRECT TEACHING					4.01
5	PHYSICIAN-PART B					5
6	NON-PHYSICIAN-PART B					6
7	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)	21				7
7.01	CONTRACTED INTERNS & RESIDENTS (IN APPROVED PROGRAMS)					7.01
8	HOME OFFICE PERSONNEL					8
9	SNF	44				9
10	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)			64,660		10
OTHER WAGES & RELATED COSTS						
11	CONTRACT LABOR (SEE INSTRUCTIONS)					11
12	MANAGEMENT AND ADMINISTRATIVE SERVICES					12
13	CONTRACT LABOR: PHYSICIAN-PART A					13
14	HOME OFFICE SALARIES & WAGE-RELATED COSTS					14
15	HOME OFFICE: PHYSICIAN-PART A					15
16	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					16
WAGE-RELATED COSTS						
17	WAGE-RELATED COSTS (CORE)					17
18	WAGE-RELATED COSTS (OTHER)					18
19	EXCLUDED AREAS					19
20	NON-PHYSICIAN ANESTHETIST PART A					20
21	NON-PHYSICIAN ANESTHETIST PART B					21
22	PHYSICIAN PART A					22
23	PHYSICIAN PART B					23
24	WAGE-RELATED COSTS (RHC/FQHC)					24
25	INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)					25
OVERHEAD COSTS - DIRECT SALARIES						
26	EMPLOYEE BENEFITS			94,993		26
27	ADMINISTRATIVE & GENERAL			1,417,649		27
28	ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)					28
29	MAINTENANCE & REPAIRS			201,395		29
30	OPERATION OF PLANT			166,512		30
31	LAUNDRY & LINEN SERVICE					31
32	HOUSEKEEPING			318,259		32
33	HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)					33
34	DIETARY			298,454	-151,766	34
35	DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)					35
36	CAFETERIA			25,589	151,766	36
37	MAINTENANCE OF PERSONNEL					37
38	NURSING ADMINISTRATION			476,647		38
39	CENTRAL SERVICES AND SUPPLY					39
40	PHARMACY					40
41	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY			321,781		41
42	SOCIAL SERVICE			52,751		42
43	OTHER GENERAL SERVICE					43

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES (SEE INSTRUCTIONS)	8,332,420		8,332,420		1
2	EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)	64,660		64,660		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	8,267,760		8,267,760		3
4	SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.)					4
5	SUBTOTAL WAGE-RELATED COSTS (SEE INST.)					5
6	TOTAL (SUM OF LINES 3 THRU 5)	8,267,760		8,267,760		6
7	TOTAL OVERHEAD COST (SEE INSTRUCTIONS)	3,374,030		3,374,030		7

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
PART IV

PART A - CORE LIST

	AMOUNT REPORTED
RETIREMENT COST	
1 401K EMPLOYER CONTRIBUTIONS	1
2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION	2
3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST	3
4 PRIOR YEAR PENSION SERVICE COST	4
PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION)	
5 401K/TSA PLAN ADMINISTRATION FEES	5
6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN	6
7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES	7
HEALTH AND INSURANCE COST	
8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED)	8
9 PRESCRIPTION DRUG PLAN	9
10 DENTAL, HEARING AND VISION PLAN	10
11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)	11
12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	12
13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	13
14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)	14
15 WORKERS' COMPENSATION INSURANCE	15
16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION)	16
TAXES	
17 FICA-EMPLOYERS PORTION ONLY	17
18 MEDICARE TAXES - EMPLOYERS PORTION ONLY	18
19 UNEMPLOYMENT INSURANCE	19
20 STATE OR FEDERAL UNEMPLOYMENT TAXES	20
OTHER	
21 EXECUTIVE DEFERRED COMPENSATION	21
22 DAY CARE COSTS AND ALLOWANCES	22
23 TUITION REIMBURSEMENT	23
24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23)	24
PART B - OTHER THAN CORE RELATED COST	
25 OTHER WAGE RELATED (OTHER WAGE RELATED COST)	25

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3  
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

COMPONENT		CONTRACT	BENEFIT
0		LABOR	COST
		1	2
1	TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST		1
2	HOSPITAL		2
3	SUBPROVIDER - IPF		3
4	SUBPROVIDER - IRF		4
5	SUBPROVIDER - (OTHER)		5
6	SWING BEDS - SNF		6
7	SWING BEDS - NF		7
8	HOSPITAL-BASED SNF		8
9	HOSPITAL-BASED NF		9
10	HOSPITAL-BASED OLTC		10
11	HOSPITAL-BASED HHA		11
12	SEPARATELY CERTIFIED ASC		12
13	HOSPITAL-BASED HOSPICE		13
14	HOSPITAL-BASED HEALTH CLINIC - RHC		14
15	HOSPITAL-BASED HEALTH CLINIC - FQHC		15
16	HOSPITAL-BASED (CMHC)		16
17	RENAL DIALYSIS		17
18	OTHER		18

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

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

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

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

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

CBSA  
 CBSA AT ON/AFTER  
 BEGINNING OF THE COST  
 OF COST REPORTING  
 REPORTING PERIOD (IF  
 PERIOD APPLICABLE)  
 1 2

SNF SERVICES

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

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

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

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1	COST TO CHARGE RATIO (WKST C, PART I, LINE 200, COL. 3 DIVIDED BY LINE 200, COL. 8)		0.386474	1
MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)				
2	NET REVENUE FROM MEDICAID		1,011,510	2
3	DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	3
4	IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID?		Y	4
5	IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID			5
6	MEDICAID CHARGES		4,043,724	6
7	MEDICAID COST (LINE 1 TIMES LINE 6)		1,562,794	7
8	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5)		551,284	8
STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)(SEE INSTRUCTIONS FOR EACH LINE)				
9	NET REVENUE FROM STAND-ALONE SCHIP			9
10	STAND-ALONE SCHIP CHARGES			10
11	STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10)			11
12	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9)			12
OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)				
13	NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9)			13
14	CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10)			14
15	STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14)			15
16	DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13)			16
UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)				
17	PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE		900	17
18	GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS			18
19	TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16)		551,284	19

		UNINSURED PATIENTS 1	INSURED PATIENTS 2	TOTAL 3
20	TOTAL INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (AT FULL CHARGES EXCLUDING NON-REIMBURSABLE COST CENTERS) FOR THE ENTIRE FAMILY	596,918	177,748	774,666
21	COST OF INITIAL OBLIGATION OF PATIENTS APPROVED FOR CHARITY CARE (LINE 1 TIMES LINE 20)	230,693	68,695	299,388
22	PARTIAL PAYMENT BY PATIENTS APPROVED FOR CHARITY CARE	2,628	8,816	11,444
23	COST OF CHARITY CARE	228,065	59,879	287,944
24	DOES THE AMOUNT IN LINE 20, COLUMN 2 INCLUDE CHARGES FOR PATIENT DAYS BEYOND A LENGTH OF STAY LIMIT IMPOSED ON PATIENTS COVERED BY MEDICAID OR OTHER INDIGENT CARE PROGRAM			N
25	IF LINE 24 IS YES, ENTER CHARGES FOR PATIENT DAYS BEYOND AN INDIGENT CARE PROGRAM'S LENGTH OF STAY LIMIT (SEE INSTRUCTIONS)			25
26	TOTAL BAD DEBT EXPENSE FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS)			1,779,116
27	MEDICARE BAD DEBTS FOR THE ENTIRE HOSPITAL COMPLEX (SEE INSTRUCTIONS) WORKSHEET E-3, PART V			239,835
28	NON-MEDICARE AND NON-REIMBURSABLE BAD DEBT EXPENSE (LINE 26 MINUS LINE 27)			1,539,281
29	COST OF NON-MEDICARE BAD DEBT EXPENSE (LINE 1 TIMES LINE 28)			594,892
30	COST OF NON-MEDICARE UNCOMPENSATED CARE (LINE 23, COL. 3 PLUS LINE 29)			882,836
31	TOTAL UNREIMBURSED AND UNCOMPENSATED CARE COST (LINE 19 PLUS LINE 30)			1,434,120

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL (COL. 1 + COL. 2) 3	RECLASSIFI- CATIONS 4	
GENERAL SERVICE COST CENTERS						
1	00100		288,018	288,018	229,739	1
1.01	00101				55,275	1.01
2	00200		1,103,451	1,103,451	33,413	2
2.01	00201				5,246	2.01
3	00300					3
4	00400	94,993	3,547,270	3,642,263		4
5.01	00540		65,146	65,146	-1,014	5.01
5.02	00550	65,648	92,524	158,172	-108	5.02
5.03	00560	107,653	44,946	152,599	-21,419	5.03
5.04	00570	140,276	18,893	159,169		5.04
5.05	00580	235,933	60,790	296,723	-3,492	5.05
5.06	00590	868,139	3,234,393	4,102,532	-20,814	5.06
6	00600	201,395	35,484	236,879	-6,775	6
7	00700	166,512	491,174	657,686	-38,045	7
7.01	00701				37,744	7.01
8	00800		71,022	71,022		8
9	00900	318,259	16,657	334,916		9
10	01000	298,454	113,761	412,215	-209,678	10
11	01100	25,589	41,338	66,927	209,614	11
12	01200					12
13	01300	476,647	3,554	480,201		13
14	01400					14
15	01500					15
16	01600	321,781	99,525	421,306	-1,060	16
17	01700	52,751	1,465	54,216		17
19	01900					19
20	02000					20
21	02100					21
22	02200					22
23	02300					23
INPATIENT ROUTINE SERV COST CENTERS						
30	03000	1,270,443	92,505	1,362,948	-108,565	30
31	03100	35,742	2,118	37,860		31
ANCILLARY SERVICE COST CENTERS						
50	05000	614,779	792,019	1,406,798	-677,608	50
53	05300		446,458	446,458	-4,200	53
54	05400	593,315	712,953	1,306,268	-120,232	54
60	06000	526,615	1,113,555	1,640,170	-5,953	60
62.30	06250					62.30
65	06500	156,884	107,674	264,558	-22,856	65
66	06600	454,613	26,640	481,253	-6,951	66
67	06700	74,442	548	74,990		67
68	06800	63,574	-16,852	46,722		68
68.01	03040	68,560	76,259	144,819	-204	68.01
71	07100	66,231	93,926	160,157	360,363	71
72	07200				388,578	72
73	07300	299,093	419,135	718,228	201,693	73
76.97	07697	98,203	3,130	101,333	-108	76.97
76.98	07698					76.98
76.99	07699					76.99
OUTPATIENT SERVICE COST CENTERS						
91	09100	571,179	1,623,701	2,194,880	-27,974	91
92	09200					92
93	04950	57	425,836	425,893		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113	11300		243,241	243,241	-243,241	113
118		8,267,760	15,492,257	23,760,017	1,368	118
NONREIMBURSABLE COST CENTERS						
190	19000		11,539	11,539	-3	190
192	19200	42,135	1,026,836	1,068,971	-1,119	192
193	19300					193
194	07950	22,525	7,134	29,659	-246	194
194.01	07951					194.01
200		8,332,420	16,537,766	24,870,186		200



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5	ADJUST- MENTS 6	NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7	
GENERAL SERVICE COST CENTERS					
1	00100	517,757		273,948	1
1.01	00101	55,275	-243,809	55,275	1.01
2	00200	1,136,864		1,136,864	2
2.01	00201	5,246		5,246	2.01
3	00300				3
4	00400	3,642,263	-639,635	3,002,628	4
5.01	00540	64,132		64,132	5.01
5.02	00550	158,064	616,914	774,978	5.02
5.03	00560	131,180	-171	131,009	5.03
5.04	00570	159,169		159,169	5.04
5.05	00580	293,231	-11,468	281,763	5.05
5.06	00590	4,081,718	-1,636,260	2,445,458	5.06
6	00600	230,104	-2,194	227,910	6
7	00700	619,641		619,641	7
7.01	00701	37,744		37,744	7.01
8	00800	71,022	-3,233	67,789	8
9	00900	334,916	-13,423	321,493	9
10	01000	202,537	-67,406	135,131	10
11	01100	276,541	-52,668	223,873	11
12	01200				12
13	01300	480,201		480,201	13
14	01400				14
15	01500				15
16	01600	420,246	-2,721	417,525	16
17	01700	54,216		54,216	17
19	01900				19
20	02000				20
21	02100				21
22	02200				22
23	02300				23
INPATIENT ROUTINE SERV COST CENTERS					
30	03000	1,254,383		1,254,383	30
31	03100	37,860		37,860	31
ANCILLARY SERVICE COST CENTERS					
50	05000	729,190		729,190	50
53	05300	442,258	-413,868	28,390	53
54	05400	1,186,036	-811	1,185,225	54
60	06000	1,634,217	-17,223	1,616,994	60
62.30	06250				62.30
65	06500	241,702	-30,220	211,482	65
66	06600	474,302	-12,327	461,975	66
67	06700	74,990		74,990	67
68	06800	46,722	-30,689	16,033	68
68.01	03040	144,615	-4,922	139,693	68.01
71	07100	520,520	-577	519,943	71
72	07200	388,578		388,578	72
73	07300	919,921		919,921	73
76.97	07697	101,225	-1,641	99,584	76.97
76.98	07698				76.98
76.99	07699				76.99
OUTPATIENT SERVICE COST CENTERS					
91	09100	2,166,906	-1,170,330	996,576	91
92	09200				92
93	04950	425,893		425,893	93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113	11300				113
118		23,761,385	-3,738,682	20,022,703	118
NONREIMBURSABLE COST CENTERS					
190	19000	11,536		11,536	190
192	19200	1,067,852	-959,481	108,371	192
193	19300				193
194	07950	29,413		29,413	194
194.01	07951				194.01
200		24,870,186	-4,698,163	20,172,023	200

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	-----		INCREASE		-----	
		COST CENTER		LINE #		SALARY	OTHER
	1	2		3	4	5	
1 CAFETERIA EXPENSE	A	CAFETERIA		11	151,766	57,848	1
500 TOTAL RECLASSIFICATIONS					151,766	57,848	500
CODE LETTER - A							
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17 RENTAL EXPENSE	B	CAP REL COSTS-MVBLE EQUIP		2		38,659	17
500 TOTAL RECLASSIFICATIONS						38,659	500
CODE LETTER -							
1							1
2							2
3 TELEPHONE EXPENSE	C	COMMUNICATIONS		5.01		617	3
500 TOTAL RECLASSIFICATIONS						617	500
CODE LETTER -							
1							1
2							2
3							3
4							4
5							5
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14							14
15							15
16							16
17							17
18							18
19 POSTAGE EXPENSE	D	OTHER ADMIN & GENERAL		5.06		24,941	19
500 TOTAL RECLASSIFICATIONS						24,941	500
CODE LETTER -							
1							1
2							2
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16							16
17							17
18							18
1 INTEREST EXPENSE	E	CAP REL COSTS-BLDG & FIXT		1		243,241	1
500 TOTAL RECLASSIFICATIONS						243,241	500
CODE LETTER - E							
1							1
2							2
3							3
4							4
5							5
6							6
7 MEDICAL SUPPLP EXPENSE	F	MEDICAL SUPPLIES CHRGED TO PA IMPL. DEV. CHARGED TO PATIENT		71 72		360,423 388,578	6 7
500 TOTAL RECLASSIFICATIONS						749,001	500
CODE LETTER -							
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100							100
1 PHARMACY EXPENSE	G	DRUGS CHARGED TO PATIENTS		73		116,057	1
500 TOTAL RECLASSIFICATIONS						116,057	500
CODE LETTER - G							

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		SALARY	OTHER
			LINE #			
	1	2	3		4	5
1 MAB EXPENSE	H	CAP REL COSTS-MAB BUILDING	1.01			55,275 1
2		CAP REL COSTS-MAB EQUIPMENT	2.01			5,246 2
3		PLANT OPS-MAB BUILDING	7.01			37,744 3
500 TOTAL RECLASSIFICATIONS						98,265 500
CODE LETTER - H						
1 PROPERTY INSURANCE	I	CAP REL COSTS-BLDG & FIXT	1			41,773 1
500 TOTAL RECLASSIFICATIONS						41,773 500
CODE LETTER - I						
1		OPERATING ROOM	50		10,973	3,174 1
2		DRUGS CHARGED TO PATIENTS	73		84,569	5,698 2
3 OR PROCEDURES & DRUG ADMIN EXPENSE	J	EMERGENCY	91		1,999	135 3
500 TOTAL RECLASSIFICATIONS					97,541	9,007 500
CODE LETTER -						
GRAND TOTAL (INCREASES)					249,307	1,379,409

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
	1	6	7	8	9	10
1 CAFETERIA EXPENSE	A	DIETARY	10	151,766	57,848	1
500 TOTAL RECLASSIFICATIONS				151,766	57,848	500
CODE LETTER - A						
1		COMMUNICATIONS	5.01		1,631	1
2		PURCHASING/RECEIVENG/STORES	5.03		2,691	2
3		PATIENT ACCOUNTING	5.05		224	3
4		OTHER ADMIN & GENERAL	5.06		3,897	4
5		MAINTENANCE & REPAIRS	6		6,743	5
6		MEDICAL RECORDS & LIBRARY	16		474	6
7		ADULTS & PEDIATRICS	30		6,872	7
8		OPERATING ROOM	50		1,596	8
9		ANESTHESIOLOGY	53		915	9
10		RADIOLOGY-DIAGNOSTIC	54		108	10
11		LABORATORY	60		4,661	11
12		RESPIRATORY THERAPY	65		986	12
13		PHYSICAL THERAPY	66		3,644	13
14		DRUGS CHARGED TO PATIENTS	73		180	14
15		CARDIAC REHABILITATION	76.97		108	15
16		EMERGENCY	91		2,820	16
17 RENTAL EXPENSE	B	PHYSICIANS' PRIVATE OFFICES	192		1,109	10 17
500 TOTAL RECLASSIFICATIONS					38,659	500
CODE LETTER -						
1		OTHER ADMIN & GENERAL	5.06		85	1
2		OPERATION OF PLANT	7		286	2
3 TELEPHONE EXPENSE	C	TRANSPORTATION	194		246	3
500 TOTAL RECLASSIFICATIONS					617	500
CODE LETTER -						
1		INFORMATION SYSTEMS	5.02		108	1
2		PURCHASING/RECEIVENG/STORES	5.03		18,728	2
3		PATIENT ACCOUNTING	5.05		3,268	3
4		MAINTENANCE & REPAIRS	6		32	4
5		OPERATION OF PLANT	7		15	5
6		DIETARY	10		64	6
7		MEDICAL RECORDS & LIBRARY	16		586	7
8		ADULTS & PEDIATRICS	30		12	8
9		OPERATING ROOM	50		1,328	9
10		ANESTHESIOLOGY	53		11	10
11		RADIOLOGY-DIAGNOSTIC	54		122	11
12		LABORATORY	60		370	12
13		RESPIRATORY THERAPY	65		28	13
14		AUDIOLOGY	68.01		170	14
15		MEDICAL SUPPLIES CHRGED TO PA	71		60	15
16		DRUGS CHARGED TO PATIENTS	73		10	16
17		EMERGENCY	91		16	17
18		GIFT, FLOWER, COFFEE SHOP & C	190		3	18
19 POSTAGE EXPENSE	D	PHYSICIANS' PRIVATE OFFICES	192		10	19
500 TOTAL RECLASSIFICATIONS					24,941	500
CODE LETTER -						
1 INTEREST EXPENSE	E	INTEREST EXPENSE	113		243,241	11 1
500 TOTAL RECLASSIFICATIONS					243,241	500
CODE LETTER - E						
1		OPERATING ROOM	50		688,831	1
2		ANESTHESIOLOGY	53		3,274	2
3		RESPIRATORY THERAPY	65		21,842	3
4		PHYSICAL THERAPY	66		3,307	4
5		AUDIOLOGY	68.01		34	5
6		DRUGS CHARGED TO PATIENTS	73		4,441	6
7 MEDICAL SUPLP EXPENSE	F	EMERGENCY	91		27,272	7
500 TOTAL RECLASSIFICATIONS					749,001	500
CODE LETTER -						
1 PHARMACY EXPENSE	G	RADIOLOGY-DIAGNOSTIC	54		116,057	1
500 TOTAL RECLASSIFICATIONS					116,057	500
CODE LETTER - G						

RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 MAB EXPENSE	H	CAP REL COSTS-BLDG & FIXT	1		55,275	9	1
2		CAP REL COSTS-MVBLE EQUIP	2		5,246	9	2
3		OPERATION OF PLANT	7		37,744		3
500 TOTAL RECLASSIFICATIONS CODE LETTER - H					98,265		500
1 PROPERTY INSURANCE	I	OTHER ADMIN & GENERAL	5.06		41,773	12	1
500 TOTAL RECLASSIFICATIONS CODE LETTER - I					41,773		500
1		ADULTS & PEDIATRICS	30	95,262	6,419		1
2		RADIOLOGY-DIAGNOSTIC	54	1,982	1,963		2
3 OR PROCEDURES & DRUG ADMIN EXPENSE	J	LABORATORY	60	297	625		3
500 TOTAL RECLASSIFICATIONS CODE LETTER -				97,541	9,007		500
GRAND TOTAL (DECREASES)				249,307	1,379,409		

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS			DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASE	DONATION	TOTAL	AND	BALANCE	DEPRECIATED
	1	2	3	4	RETIREMENTS	6	ASSETS
					5		7
1 LAND	310,152	1,200,675		1,200,675		1,510,827	1
2 LAND IMPROVEMENTS	182,003					182,003	2
3 BUILDINGS AND FIXTURES	15,549,068	783,158		783,158		16,332,226	3
4 BUILDING IMPROVEMENTS							4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	10,170,915	1,199,719		1,199,719	20,280	11,350,354	6
7 HIT DESIGNATED ASSETS							7
8 SUBTOTAL (SUM OF LINES 1-7)	26,212,138	3,183,552		3,183,552	20,280	29,375,410	8
9 RECONCILING ITEMS							9
10 TOTAL (LINE 7 MINUS LINE 9)	26,212,138	3,183,552		3,183,552	20,280	29,375,410	10

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

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(1)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	288,018						288,018 1
1.01 CAP REL COSTS-MAB BUILDING							1.01
2 CAP REL COSTS-MVBLE EQUIP	1,103,451						1,103,451 2
2.01 CAP REL COSTS-MAB EQUIPMENT							2.01
3 TOTAL (SUM OF LINES 1-2)	1,391,469						1,391,469 3

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

DESCRIPTION	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO (COL. 1 - COL. 2)	RATIO (SEE INSTR.)	INSURANCE	TAXES	OTHER	TOTAL
							CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 5-7)
	1	2	3	4	5	6	7	8
1 CAP REL COSTS-BLDG & FIXT	16,227,631		16,227,631	0.582375				1
1.01 CAP REL COSTS-MAB BUILDING	286,598		286,598	0.010285				1.01
2 CAP REL COSTS-MVBLE EQUIP	11,337,147		11,337,147	0.406866				2
2.01 CAP REL COSTS-MAB EQUIPMENT	13,207		13,207	0.000474				2.01
3 TOTAL (SUM OF LINES 1-2)	27,864,583		27,864,583	1.000000				3

SUMMARY OF CAPITAL

DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER	TOTAL(2)
						CAPITAL-RELATED COSTS (SEE INSTR.)	(SUM OF COLS. 9-14)
	9	10	11	(SEE INSTR.)	(SEE INSTR.)	14	15
				12	13		
1 CAP REL COSTS-BLDG & FIXT	232,175			41,773			273,948 1
1.01 CAP REL COSTS-MAB BUILDING	55,275						55,275 1.01
2 CAP REL COSTS-MVBLE EQUIP	1,098,205	38,659					1,136,864 2
2.01 CAP REL COSTS-MAB EQUIPMENT	5,246						5,246 2.01
3 TOTAL	1,390,901	38,659		41,773			1,471,333 3

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2)			CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2)			CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-OTHER (CHAPTER 2)	B	-243,241	CAP REL COSTS-BLDG & FIXT	1	11 3
4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8)					4
5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8)	B	-1,485	OTHER ADMIN & GENERAL	5.06	5
6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8)	B	-6,240	LABORATORY	60	6
7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21)					7
8 TELEVISION AND RADIO SERVICE (CHAPTER 21)	A	-2,878	OTHER ADMIN & GENERAL	5.06	8
9 PARKING LOT (CHAPTER 21)					9
10 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1,614,418			10
11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)					11
12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10)	WKST A-8-1	-274,245			12
13 LAUNDRY AND LINEN SERVICE	B	-3,233	LAUNDRY & LINEN SERVICE	8	13
14 CAFETERIA - EMPLOYEES AND GUESTS	B	-50,746	CAFETERIA	11	14
15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS	B	-3,100	OTHER ADMIN & GENERAL	5.06	15
16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					16
17 SALE OF DRUGS TO OTHER THAN PATIENTS					17
18 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-2,721	MEDICAL RECORDS & LIBRARY	16	18
19 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					19
20 VENDING MACHINES	B	-1,922	CAFETERIA	11	20
21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21)					21
22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					22
23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				23
24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				24
25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21)			UTILIZATION REVIEW-SNF	114	25
26 DEPRECIATION--BUILDINGS & FIXTURES			CAP REL COSTS-BLDG & FIXT	1	26
27 DEPRECIATION--MOVABLE EQUIPMENT			CAP REL COSTS-MVBLE EQUIP	2	27
28 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	19	28
29 PHYSICIANS' ASSISTANT					29
30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				30
31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14)	WKST A-8-3				31
32 CAH HIT ADJ FOR DEPRECIATION AND					32
33 XRAY FILM REVENUE	B	-811	RADIOLOGY-DIAGNOSTIC	54	33
34 EDUCATIONAL CLASSES	B	-3,977	OTHER ADMIN & GENERAL	5.06	34
35 SANITARY MACHINES	B	-39	HOUSEKEEPING	9	35
36 SALE OF MEDICAL RECORDS	B	-1,415	PATIENT ACCOUNTING	5.05	36
37 MEALS ON WHEELS	B	-67,331	DIETARY	10	37
38 MESSAGE REVENUE	B	-7,384	PHYSICAL THERAPY	66	38
38.01 EMPLOYEE FITNESS	B	-1,445	PHYSICAL THERAPY	66	38.01
38.02 SPORTS MEDICINE	B	-1,700	PHYSICAL THERAPY	66	38.02
39 EQUIPMENT SERVICE & LEASE	B	-21,933	LABORATORY	60	39
40 MISCELLANEOUS REVENUE	B	-2,966	EMPLOYEE BENEFITS	4	40
40.01 MISCELLANEOUS REVENUE	B	-6,874	INFORMATION SYSTEMS	5.02	40.01
40.02 MISCELLANEOUS REVENUE	B	-171	PURCHASING/RECEIVENG/STORES	5.03	40.02
40.03 MISCELLANEOUS REVENUE	B	-10,053	PATIENT ACCOUNTING	5.05	40.03
40.04 MISCELLANEOUS REVENUE	B	-13,147	OTHER ADMIN & GENERAL	5.06	40.04
40.05 MISCELLANEOUS REVENUE	B	-2,194	MAINTENANCE & REPAIRS	6	40.05
40.06 MISCELLANEOUS REVENUE	B	-13,384	HOUSEKEEPING	9	40.06
40.07 MISCELLANEOUS REVENUE	B	-75	DIETARY	10	40.07
40.08 MISCELLANEOUS REVENUE	B	10,950	LABORATORY	60	40.08
40.09 MISCELLANEOUS REVENUE	B	-1,798	PHYSICAL THERAPY	66	40.09
40.10 MISCELLANEOUS REVENUE	B	-30,689	SPEECH PATHOLOGY	68	40.10
40.11 MISCELLANEOUS REVENUE	B	-4,922	AUDIOLOGY	68.01	40.11
40.12 MISCELLANEOUS REVENUE	B	-577	MEDICAL SUPPLIES CHRGED TO PATI	71	40.12
40.13 MISCELLANEOUS REVENUE	B	-1,641	CARDIAC REHABILITATION	76.97	40.13
41 PHYSICIAN RECRUITMENT EXPENSE	A	-173,544	OTHER ADMIN & GENERAL	5.06	41
41.01 HEALTH FAIR EXPENSE	A	-41,649	OTHER ADMIN & GENERAL	5.06	41.01
41.02 PUBLIC RELATIONS EXPENSE	A	-200	OTHER ADMIN & GENERAL	5.06	41.02
41.03 ADVERTISING EXPENSE	A	-520	OTHER ADMIN & GENERAL	5.06	41.03
41.04 LOBBYING DUES	A	-10,492	OTHER ADMIN & GENERAL	5.06	41.04
41.05 NONALLOW LEGAL FEES	A	-70,959	OTHER ADMIN & GENERAL	5.06	41.05

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
42 COMMUNITY REL SALARY EXPENSE	A	-95,270	OTHER ADMIN & GENERAL	5.06	42
42.01 COMMUNITY REL BENEFIT EXPENSE	A	-38,541	EMPLOYEE BENEFITS	4	42.01
42.02 COMMUNITY REL OTHER EXPENSE	A	-169,017	OTHER ADMIN & GENERAL	5.06	42.02
43 FUND DEVELOPMENT SALARY EXPENSE	A	-17,500	OTHER ADMIN & GENERAL	5.06	43
43.01 FUND DEVELOPMENT BENEFIT EXPENSE	A	-7,080	EMPLOYEE BENEFITS	4	43.01
44 DEPRECIATION LAPSING SCHEDULE	A	-568	CAP REL COSTS-BLDG & FIXT	1	9 44
45 NON REIMBURSABLE EXPENSE	A	-9,999	OTHER ADMIN & GENERAL	5.06	45
46 MEDICAID TAX ASSESSMENT	A	-236,288	OTHER ADMIN & GENERAL	5.06	46
47 SELF-INSURANCE EXPENSE	A	-479,250	EMPLOYEE BENEFITS	4	47
48 MEDICAL GROUP PURCHASE SVC EXPENSE	A	-959,481	PHYSICIANS' PRIVATE OFFICES	192	48
49					49
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,698,163			50
TRANSFER TO WKST A, COL. 6, LINE 200)					



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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL. 5)	NET ADJ- USTMENTS (COL. 4-5)	WKST A-7 REF	
1	2	3	4	5	6	7	
1	4	EMPLOYEE BENEFITS	HEALTH & DENTAL PREMIUMS	2,084,258	2,196,056	-111,798	1
2	5.02	INFORMATION SYSTEMS	COMPUTER FEES	623,788		623,788	2
3	5.06	OTHER ADMIN & GENERAL	MANAGEMENT FEES	593,765	1,380,000	-786,235	3
4							4
5		TOTALS (SUM OF LINES 1-4)		3,301,811	3,576,056	-274,245	5
		TRANSFER COL. 6, LINE 5 TO					
		WKST A-8, COL. 2, LINE 12.					

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
B			HOSPITAL SISTERS HEALTH SYSTEM	100.00	CORPORATE OFFICE		6
							7
							8
							9
							10

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	5 PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	53 ANESTHESIOLOGY	413,868	413,868					1
2	60 LABORATORY	64,290		64,290				2
3	65 RESPIRATORY THERAPY	30,220	30,220					3
4	91 EMERGENCY	1,310,529	909,146	401,383				4
5	91 EMERGENCY	261,184	261,184					5
200	TOTAL	2,080,091	1,614,418	465,673				200



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ALLOCATION (FROM WKST A, COL.7) 0	CAP BLDGS & FIXTURES 1	CAP REL MAB BUILDING 1.01	CAP MOVABLE EQUIPMENT 2	CAP REL MAB EQUIPMENT 2.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	273,948	273,948				1
1.01 CAP REL COSTS-MAB BUILDING	55,275		55,275			1.01
2 CAP REL COSTS-MVBLE EQUIP	1,136,864			1,136,864		2
2.01 CAP REL COSTS-MAB EQUIPMENT	5,246				5,246	2.01
4 EMPLOYEE BENEFITS	3,002,628	1,787				4
5.01 COMMUNICATIONS	64,132	256		49,399		5.01
5.02 INFORMATION SYSTEMS	774,978	7,230		215,812		5.02
5.03 PURCHASING/RECEIVENG/STORES	131,009	8,255		3,175		5.03
5.04 ADMITTING	159,169	1,154		2,069		5.04
5.05 PATIENT ACCOUNTING	281,763	3,913		2,553		5.05
5.06 OTHER ADMIN & GENERAL	2,445,458	24,203		18,067		5.06
6 MAINTENANCE & REPAIRS	227,910	13,339		10,581		6
7 OPERATION OF PLANT	619,641	20,943		99,106		7
7.01 PLANT OPS-MAB BUILDING	37,744					7.01
8 LAUNDRY & LINEN SERVICE	67,789	7,087				8
9 HOUSEKEEPING	321,493	5,602		1,718		9
10 DIETARY	135,131	9,875		9,418		10
11 CAFETERIA	223,873	8,908		2,524		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	480,201	2,135		165		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	417,525	7,199		4,317		16
17 SOCIAL SERVICE	54,216	886				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	1,254,383	29,776		46,842		30
31 INTENSIVE CARE UNIT	37,860	7,406		2,139		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	729,190	35,445		87,022		50
53 ANESTHESIOLOGY	28,390			13,695		53
54 RADIOLOGY-DIAGNOSTIC	1,185,225	12,835	1,420	404,731		54
60 LABORATORY	1,616,994	11,374		58,820		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	211,482	6,589		8,375		65
66 PHYSICAL THERAPY	461,975	5,608	13,934	6,746		66
67 OCCUPATIONAL THERAPY	74,990	1,876	1,131			67
68 SPEECH PATHOLOGY	16,033		1,367	341		68
68.01 AUDIOLOGY	139,693		1,371	875		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	519,943	6,255		8,985		71
72 IMPL. DEV. CHARGED TO PATIENT	388,578					72
73 DRUGS CHARGED TO PATIENTS	919,921	3,620		39,566		73
76.97 CARDIAC REHABILITATION	99,584		2,276	8,879		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	996,576	12,812		21,102		91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	425,893	12,936		1,510		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	20,022,703	269,304	21,499	1,128,532		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,536	771		469		190
192 PHYSICIANS' PRIVATE OFFICES	108,371	2,512	33,776	7,863	5,246	192
193 NONPAID WORKERS						193
194 TRANSPORTATION	29,413					194
194.01 FUND DEVELOPMENT		1,361				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	20,172,023	273,948	55,275	1,136,864	5,246	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS 4	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	ADMITTING 5.04	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS	3,004,415					4
5.01 COMMUNICATIONS		113,787				5.01
5.02 INFORMATION SYSTEMS	24,283	5,732	1,028,035			5.02
5.03 PURCHASING/RECEIVING/STORES	39,821	2,866	11,174	196,300		5.03
5.04 ADMITTING	51,888	1,720	55,871	925	272,796	5.04
5.05 PATIENT ACCOUNTING	87,272	4,586	55,871	311		5.05
5.06 OTHER ADMIN & GENERAL	278,510	8,885	223,490	923		5.06
6 MAINTENANCE & REPAIRS	74,496	3,439	11,174	418		6
7 OPERATION OF PLANT	61,593			232		7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE		287		210		8
9 HOUSEKEEPING	117,724	1,720	11,174	666		9
10 DIETARY	54,260	1,433	11,174	9,750		10
11 CAFETERIA	65,604	287	11,174	3,774		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	176,312	1,433	11,174	138		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	119,027	5,732	33,523	321		16
17 SOCIAL SERVICE	19,513	573	11,174	2		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	434,699	11,465	55,871	6,923	46,081	30
31 INTENSIVE CARE UNIT	13,221	2,866		195	2,663	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	231,466	8,885	33,523	3,613	19,181	50
53 ANESTHESIOLOGY			11,174	24	9,535	53
54 RADIOLOGY-DIAGNOSTIC	218,735	5,732	67,046	9,683	24,959	54
60 LABORATORY	194,686	4,872	44,697	68,714	50,790	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	58,032	2,006	11,174	431	10,882	65
66 PHYSICAL THERAPY	168,162	6,592	11,174	355	9,814	66
67 OCCUPATIONAL THERAPY	27,536	573		33	3,008	67
68 SPEECH PATHOLOGY	23,516	287			533	68
68.01 AUDIOLOGY	25,360	573	22,349	8,403		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	24,499	1,146	11,174	41,280	28,801	71
72 IMPL. DEV. CHARGED TO PATIENT				35,841	12,347	72
73 DRUGS CHARGED TO PATIENTS	141,917	1,720	22,349	351	50,395	73
76.97 CARDIAC REHABILITATION	36,325	573	11,174	267		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	212,019	4,013	67,046	576	3,807	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	21	2,006	11,174	354		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	2,980,497	92,002	826,898	194,713	272,796	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,433		962		190
192 PHYSICIANS' PRIVATE OFFICES	15,586	19,778	201,137	623		192
193 NONPAID WORKERS	8,332					193
194 TRANSPORTATION		287		2		194
194.01 FUND DEVELOPMENT		287				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	3,004,415	113,787	1,028,035	196,300	272,796	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PATIENT ACCOUNTING 5.05	SUBTOTAL (COLS. 0-4) 4A	OTHER ADMIN & GENERAL 5.06	MAIN-TENANCE + REPAIRS 6	OPERATION OF PLANT 7	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING	436,269					5.05
5.06 OTHER ADMIN & GENERAL		2,999,536	2,999,536			5.06
6 MAINTENANCE & REPAIRS		341,357	59,625	400,982		6
7 OPERATION OF PLANT		801,515	140,001		941,516	7
7.01 PLANT OPS-MAB BUILDING		37,744	6,593			7.01
8 LAUNDRY & LINEN SERVICE		75,373	13,165	4,640	34,594	8
9 HOUSEKEEPING		460,097	80,366	7,011	27,347	9
10 DIETARY		231,041	40,356	22,065	48,204	10
11 CAFETERIA		316,144	55,221	3,093	43,485	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		671,558	117,302	11,445	10,422	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		587,644	102,644	1,443	35,142	16
17 SOCIAL SERVICE		86,364	15,085	825	4,326	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	21,555	1,907,595	333,202	110,224	145,358	30
31 INTENSIVE CARE UNIT	1,108	67,458	11,783	2,268	36,153	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	34,488	1,182,813	206,603	101,766	173,041	50
53 ANESTHESIOLOGY	10,476	73,294	12,802			53
54 RADIOLOGY-DIAGNOSTIC	117,142	2,047,508	357,640	21,549	62,657	54
60 LABORATORY	110,852	2,161,799	377,605	13,919	55,522	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	14,345	323,316	56,474	8,558	32,164	65
66 PHYSICAL THERAPY	12,259	696,619	121,679	6,186	27,375	66
67 OCCUPATIONAL THERAPY	2,241	111,388	19,456		9,158	67
68 SPEECH PATHOLOGY	557	42,634	7,447			68
68.01 AUDIOLOGY	1,906	200,530	35,027	412		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	18,251	660,334	115,341	2,475	30,535	71
72 IMPL. DEV. CHARGED TO PATIENT	6,248	443,014	77,382			72
73 DRUGS CHARGED TO PATIENTS	33,984	1,213,823	212,020	1,134	17,669	73
76.97 CARDIAC REHABILITATION	1,373	160,451	28,026	4,330		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	44,837	1,362,788	238,040	29,076	62,545	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	4,647	458,541	80,094	8,558	63,149	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	436,269	19,722,278	2,920,979	360,977	918,846	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,171	2,650		3,764	190
192 PHYSICIANS' PRIVATE OFFICES		394,892	68,976	40,005	12,262	192
193 NONPAID WORKERS		8,332	1,455			193
194 TRANSPORTATION		29,702	5,188			194
194.01 FUND DEVELOPMENT		1,648	288		6,644	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	436,269	20,172,023	2,999,536	400,982	941,516	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PLANT OPS	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	MAB BUILDING 7.01	& LINEN SERVICE 8	KEEPING 9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPS-MAB BUILDING	44,337					7.01
8 LAUNDRY & LINEN SERVICE		127,772				8
9 HOUSEKEEPING		9,163	583,984			9
10 DIETARY		3,743	81	345,490		10
11 CAFETERIA		690	26,022		444,655	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			447		23,328	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			5,570		37,340	16
17 SOCIAL SERVICE			244		3,849	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		52,613	199,797	276,501	107,711	30
31 INTENSIVE CARE UNIT		799	10,734	5,370	2,156	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		19,052	58,996	11,359	45,078	50
53 ANESTHESIOLOGY			203			53
54 RADIOLOGY-DIAGNOSTIC	1,139	9,804	28,502		39,226	54
60 LABORATORY		130	26,469		46,887	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		761	14,109		15,590	65
66 PHYSICAL THERAPY	11,177	11,938	24,843		30,988	66
67 OCCUPATIONAL THERAPY	907				3,811	67
68 SPEECH PATHOLOGY	1,096				3,349	68
68.01 AUDIOLOGY	1,099		2,399		4,350	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		749	5,611		7,737	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			7,278		15,090	73
76.97 CARDIAC REHABILITATION	1,826		3,131		6,082	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		17,070	58,061	7,482	40,420	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		40	15,776	44,778		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	17,244	126,552	488,273	345,490	432,992	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	27,093	1,220	95,711		7,737	192
193 NONPAID WORKERS						193
194 TRANSPORTATION					3,888	194
194.01 FUND DEVELOPMENT					38	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	44,337	127,772	583,984	345,490	444,655	202

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-MAB BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
2.01 CAP REL COSTS-MAB EQUIPMENT					2.01
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPS-MAB BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	834,502				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		769,783			16
17 SOCIAL SERVICE		4,469	115,162		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	412,018	174,570	112,967	3,832,556	30
31 INTENSIVE CARE UNIT	13,817	3,352	2,066	155,956	31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	199,692	75,693		2,074,093	50
53 ANESTHESIOLOGY				86,299	53
54 RADIOLOGY-DIAGNOSTIC		179,877		2,747,902	54
60 LABORATORY		60,890		2,743,221	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				450,972	65
66 PHYSICAL THERAPY		12,290		943,095	66
67 OCCUPATIONAL THERAPY		3,072		147,792	67
68 SPEECH PATHOLOGY		559		55,085	68
68.01 AUDIOLOGY		8,100		251,917	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				822,782	71
72 IMPL. DEV. CHARGED TO PATIENT				520,396	72
73 DRUGS CHARGED TO PATIENTS				1,467,014	73
76.97 CARDIAC REHABILITATION	38,328			242,174	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	168,350	232,945	129	2,216,906	91
92 OBSERVATION BEDS					92
93 O/P GERIATRIC PSYCH CENTER		13,966		684,902	93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	832,205	769,783	115,162	19,443,062	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				21,585	190
192 PHYSICIANS' PRIVATE OFFICES	2,297			650,193	192
193 NONPAID WORKERS				9,787	193
194 TRANSPORTATION				38,778	194
194.01 FUND DEVELOPMENT				8,618	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	834,502	769,783	115,162	20,172,023	202



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	CAP REL COSTS-MAB BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
2.01	CAP REL COSTS-MAB EQUIPMENT		2.01
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	INFORMATION SYSTEMS		5.02
5.03	PURCHASING/RECEIVENG/STORES		5.03
5.04	ADMITTING		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	OTHER ADMIN & GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPS-MAB BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	3,832,556	30
31	INTENSIVE CARE UNIT	155,956	31
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	2,074,093	50
53	ANESTHESIOLOGY	86,299	53
54	RADIOLOGY-DIAGNOSTIC	2,747,902	54
60	LABORATORY	2,743,221	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	450,972	65
66	PHYSICAL THERAPY	943,095	66
67	OCCUPATIONAL THERAPY	147,792	67
68	SPEECH PATHOLOGY	55,085	68
68.01	AUDIOLOGY	251,917	68.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	822,782	71
72	IMPL. DEV. CHARGED TO PATIENT	520,396	72
73	DRUGS CHARGED TO PATIENTS	1,467,014	73
76.97	CARDIAC REHABILITATION	242,174	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	2,216,906	91
92	OBSERVATION BEDS		92
93	O/P GERIATRIC PSYCH CENTER	684,902	93
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	19,443,062	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,585	190
192	PHYSICIANS' PRIVATE OFFICES	650,193	192
193	NONPAID WORKERS	9,787	193
194	TRANSPORTATION	38,778	194
194.01	FUND DEVELOPMENT	8,618	194.01
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	20,172,023	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	CAP BLDGS & FIXTURES 1	CAP REL MAB BUILDING 1.01	CAP MOVABLE EQUIPMENT 2	CAP REL MAB EQUIPMENT 2.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS		1,787				4
5.01 COMMUNICATIONS		256		49,399		5.01
5.02 INFORMATION SYSTEMS	219,702	7,230		215,812		5.02
5.03 PURCHASING/RECEIVENG/STORES		8,255		3,175		5.03
5.04 ADMITTING		1,154		2,069		5.04
5.05 PATIENT ACCOUNTING		3,913		2,553		5.05
5.06 OTHER ADMIN & GENERAL	14,317	24,203		18,067		5.06
6 MAINTENANCE & REPAIRS		13,339		10,581		6
7 OPERATION OF PLANT		20,943		99,106		7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE		7,087				8
9 HOUSEKEEPING		5,602		1,718		9
10 DIETARY		9,875		9,418		10
11 CAFETERIA		8,908		2,524		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		2,135		165		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		7,199		4,317		16
17 SOCIAL SERVICE		886				17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		29,776		46,842		30
31 INTENSIVE CARE UNIT		7,406		2,139		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		35,445		87,022		50
53 ANESTHESIOLOGY				13,695		53
54 RADIOLOGY-DIAGNOSTIC		12,835	1,420	404,731		54
60 LABORATORY		11,374		58,820		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		6,589		8,375		65
66 PHYSICAL THERAPY		5,608	13,934	6,746		66
67 OCCUPATIONAL THERAPY		1,876	1,131			67
68 SPEECH PATHOLOGY			1,367	341		68
68.01 AUDIOLOGY			1,371	875		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		6,255		8,985		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		3,620		39,566		73
76.97 CARDIAC REHABILITATION			2,276	8,879		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		12,812		21,102		91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		12,936		1,510		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	234,019	269,304	21,499	1,128,532		118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		771		469		190
192 PHYSICIANS' PRIVATE OFFICES		2,512	33,776	7,863	5,246	192
193 NONPAID WORKERS						193
194 TRANSPORTATION						194
194.01 FUND DEVELOPMENT		1,361				194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	234,019	273,948	55,275	1,136,864	5,246	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	SUBTOTAL 2A	EMPLOYEE BENEFITS 4	COMMUNICAT 5.01	INFORMATIO TECHNOLOGY 5.02	PURCHASING RECEIVING STORES 5.03	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS	1,787	1,787				4
5.01 COMMUNICATIONS	49,655		49,655			5.01
5.02 INFORMATION SYSTEMS	442,744	14	2,502	445,260		5.02
5.03 PURCHASING/RECEIVENG/STORES	11,430	24	1,251	4,840	17,545	5.03
5.04 ADMITTING	3,223	31	750	24,199	83	5.04
5.05 PATIENT ACCOUNTING	6,466	52	2,001	24,199	28	5.05
5.06 OTHER ADMIN & GENERAL	56,587	166	3,877	96,792	82	5.06
6 MAINTENANCE & REPAIRS	23,920	44	1,501	4,840	37	6
7 OPERATION OF PLANT	120,049	37			21	7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	7,087		125		19	8
9 HOUSEKEEPING	7,320	70	750	4,840	59	9
10 DIETARY	19,293	32	625	4,840	871	10
11 CAFETERIA	11,432	39	125	4,840	337	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	2,300	105	625	4,840	12	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	11,516	71	2,502	14,519	29	16
17 SOCIAL SERVICE	886	12	250	4,840		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	76,618	257	5,003	24,199	619	30
31 INTENSIVE CARE UNIT	9,545	8	1,251		17	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	122,467	138	3,877	14,519	323	50
53 ANESTHESIOLOGY	13,695			4,840	2	53
54 RADIOLOGY-DIAGNOSTIC	418,986	130	2,502	29,039	865	54
60 LABORATORY	70,194	116	2,126	19,359	6,143	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	14,964	35	876	4,840	39	65
66 PHYSICAL THERAPY	26,288	100	2,877	4,840	32	66
67 OCCUPATIONAL THERAPY	3,007	16	250		3	67
68 SPEECH PATHOLOGY	1,708	14	125			68
68.01 AUDIOLOGY	2,246	15	250	9,680	751	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	15,240	15	500	4,840	3,690	71
72 IMPL. DEV. CHARGED TO PATIENT					3,203	72
73 DRUGS CHARGED TO PATIENTS	43,186	84	750	9,680	31	73
76.97 CARDIAC REHABILITATION	11,155	22	250	4,840	24	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	33,914	126	1,751	29,039	51	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	14,446		876	4,840	32	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	1,653,354	1,773	40,148	358,144	17,403	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,240		625		86	190
192 PHYSICIANS' PRIVATE OFFICES	49,397	9	8,632	87,116	56	192
193 NONPAID WORKERS		5				193
194 TRANSPORTATION			125			194
194.01 FUND DEVELOPMENT	1,361		125			194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	1,705,352	1,787	49,655	445,260	17,545	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	ADMITTING	PATIENT	OTHER	MAIN-	OPERATION	
	5.04	ACCOUNTING	ADMIN &	TENANCE +	OF PLANT	
		5.05	GENERAL	REPAIRS		7
			5.06	6		
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING	28,286					5.04
5.05 PATIENT ACCOUNTING		32,746				5.05
5.06 OTHER ADMIN & GENERAL			157,504			5.06
6 MAINTENANCE & REPAIRS			3,131	33,473		6
7 OPERATION OF PLANT			7,351		127,458	7
7.01 PLANT OPS-MAB BUILDING			346			7.01
8 LAUNDRY & LINEN SERVICE			691	387	4,683	8
9 HOUSEKEEPING			4,220	585	3,702	9
10 DIETARY			2,119	1,842	6,526	10
11 CAFETERIA			2,900	258	5,887	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			6,160	955	1,411	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			5,390	120	4,757	16
17 SOCIAL SERVICE			792	69	586	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	4,778	1,617	17,496	9,204	19,678	30
31 INTENSIVE CARE UNIT	276	83	619	189	4,894	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	1,989	2,587	10,849	8,495	23,425	50
53 ANESTHESIOLOGY	989	786	672			53
54 RADIOLOGY-DIAGNOSTIC	2,588	8,807	18,780	1,799	8,482	54
60 LABORATORY	5,267	8,315	19,828	1,162	7,516	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	1,128	1,076	2,965	714	4,354	65
66 PHYSICAL THERAPY	1,018	920	6,389	516	3,706	66
67 OCCUPATIONAL THERAPY	312	168	1,022		1,240	67
68 SPEECH PATHOLOGY	55	42	391			68
68.01 AUDIOLOGY		143	1,839	34		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,986	1,369	6,057	207	4,134	71
72 IMPL. DEV. CHARGED TO PATIENT	1,280	469	4,063			72
73 DRUGS CHARGED TO PATIENTS	5,225	2,549	11,133	95	2,392	73
76.97 CARDIAC REHABILITATION		103	1,472	361		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	395	3,363	12,499	2,427	8,467	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		349	4,206	714	8,549	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	28,286	32,746	153,380	30,133	124,389	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			139		510	190
192 PHYSICIANS' PRIVATE OFFICES			3,622	3,340	1,660	192
193 NONPAID WORKERS			76			193
194 TRANSPORTATION			272			194
194.01 FUND DEVELOPMENT			15		899	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	28,286	32,746	157,504	33,473	127,458	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	PLANT OPS	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	
	MAB BUILDING 7.01	& LINEN SERVICE 8	KEEPING 9	10	11	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPS-MAB BUILDING	346					7.01
8 LAUNDRY & LINEN SERVICE		12,992				8
9 HOUSEKEEPING		932	22,478			9
10 DIETARY		381	3	36,532		10
11 CAFETERIA		70	1,002		26,890	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION			17		1,411	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY			214		2,258	16
17 SOCIAL SERVICE			9		233	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		5,350	7,691	29,237	6,514	30
31 INTENSIVE CARE UNIT		81	413	568	130	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,937	2,271	1,201	2,726	50
53 ANESTHESIOLOGY			8			53
54 RADIOLOGY-DIAGNOSTIC	9	997	1,097		2,372	54
60 LABORATORY		13	1,019		2,835	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		77	543		943	65
66 PHYSICAL THERAPY	87	1,214	956		1,874	66
67 OCCUPATIONAL THERAPY	7				230	67
68 SPEECH PATHOLOGY	9				203	68
68.01 AUDIOLOGY	9		92		263	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		76	216		468	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS			280		913	73
76.97 CARDIAC REHABILITATION	14		121		368	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		1,736	2,235	791	2,444	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		4	607	4,735		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
113 INTEREST EXPENSE						113
118 SUBTOTALS (SUM OF LINES 1-117)	135	12,868	18,794	36,532	26,185	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	211	124	3,684		468	192
193 NONPAID WORKERS						193
194 TRANSPORTATION					235	194
194.01 FUND DEVELOPMENT					2	194.01
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 TOTAL (SUM OF LINES 118-201)	346	12,992	22,478	36,532	26,890	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NURSING ADMINIS- TRATION 13	MEDICAL RECORDS & LIBRARY 16	SOCIAL SERVICE 17	SUBTOTAL 24	I&R COST & POST STEP- DOWN ADJS 25
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-MAB BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
2.01 CAP REL COSTS-MAB EQUIPMENT					2.01
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPS-MAB BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION	17,836				13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY		41,376			16
17 SOCIAL SERVICE		240	7,917		17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES APPRVD					21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	8,807	9,383	7,766	234,217	30
31 INTENSIVE CARE UNIT	295	180	142	18,691	31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	4,268	4,069		205,141	50
53 ANESTHESIOLOGY				20,992	53
54 RADIOLOGY-DIAGNOSTIC		9,668		506,121	54
60 LABORATORY		3,273		147,166	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY				32,554	65
66 PHYSICAL THERAPY		661		51,478	66
67 OCCUPATIONAL THERAPY		165		6,420	67
68 SPEECH PATHOLOGY		30		2,577	68
68.01 AUDIOLOGY		435		15,757	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS				39,798	71
72 IMPL. DEV. CHARGED TO PATIENT				9,015	72
73 DRUGS CHARGED TO PATIENTS				76,318	73
76.97 CARDIAC REHABILITATION	819			19,549	76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	3,598	12,521	9	115,366	91
92 OBSERVATION BEDS					92
93 O/P GERIATRIC PSYCH CENTER		751		40,109	93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)	17,787	41,376	7,917	1,541,269	118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN				2,600	190
192 PHYSICIANS' PRIVATE OFFICES	49			158,368	192
193 NONPAID WORKERS				81	193
194 TRANSPORTATION				632	194
194.01 FUND DEVELOPMENT				2,402	194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINES 118-201)	17,836	41,376	7,917	1,705,352	202

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		26	
GENERAL SERVICE COST CENTERS			
1	CAP REL COSTS-BLDG & FIXT		1
1.01	CAP REL COSTS-MAB BUILDING		1.01
2	CAP REL COSTS-MVBLE EQUIP		2
2.01	CAP REL COSTS-MAB EQUIPMENT		2.01
4	EMPLOYEE BENEFITS		4
5.01	COMMUNICATIONS		5.01
5.02	INFORMATION SYSTEMS		5.02
5.03	PURCHASING/RECEIVENG/STORES		5.03
5.04	ADMITTING		5.04
5.05	PATIENT ACCOUNTING		5.05
5.06	OTHER ADMIN & GENERAL		5.06
6	MAINTENANCE & REPAIRS		6
7	OPERATION OF PLANT		7
7.01	PLANT OPS-MAB BUILDING		7.01
8	LAUNDRY & LINEN SERVICE		8
9	HOUSEKEEPING		9
10	DIETARY		10
11	CAFETERIA		11
12	MAINTENANCE OF PERSONNEL		12
13	NURSING ADMINISTRATION		13
14	CENTRAL SERVICES & SUPPLY		14
15	PHARMACY		15
16	MEDICAL RECORDS & LIBRARY		16
17	SOCIAL SERVICE		17
19	NONPHYSICIAN ANESTHETISTS		19
20	NURSING SCHOOL		20
21	I&R SRVCES-SALARY & FRINGES APPRVD		21
22	I&R SRVCES-OTHER PRGM COSTS APPRVD		22
23	PARAMED ED PRGM-(SPECIFY)		23
INPATIENT ROUTINE SERV COST CENTERS			
30	ADULTS & PEDIATRICS	234,217	30
31	INTENSIVE CARE UNIT	18,691	31
ANCILLARY SERVICE COST CENTERS			
50	OPERATING ROOM	205,141	50
53	ANESTHESIOLOGY	20,992	53
54	RADIOLOGY-DIAGNOSTIC	506,121	54
60	LABORATORY	147,166	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS		62.30
65	RESPIRATORY THERAPY	32,554	65
66	PHYSICAL THERAPY	51,478	66
67	OCCUPATIONAL THERAPY	6,420	67
68	SPEECH PATHOLOGY	2,577	68
68.01	AUDIOLOGY	15,757	68.01
71	MEDICAL SUPPLIES CHRGD TO PATIENTS	39,798	71
72	IMPL. DEV. CHARGED TO PATIENT	9,015	72
73	DRUGS CHARGED TO PATIENTS	76,318	73
76.97	CARDIAC REHABILITATION	19,549	76.97
76.98	HYPERBARIC OXYGEN THERAPY		76.98
76.99	LITHOTRIPSY		76.99
OUTPATIENT SERVICE COST CENTERS			
91	EMERGENCY	115,366	91
92	OBSERVATION BEDS		92
93	O/P GERIATRIC PSYCH CENTER	40,109	93
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
113	INTEREST EXPENSE		113
118	SUBTOTALS (SUM OF LINES 1-117)	1,541,269	118
NONREIMBURSABLE COST CENTERS			
190	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,600	190
192	PHYSICIANS' PRIVATE OFFICES	158,368	192
193	NONPAID WORKERS	81	193
194	TRANSPORTATION	632	194
194.01	FUND DEVELOPMENT	2,402	194.01
200	CROSS FOOT ADJUSTMENTS		200
201	NEGATIVE COST CENTER		201
202	TOTAL (SUM OF LINES 118-201)	1,705,352	202

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAP BLDGS & FIXTURES SQUARE FEET 1	CAP REL MAB BUILDING SQUARE FOOTAGE 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	CAP REL MAB EQUIPMENT DEPREC EXP 2.01	EMPLOYEE BENEFITS GROSS SALARIES 4	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT	95,213					1
1.01 CAP REL COSTS-MAB BUILDING		15,689				1.01
2 CAP REL COSTS-MVBLE EQUIP			1,142,113			2
2.01 CAP REL COSTS-MAB EQUIPMENT				5,246		2.01
4 EMPLOYEE BENEFITS	621				8,122,218	4
5.01 COMMUNICATIONS	89		49,627			5.01
5.02 INFORMATION SYSTEMS	2,513		216,808		65,648	5.02
5.03 PURCHASING/RECEIVENG/STORES	2,869		3,190		107,653	5.03
5.04 ADMITTING	401		2,079		140,276	5.04
5.05 PATIENT ACCOUNTING	1,360		2,565		235,933	5.05
5.06 OTHER ADMIN & GENERAL	8,412		18,150		752,930	5.06
6 MAINTENANCE & REPAIRS	4,636		10,630		201,395	6
7 OPERATION OF PLANT	7,279		99,564		166,512	7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	2,463					8
9 HOUSEKEEPING	1,947		1,726		318,259	9
10 DIETARY	3,432		9,461		146,688	10
11 CAFETERIA	3,096		2,536		177,355	11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	742		166		476,647	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	2,502		4,337		321,781	16
17 SOCIAL SERVICE	308				52,751	17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	10,349		47,058		1,175,181	30
31 INTENSIVE CARE UNIT	2,574		2,149		35,742	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	12,320		87,424		625,752	50
53 ANESTHESIOLOGY			13,758			53
54 RADIOLOGY-DIAGNOSTIC	4,461	403	406,599		591,333	54
60 LABORATORY	3,953		59,092		526,318	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	2,290		8,414		156,884	65
66 PHYSICAL THERAPY	1,949	3,955	6,777		454,613	66
67 OCCUPATIONAL THERAPY	652	321			74,442	67
68 SPEECH PATHOLOGY		388	343		63,574	68
68.01 AUDIOLOGY		389	879		68,560	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	2,174		9,026		66,231	71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS	1,258		39,749		383,662	73
76.97 CARDIAC REHABILITATION		646	8,920		98,203	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	4,453		21,199		573,178	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	4,496		1,517		57	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	93,599	6,102	1,133,743		8,057,558	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	268		471			190
192 PHYSICIANS' PRIVATE OFFICES	873	9,587	7,899	5,246	42,135	192
193 NONPAID WORKERS					22,525	193
194 TRANSPORTATION						194
194.01 FUND DEVELOPMENT	473					194.01



PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND  
 PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
 01/30/2012 14:54

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		CAP BLDGS & FIXTURES SQUARE FEET 1	CAP REL MAB BUILDING SQUARE FOOTAGE 1.01	CAP MOVABLE EQUIPMENT DOLLAR VALUE 2	CAP REL MAB EQUIPMENT DEPREC EXP 2.01	EMPLOYEE BENEFITS GROSS SALARIES 4	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	273,948	55,275	1,136,864	5,246	3,004,415	202
203	UNIT COST MULT-WS B PT I	2.877212	3.523169	0.995404	1.000000	0.369901	203
204	COST TO BE ALLOC PER B PT II					1,787	204
205	UNIT COST MULT-WS B PT II					0.000220	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	COMMUNICAT TELEPHONES 5.01	INFORMATIO TECHNOLOGY TIME SPENT 5.02	PURCHASING RECEIVING STORES SUPPLY EXPENSE 5.03	ADMITTING INPATIENT REVENUE 5.04	PATIENT ACCOUNTING TOTAL REVENUE 5.05	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS	397					5.01
5.02 INFORMATION SYSTEMS	20	92				5.02
5.03 PURCHASING/RECEIVENG/STORES	10	1	2,128,207			5.03
5.04 ADMITTING	6	5	10,028	14,113,690		5.04
5.05 PATIENT ACCOUNTING	16	5	3,370		54,268,485	5.05
5.06 OTHER ADMIN & GENERAL	31	20	10,006			5.06
6 MAINTENANCE & REPAIRS	12	1	4,535			6
7 OPERATION OF PLANT			2,512			7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	1		2,279			8
9 HOUSEKEEPING	6	1	7,216			9
10 DIETARY	5	1	105,703			10
11 CAFETERIA	1	1	40,921			11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION	5	1	1,492			13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY	20	3	3,475			16
17 SOCIAL SERVICE	2	1	21			17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	40	5	75,054	2,384,180	2,681,261	30
31 INTENSIVE CARE UNIT	10		2,118	137,778	137,778	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	31	3	39,175	992,401	4,290,080	50
53 ANESTHESIOLOGY		1	257	493,307	1,303,102	53
54 RADIOLOGY-DIAGNOSTIC	20	6	104,979	1,291,327	14,571,471	54
60 LABORATORY	17	4	744,978	2,627,470	13,789,260	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	7	1	4,672	563,042	1,784,432	65
66 PHYSICAL THERAPY	23	1	3,850	507,743	1,524,926	66
67 OCCUPATIONAL THERAPY	2		359	155,612	278,715	67
68 SPEECH PATHOLOGY	1		4	27,588	69,248	68
68.01 AUDIOLOGY	2	2	91,098		237,073	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	4	1	447,539	1,490,127	2,270,270	71
72 IMPL. DEV. CHARGED TO PATIENT			388,578	638,803	777,156	72
73 DRUGS CHARGED TO PATIENTS	6	2	3,801	2,607,332	4,227,446	73
76.97 CARDIAC REHABILITATION	2	1	2,891		170,796	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	14	6	6,244	196,980	5,577,398	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	7	1	3,840		578,073	93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	321	74	2,110,995	14,113,690	54,268,485	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5		10,430			190
192 PHYSICIANS' PRIVATE OFFICES	69	18	6,758			192
193 NONPAID WORKERS						193
194 TRANSPORTATION	1		24			194
194.01 FUND DEVELOPMENT	1					194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		COMMUNICAT TELEPHONES 5.01	INFORMATIO TECHNOLOGY TIME SPENT 5.02	PURCHASING RECEIVING STORES SUPPLY EXPENSE 5.03	ADMITTING INPATIENT REVENUE 5.04	PATIENT ACCOUNTING TOTAL REVENUE 5.05	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	113,787	1,028,035	196,300	272,796	436,269	202
203	UNIT COST MULT-WS B PT I	286.617128	11,174.293478	0.092237	0.019328	0.008039	203
204	COST TO BE ALLOC PER B PT II	49,655	445,260	17,545	28,286	32,746	204
205	UNIT COST MULT-WS B PT II	125.075567	4,839.782609	0.008244	0.002004	0.000603	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS TIME SPENT	OPERATION OF PLANT SQUARE FEET	PLANT OPS MAB BUILDING SQUARE FOOTAGE	
	5A.06	5.06	6	7	7.01	
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL	-2,999,536	17,172,487				5.06
6 MAINTENANCE & REPAIRS		341,357	3,889			6
7 OPERATION OF PLANT		801,515		67,033		7
7.01 PLANT OPS-MAB BUILDING		37,744			15,689	7.01
8 LAUNDRY & LINEN SERVICE		75,373	45	2,463		8
9 HOUSEKEEPING		460,097	68	1,947		9
10 DIETARY		231,041	214	3,432		10
11 CAFETERIA		316,144	30	3,096		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		671,558	111	742		13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		587,644	14	2,502		16
17 SOCIAL SERVICE		86,364	8	308		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS		1,907,595	1,069	10,349		30
31 INTENSIVE CARE UNIT		67,458	22	2,574		31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM		1,182,813	987	12,320		50
53 ANESTHESIOLOGY		73,294				53
54 RADIOLOGY-DIAGNOSTIC		2,047,508	209	4,461	403	54
60 LABORATORY		2,161,799	135	3,953		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY		323,316	83	2,290		65
66 PHYSICAL THERAPY		696,619	60	1,949	3,955	66
67 OCCUPATIONAL THERAPY		111,388		652	321	67
68 SPEECH PATHOLOGY		42,634			388	68
68.01 AUDIOLOGY		200,530	4		389	68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS		660,334	24	2,174		71
72 IMPL. DEV. CHARGED TO PATIENT		443,014				72
73 DRUGS CHARGED TO PATIENTS		1,213,823	11	1,258		73
76.97 CARDIAC REHABILITATION		160,451	42		646	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY		1,362,788	282	4,453		91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER		458,541	83	4,496		93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	-2,999,536	16,722,742	3,501	65,419	6,102	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN		15,171		268		190
192 PHYSICIANS' PRIVATE OFFICES		394,892	388	873	9,587	192
193 NONPAID WORKERS		8,332				193
194 TRANSPORTATION		29,702				194
194.01 FUND DEVELOPMENT		1,648		473		194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	OTHER ADMIN & GENERAL ACCUM COST	MAIN- TENANCE + REPAIRS TIME SPENT	OPERATION OF PLANT SQUARE FEET	PLANT OPS MAB BUILDING SQUARE FOOTAGE	
	5A.06	5.06	6	7	7.01	
200 CROSS FOOT ADJUSTMENTS						200
201 NEGATIVE COST CENTER						201
202 COST TO BE ALLOC PER B PT I		2,999,536	400,982	941,516	44,337	202
203 UNIT COST MULT-WS B PT I		0.174671	103.106711	14.045560	2.825993	203
204 COST TO BE ALLOC PER B PT II		157,504	33,473	127,458	346	204
205 UNIT COST MULT-WS B PT II		0.009172	8.607097	1.901422	0.022054	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION DIRECT	NRSING HRS
	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	FTES		
	8	9	10	11		13
GENERAL SERVICE COST CENTERS						
1 CAP REL COSTS-BLDG & FIXT						1
1.01 CAP REL COSTS-MAB BUILDING						1.01
2 CAP REL COSTS-MVBLE EQUIP						2
2.01 CAP REL COSTS-MAB EQUIPMENT						2.01
4 EMPLOYEE BENEFITS						4
5.01 COMMUNICATIONS						5.01
5.02 INFORMATION SYSTEMS						5.02
5.03 PURCHASING/RECEIVENG/STORES						5.03
5.04 ADMITTING						5.04
5.05 PATIENT ACCOUNTING						5.05
5.06 OTHER ADMIN & GENERAL						5.06
6 MAINTENANCE & REPAIRS						6
7 OPERATION OF PLANT						7
7.01 PLANT OPS-MAB BUILDING						7.01
8 LAUNDRY & LINEN SERVICE	121,557					8
9 HOUSEKEEPING	8,717	14,363				9
10 DIETARY	3,561	2	17,823			10
11 CAFETERIA	656	640		11,551		11
12 MAINTENANCE OF PERSONNEL						12
13 NURSING ADMINISTRATION		11		606	69,759	13
14 CENTRAL SERVICES & SUPPLY						14
15 PHARMACY						15
16 MEDICAL RECORDS & LIBRARY		137		970		16
17 SOCIAL SERVICE		6		100		17
19 NONPHYSICIAN ANESTHETISTS						19
20 NURSING SCHOOL						20
21 I&R SRVCES-SALARY & FRINGES APPRVD						21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD						22
23 PARAMED ED PRGM-(SPECIFY)						23
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	50,054	4,914	14,264	2,798	34,442	30
31 INTENSIVE CARE UNIT	760	264	277	56	1,155	31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	18,125	1,451	586	1,171	16,693	50
53 ANESTHESIOLOGY		5				53
54 RADIOLOGY-DIAGNOSTIC	9,327	701		1,019		54
60 LABORATORY	124	651		1,218		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65 RESPIRATORY THERAPY	724	347		405		65
66 PHYSICAL THERAPY	11,357	611		805		66
67 OCCUPATIONAL THERAPY				99		67
68 SPEECH PATHOLOGY				87		68
68.01 AUDIOLOGY		59		113		68.01
71 MEDICAL SUPPLIES CHRGD TO PATIENTS	713	138		201		71
72 IMPL. DEV. CHARGED TO PATIENT						72
73 DRUGS CHARGED TO PATIENTS		179		392		73
76.97 CARDIAC REHABILITATION		77		158	3,204	76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	16,240	1,428	386	1,050	14,073	91
92 OBSERVATION BEDS						92
93 O/P GERIATRIC PSYCH CENTER	38	388	2,310			93
OTHER REIMBURSABLE COST CENTERS						
SPECIAL PURPOSE COST CENTERS						
118 SUBTOTALS (SUM OF LINES 1-117)	120,396	12,009	17,823	11,248	69,567	118
NONREIMBURSABLE COST CENTERS						
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190
192 PHYSICIANS' PRIVATE OFFICES	1,161	2,354		201	192	192
193 NONPAID WORKERS						193
194 TRANSPORTATION				101		194
194.01 FUND DEVELOPMENT				1		194.01

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	
		8	9	10	11	13	
200	CROSS FOOT ADJUSTMENTS						200
201	NEGATIVE COST CENTER						201
202	COST TO BE ALLOC PER B PT I	127,772	583,984	345,490	444,655	834,502	202
203	UNIT COST MULT-WS B PT I	1.051128	40.658915	19.384503	38.494936	11.962643	203
204	COST TO BE ALLOC PER B PT II	12,992	22,478	36,532	26,890	17,836	204
205	UNIT COST MULT-WS B PT II	0.106880	1.564993	2.049711	2.327937	0.255680	205

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	
	RECORDS & LIBRARY TIME SPENT	SERVICE  TIME SPENT	
	16	17	
GENERAL SERVICE COST CENTERS			
1 CAP REL COSTS-BLDG & FIXT			1
1.01 CAP REL COSTS-MAB BUILDING			1.01
2 CAP REL COSTS-MVBLE EQUIP			2
2.01 CAP REL COSTS-MAB EQUIPMENT			2.01
4 EMPLOYEE BENEFITS			4
5.01 COMMUNICATIONS			5.01
5.02 INFORMATION SYSTEMS			5.02
5.03 PURCHASING/RECEIVENG/STORES			5.03
5.04 ADMITTING			5.04
5.05 PATIENT ACCOUNTING			5.05
5.06 OTHER ADMIN & GENERAL			5.06
6 MAINTENANCE & REPAIRS			6
7 OPERATION OF PLANT			7
7.01 PLANT OPS-MAB BUILDING			7.01
8 LAUNDRY & LINEN SERVICE			8
9 HOUSEKEEPING			9
10 DIETARY			10
11 CAFETERIA			11
12 MAINTENANCE OF PERSONNEL			12
13 NURSING ADMINISTRATION			13
14 CENTRAL SERVICES & SUPPLY			14
15 PHARMACY			15
16 MEDICAL RECORDS & LIBRARY	2,756		16
17 SOCIAL SERVICE	16	892	17
19 NONPHYSICIAN ANESTHETISTS			19
20 NURSING SCHOOL			20
21 I&R SRVCES-SALARY & FRINGES APPRVD			21
22 I&R SRVCES-OTHER PRGM COSTS APPRVD			22
23 PARAMED ED PRGM-(SPECIFY)			23
INPATIENT ROUTINE SERV COST CENTERS			
30 ADULTS & PEDIATRICS	625	875	30
31 INTENSIVE CARE UNIT	12	16	31
ANCILLARY SERVICE COST CENTERS			
50 OPERATING ROOM	271		50
53 ANESTHESIOLOGY			53
54 RADIOLOGY-DIAGNOSTIC	644		54
60 LABORATORY	218		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS			62.30
65 RESPIRATORY THERAPY			65
66 PHYSICAL THERAPY	44		66
67 OCCUPATIONAL THERAPY	11		67
68 SPEECH PATHOLOGY	2		68
68.01 AUDIOLOGY	29		68.01
71 MEDICAL SUPPLIES CHRGED TO PATIENTS			71
72 IMPL. DEV. CHARGED TO PATIENT			72
73 DRUGS CHARGED TO PATIENTS			73
76.97 CARDIAC REHABILITATION			76.97
76.98 HYPERBARIC OXYGEN THERAPY			76.98
76.99 LITHOTRIPSY			76.99
OUTPATIENT SERVICE COST CENTERS			
91 EMERGENCY	834	1	91
92 OBSERVATION BEDS			92
93 O/P GERIATRIC PSYCH CENTER	50		93
OTHER REIMBURSABLE COST CENTERS			
SPECIAL PURPOSE COST CENTERS			
118 SUBTOTALS (SUM OF LINES 1-117)	2,756	892	118
NONREIMBURSABLE COST CENTERS			
190 GIFT, FLOWER, COFFEE SHOP & CANTEEN			190
192 PHYSICIANS' PRIVATE OFFICES			192
193 NONPAID WORKERS			193
194 TRANSPORTATION			194
194.01 FUND DEVELOPMENT			194.01



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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY TIME SPENT 16	SOCIAL SERVICE TIME SPENT 17	
200 CROSS FOOT ADJUSTMENTS			200
201 NEGATIVE COST CENTER			201
202 COST TO BE ALLOC PER B PT I	769,783	115,162	202
203 UNIT COST MULT-WS B PT I	279.311684	129.105381	203
204 COST TO BE ALLOC PER B PT II	41,376	7,917	204
205 UNIT COST MULT-WS B PT II	15.013062	8.875561	205

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 26) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS	3,832,556		3,832,556		30
31 INTENSIVE CARE UNIT	155,956		155,956		31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	2,074,093		2,074,093		50
53 ANESTHESIOLOGY	86,299		86,299		53
54 RADIOLOGY-DIAGNOSTIC	2,747,902		2,747,902		54
60 LABORATORY	2,743,221		2,743,221		60
62.30 BLOOD CLOTTING FOR HEMOPHIL					62.30
65 RESPIRATORY THERAPY	450,972		450,972		65
66 PHYSICAL THERAPY	943,095		943,095		66
67 OCCUPATIONAL THERAPY	147,792		147,792		67
68 SPEECH PATHOLOGY	55,085		55,085		68
68.01 AUDIOLOGY	251,917		251,917		68.01
71 MEDICAL SUPPLIES CHRGD TO	822,782		822,782		71
72 IMPL. DEV. CHARGED TO PATIE	520,396		520,396		72
73 DRUGS CHARGED TO PATIENTS	1,467,014		1,467,014		73
76.97 CARDIAC REHABILITATION	242,174		242,174		76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	2,216,906		2,216,906		91
92 OBSERVATION BEDS	274,982		274,982		92
93 O/P GERIATRIC PSYCH CENTER	684,902		684,902		93
OTHER REIMBURSABLE COST CENTERS					
113 INTEREST EXPENSE					113
200 SUBTOTAL (SEE INSTRUCTIONS)	19,718,044		19,718,044		200
201 LESS OBSERVATION BEDS	274,982		274,982		201
202 TOTAL (SEE INSTRUCTIONS)	19,443,062		19,443,062		202

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL (COLS. 6 + 7) 8			
INPATIENT ROUTINE SERV COST CENTERS						
30 ADULTS & PEDIATRICS	2,351,490		2,351,490			30
31 INTENSIVE CARE UNIT	137,778		137,778			31
ANCILLARY SERVICE COST CENTERS						
50 OPERATING ROOM	972,458	3,187,347	4,159,805	0.498603		50
53 ANESTHESIOLOGY	296,384	503,347	799,731	0.107910		53
54 RADIOLOGY-DIAGNOSTIC	1,281,106	13,018,573	14,299,679	0.192165		54
60 LABORATORY	2,615,863	10,993,936	13,609,799	0.201562		60
62.30 BLOOD CLOTTING FOR HEMOPHIL						62.30
65 RESPIRATORY THERAPY	553,451	1,176,282	1,729,733	0.260718		65
66 PHYSICAL THERAPY	504,088	952,115	1,456,203	0.647640		66
67 OCCUPATIONAL THERAPY	155,395	120,863	276,258	0.534978		67
68 SPEECH PATHOLOGY	27,588	41,660	69,248	0.795474		68
68.01 AUDIOLOGY		236,365	236,365	1.065797		68.01
71 MEDICAL SUPPLIES CHRGD TO	1,483,786	753,556	2,237,342	0.367750		71
72 IMPL. DEV. CHARGED TO PATIE	618,626	135,340	753,966	0.690211		72
73 DRUGS CHARGED TO PATIENTS	2,594,527	1,586,642	4,181,169	0.350862		73
76.97 CARDIAC REHABILITATION		170,430	170,430	1.420959		76.97
76.98 HYPERBARIC OXYGEN THERAPY						76.98
76.99 LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS						
91 EMERGENCY	139,886	3,520,125	3,660,011	0.605710		91
92 OBSERVATION BEDS	19,144	294,124	313,268	0.877785		92
93 O/P GERIATRIC PSYCH CENTER		578,073	578,073	1.184802		93
OTHER REIMBURSABLE COST CENTERS						
113 INTEREST EXPENSE						113
200 SUBTOTAL (SEE INSTRUCTIONS)	13,751,570	37,268,778	51,020,348			200
201 LESS OBSERVATION BEDS						201
202 TOTAL (SEE INSTRUCTIONS)		37,268,778	51,020,348			202

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COSTS				
	COST TO	PPS	COST REIMB.	COST REIMB.	COST	COST			
	CHARGE RATIO	REIMBURSED	SUBJECT TO	SVCES NOT	SUBJECT TO	SVCES NOT			
FROM WKST C,	SERVICES	DED & COINS	DED & COINS	PPS	SUBJECT TO	SUBJECT TO	DED & COINS	DED & COINS	
PT I, COL. 9	1	2	3	4	5	6	7		
ANCILLARY SERVICE COST CENTERS									
50 OPERATING ROOM	0.498603		1,111,510			554,202		50	
53 ANESTHESIOLOGY	0.107910		115,018			12,412		53	
54 RADIOLOGY-DIAGNOSTIC	0.192165		4,655,328			894,591		54	
60 LABORATORY	0.201562		4,693,016			945,934		60	
62.30 BLOOD CLOTTING FOR HEMOPHILIACS								62.30	
65 RESPIRATORY THERAPY	0.260718		393,718			102,649		65	
66 PHYSICAL THERAPY	0.647640		304,048			196,914		66	
67 OCCUPATIONAL THERAPY	0.534978		27,703			14,820		67	
68 SPEECH PATHOLOGY	0.795474		12,354			9,827		68	
68.01 AUDIOLOGY	1.065797		28,168			30,021		68.01	
71 MEDICAL SUPPLIES CHRGD TO PATI	0.367750		261,962			96,337		71	
72 IMPL. DEV. CHARGED TO PATIENT	0.690211		51,737			35,709		72	
73 DRUGS CHARGED TO PATIENTS	0.350862		585,186	85		205,320	30	73	
76.97 CARDIAC REHABILITATION	1.420959		81,297			115,520		76.97	
76.98 HYPERBARIC OXYGEN THERAPY								76.98	
76.99 LITHOTRIPSY								76.99	
OUTPATIENT SERVICE COST CENTERS									
91 EMERGENCY	0.605710		1,162,963			704,418		91	
92 OBSERVATION BEDS	0.877785		173,728			152,496		92	
93 O/P GERIATRIC PSYCH CENTER	1.184802		537,675			637,038		93	
OTHER REIMBURSABLE COST CENTERS									
200 SUBTOTAL (SEE INSTRUCTIONS)			14,195,411	85		4,708,208	30	200	
201 LESS PBP CLINIC LAB SERVICES								201	
202 NET CHARGES (LINE 200 - LINE 201)			14,195,411	85		4,708,208	30	202	

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

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

COST CENTER DESCRIPTION	----- PROGRAM CHARGES -----				----- PROGRAM COSTS -----		
	COST TO		COST REIMB.	COST REIMB.	COST	COST	
	CHARGE RATIO	PPS	SERVICES	SVCES NOT	SERVICES	SVCES NOT	
	FROM WKST C,	REIMBURSED	SUBJECT TO	SUBJECT TO	PPS	SUBJECT TO	SUBJECT TO
	PT I, COL. 9	SERVICES	DED & COINS	DED & COINS	SERVICES	DED & COINS	DED & COINS
	1	2	3	4	5	6	7
ANCILLARY SERVICE COST CENTERS							
50	OPERATING ROOM	0.498603					50
53	ANESTHESIOLOGY	0.107910					53
54	RADIOLOGY-DIAGNOSTIC	0.192165					54
60	LABORATORY	0.201562					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	RESPIRATORY THERAPY	0.260718					65
66	PHYSICAL THERAPY	0.647640					66
67	OCCUPATIONAL THERAPY	0.534978					67
68	SPEECH PATHOLOGY	0.795474					68
68.01	AUDIOLOGY	1.065797					68.01
71	MEDICAL SUPPLIES CHRGD TO PATI	0.367750					71
72	IMPL. DEV. CHARGED TO PATIENT	0.690211					72
73	DRUGS CHARGED TO PATIENTS	0.350862					73
76.97	CARDIAC REHABILITATION	1.420959					76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
OUTPATIENT SERVICE COST CENTERS							
91	EMERGENCY	0.605710					91
92	OBSERVATION BEDS	0.877785					92
93	O/P GERIATRIC PSYCH CENTER	1.184802					93
OTHER REIMBURSABLE COST CENTERS							
200	SUBTOTAL (SEE INSTRUCTIONS)						200
201	LESS PBP CLINIC LAB SERVICES						201
202	NET CHARGES (LINE 200 - LINE 201)						202

COMPUTATION OF INPATIENT OPERATING COST

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS			
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)	4,955	1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,046	2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)		3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,046	4
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		5
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,688	6
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		7
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	221	8
9	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,914	9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)		10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,688	11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)		13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)		14
15	TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		15
16	TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY)		16
SWING-BED ADJUSTMENT			
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD		17
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD		18
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	118.65	19
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	118.65	20
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (SEE INSTRUCTIONS)	3,832,556	21
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17)		22
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18)		23
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19)		24
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20)	26,222	25
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	1,383,442	26
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,449,114	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,091,415	28
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)		29
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,091,415	30
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 + LINE 28)	1.171032	31
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 + LINE 3)		32
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 + LINE 4)	686.61	33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS)		34
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31)		35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35)		36
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)	2,449,114	37

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK	[ ]	TITLE V-INPT	[XX]	HOSPITAL (14-1336)	[ ]	SUB (OTHER)	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	IPF			[ ]	TEFRA
BOXES	[ ]	TITLE XIX-INPT	[ ]	IRF			[XX]	OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS)				804.04	38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38)				1,538,933	39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35)					40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40)				1,538,933	41

	TOTAL INPATIENT COST 1	TOTAL INPATIENT DAYS 2	AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3	PROGRAM DAYS 4	PROGRAM COST (COL. 3 x COL. 4) 5
42 NURSERY (TITLES V AND XIX ONLY)					42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	155,956	90	1,732.84	74	128,230 43
44 CORONARY CARE UNIT					44
45 BURN INTENSIVE CARE UNIT					45
46 SURGICAL INTENSIVE CARE UNIT					46
47 OTHER SPECIAL CARE (SPECIFY)					47
48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200)					1,973,389 48
49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)					3,640,552 49

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

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

PROGRAM INPATIENT ROUTINE SWING BED COST					
64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)					64
65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY)				1,357,220	65
66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS)				1,357,220	66
67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19)					67
68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20)					68
69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68)					69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS)				342	87
88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2)				804.04	88
89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS)				274,982	89

	COST	ROUTINE COST (FROM LINE 27)	COL. 1 ÷ COL. 2	TOTAL OBS. BED COST (FROM LINE 89)	OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.)
COMPUTATION OF OBSERVATION BED PASS-THROUGH COST	1	2	3	4	5
90 CAPITAL-RELATED COST	234,217	2,449,114	0.095633	274,982	26,297 90
91 NURSING SCHOOL COST					91
92 ALLIED HEALTH COST					92
93 ALL OTHER MEDICAL EDUCATION					93

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

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

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS (COL.1 x COL.2) 3		
INPATIENT ROUTINE SERVICE COST CENTERS					
30 ADULTS & PEDIATRICS		1,276,275			30
31 INTENSIVE CARE UNIT		108,040			31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM	0.498603	585,421	291,893		50
53 ANESTHESIOLOGY	0.107910	168,615	18,195		53
54 RADIOLOGY-DIAGNOSTIC	0.192165	661,322	127,083		54
60 LABORATORY	0.201562	1,487,446	299,813		60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65 RESPIRATORY THERAPY	0.260718	288,460	75,207		65
66 PHYSICAL THERAPY	0.647640	137,095	88,788		66
67 OCCUPATIONAL THERAPY	0.534978	29,023	15,527		67
68 SPEECH PATHOLOGY	0.795474	12,960	10,309		68
68.01 AUDIOLOGY	1.065797				68.01
71 MEDICAL SUPPLIES CHRGD TO PATI	0.367750	859,487	316,076		71
72 IMPL. DEV. CHARGED TO PATIENT	0.690211	412,254	284,542		72
73 DRUGS CHARGED TO PATIENTS	0.350862	1,264,605	443,702		73
76.97 CARDIAC REHABILITATION	1.420959				76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY	0.605710				91
92 OBSERVATION BEDS	0.877785	2,568	2,254		92
93 O/P GERIATRIC PSYCH CENTER	1.184802				93
OTHER REIMBURSABLE COST CENTERS					
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		5,909,256	1,973,389		200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES					201
202 NET CHARGES (LINE 200 MINUS LINE 201)		5,909,256			202



INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB (OTHER) [XX] S/B SNF(14-2336) [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [XX] OTHER

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	(COL.1 x COL.2)	3
INPATIENT ROUTINE SERVICE COST CENTERS				
30 ADULTS & PEDIATRICS				30
31 INTENSIVE CARE UNIT				31
ANCILLARY SERVICE COST CENTERS				
50 OPERATING ROOM	0.498603	2,246	1,120	50
53 ANESTHESIOLOGY	0.107910	606	65	53
54 RADIOLOGY-DIAGNOSTIC	0.192165	108,885	20,924	54
60 LABORATORY	0.201562	442,110	89,113	60
62.30 BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65 RESPIRATORY THERAPY	0.260718	150,334	39,195	65
66 PHYSICAL THERAPY	0.647640	290,673	188,251	66
67 OCCUPATIONAL THERAPY	0.534978	103,939	55,605	67
68 SPEECH PATHOLOGY	0.795474	10,466	8,325	68
68.01 AUDIOLOGY	1.065797			68.01
71 MEDICAL SUPPLIES CHRGED TO PATI	0.367750	321,895	118,377	71
72 IMPL. DEV. CHARGED TO PATIENT	0.690211			72
73 DRUGS CHARGED TO PATIENTS	0.350862	732,508	257,009	73
76.97 CARDIAC REHABILITATION	1.420959			76.97
76.98 HYPERBARIC OXYGEN THERAPY				76.98
76.99 LITHOTRIPSY				76.99
OUTPATIENT SERVICE COST CENTERS				
91 EMERGENCY	0.605710			91
92 OBSERVATION BEDS	0.877785	545	478	92
93 O/P GERIATRIC PSYCH CENTER	1.184802			93
OTHER REIMBURSABLE COST CENTERS				
200 TOTAL (SUM OF LINES 50-94 AND 96-98)		2,164,207	778,462	200
201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				201
202 NET CHARGES (LINE 200 MINUS LINE 201)		2,164,207		202

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART B

CHECK APPLICABLE BOX:         HOSPITAL (14-1336)         IPF         IRF  
                                   SUB (OTHER)                             SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,708,238	1
2	MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)		2
3	PPS PAYMENTS		3
4	OUTLIER PAYMENT (SEE INSTRUCTIONS)		4
5	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)		5
6	LINE 2 TIMES LINE 5		6
7	SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6		7
8	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		8
9	ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200		9
10	ORGAN ACQUISITION		10
11	TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)	4,708,238	11
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
12	ANCILLARY SERVICE CHARGES		12
13	ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)		13
14	TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)		14
	CUSTOMARY CHARGES		
15	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		15
16	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)		16
17	RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)		17
18	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		18
19	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))		19
20	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))		20
21	LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)	4,755,320	21
22	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		22
23	COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)		23
24	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)		24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	26,758	25
26	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)	1,917,729	26
27	SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)	2,810,833	27
28	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)		28
29	ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)		29
30	SUBTOTAL (SUM OF LINES 27 THROUGH 29)	2,810,833	30
31	PRIMARY PAYER PAYMENTS	513	31
32	SUBTOTAL (LINE 30 MINUS LINE 31)	2,810,320	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33	COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)		33
34	ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)	196,654	34
35	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	196,654	35
36	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	144,243	36
37	SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)	3,006,974	37
38	MSP-LCC RECONCILIATION AMOUNT FROM PS&R		38
39	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		39
40	SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)	3,006,974	40
41	INTERIM PAYMENTS	3,363,398	41
42	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		42
43	BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)	-356,424	43
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		44
	TO BE COMPLETED BY CONTRACTOR		
90	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		90
91	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		91
92	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		92
93	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		93
94	TOTAL (SUM OF LINES 91 AND 93)		94

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-1336) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A PART B

DESCRIPTION	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,396,579		3,330,505	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.		NONE	02/21/2011	32,893	3.01
					3.02
					3.03
					3.04
					3.05
					3.06
					3.07
					3.08
					3.09
	02/21/2011	53,196		NONE	3.50
					3.51
					3.52
					3.53
					3.54
					3.55
					3.56
					3.57
					3.58
					3.59
SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98)		-53,196		32,893	3.99
4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE)		3,343,383		3,363,398	4

TO BE COMPLETED BY CONTRACTOR

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

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK APPLICABLE BOX:	[ ] HOSPITAL [ ] IPF [ ] IRF	[ ] SUB (OTHER) [ ] SNF [XX] SWING BED SNF (14-Z336)	INPATIENT		PART B	
			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1				2,200,145		1
2				NONE		2
3						
						3.01
						3.02
						3.03
						3.04
						3.05
						3.06
						3.07
						3.08
						3.09
						3.50
			02/21/2011	13,272		3.51
						3.52
						3.53
						3.54
						3.55
						3.56
						3.57
						3.58
						3.59
						3.99
				-13,272		
4				2,186,873		4

TO BE COMPLETED BY CONTRACTOR

5						5.01
						5.02
						5.03
						5.04
						5.05
						5.06
						5.07
						5.08
						5.09
						5.50
						5.51
						5.52
						5.53
						5.54
						5.55
						5.56
						5.57
						5.58
						5.59
						5.99
6						6.01
						6.02
7						7

8 NAME OF CONTRACTOR: \_\_\_\_\_ CONTRACTOR NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/30/2012 14:54

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK  
APPLICABLE BOX

HOSPITAL (14-1336)       CAH

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1	TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14	787	1
2	MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12	1,988	2
3	MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2		3
4	TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12	2,794	4
5	TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200	51,020,348	5
6	TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20	774,666	6
7	CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168		7
8	CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)		8
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30	INITIAL/INTERIM HIT PAYMENT(S)		30
31	OTHER ADJUSTMENTS (SPECIFY)		31
32	BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)		32

PROVIDER CCN: 14-1336 ST. JOSEPH'S HOSPITAL-HIGHLAND  
PERIOD FROM 07/01/2010 TO 06/30/2011

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

VERSION: 2011.10  
01/30/2012 14:54

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

WORKSHEET E-2

CHECK [ ] TITLE V [XX] SWING BED - SNF (14-Z336)  
APPLICABLE [XX] TITLE XVIII [ ] SWING BED - NF  
BOXES [ ] TITLE XIX

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A	PART B
	1	2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS)	1,370,792	1
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS)		2
3 ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS)	786,247	3
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		4
5 PROGRAM DAYS	1,688	5
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		6
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		7
8 SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7)	2,157,039	8
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	10,080	9
10 SUBTOTAL (LINE 8 MINUS LINE 9)	2,146,959	10
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		11
12 SUBTOTAL (LINE 10 MINUS LINE 11)	2,146,959	12
13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	25,305	13
14 80% OF PART B COSTS (LINE 12 x 80%)		14
15 SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14)	2,121,654	15
16 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		16
17 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		17
18 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		18
19 TOTAL (SUM OF LINES 15 AND 17 PLUS/MINUS LINE 16)	2,121,654	19
20 INTERIM PAYMENTS	2,186,873	20
21 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		21
22 BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS THE SUM OF LINES 20 AND 21)	-65,219	22
23 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		23

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART V

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

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

1	INPATIENT SERVICES	3,640,552	1
2	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		2
3	ORGAN ACQUISITION		3
4	SUBTOTAL (SUM OF LINES 1-3)	3,640,552	4
5	PRIMARY PAYER PAYMENTS		5
6	TOTAL COST (LINE 4 LESS LINE 5) (FOR CAH, SEE INSTRUCTIONS)	3,676,958	6
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES		7
8	ANCILLARY SERVICE CHARGES		8
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		9
10	TOTAL REASONABLE CHARGES		10
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		12
13	RATIO OF LINE 11 TO LINE 12 (NOT TO EXCEED 1.000000)		13
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		14
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 14 EXCEEDS LINE 6) (SEE INSTR.)		15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 6 EXCEEDS LINE 14) (SEE INSTR.)		16
17	COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS)		17
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49)		18
19	COST OF COVERED SERVICES (SUM OF LINES 6, 17 AND 18)	3,676,958	19
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	420,475	20
21	EXCESS REASONABLE COST (FROM LINE 16)		21
22	SUBTOTAL (LINE 19 MINUS LINE 20)	3,256,483	22
23	COINSURANCE	4,181	23
24	SUBTOTAL (LINE 22 MINUS LINE 23)	3,252,302	24
25	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)	43,181	25
26	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	43,181	26
27	ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	24,232	27
28	SUBTOTAL (SUM OF LINES 24 AND 25 OR 26)	3,295,483	28
29	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)		29
30	SUBTOTAL (LINE 28 PLUS OR MINUS LINE 29)	3,295,483	30
31	INTERIM PAYMENTS	3,343,383	31
32	TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)		32
33	BALANCE DUE PROVIDER/PROGRAM (LINE 30 MINUS THE SUM OF LINES 31 AND 32)	-47,900	33
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2		34

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-94,308			1
2	TEMPORARY INVESTMENTS	1,075,000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	3,550,080			4
5	OTHER RECEIVABLES	600,594			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	375,415			7
8	PREPAID EXPENSES	253,213			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS (SUM OF LINES 1-10)	5,759,994			11
FIXED ASSETS					
12	LAND	1,510,827			12
13	LAND IMPROVEMENTS	182,003			13
14	ACCUMULATED DEPRECIATION	-180,907			14
15	BUILDINGS	16,332,226			15
16	ACCUMULATED DEPRECIATION	-10,089,832			16
17	LEASEHOLD IMPROVEMENTS				17
18	ACCUMULATED AMORTIZATION				18
19	FIXED EQUIPMENT				19
20	ACCUMULATED DEPRECIATION				20
21	AUTOMOBILES AND TRUCKS				21
22	ACCUMULATED DEPRECIATION				22
23	MAJOR MOVABLE EQUIPMENT	11,350,354			23
24	ACCUMULATED DEPRECIATION	-8,666,107			24
25	MINOR EQUIPMENT DEPRECIABLE				25
26	ACCUMULATED DEPRECIATION				26
27	HIT DESIGNATED ASSETS				27
28	ACCUMULATED DEPRECIATION				28
29	MINOR EQUIPMENT-NONDEPRECIABLE				29
30	TOTAL FIXED ASSETS (SUM OF LINES 12-29)	10,438,564			30
OTHER ASSETS					
31	INVESTMENTS	6,190,788			31
32	DEPOSITS ON LEASES				32
33	DUE FROM OWNERS/OFFICERS				33
34	OTHER ASSETS	219,466			34
35	TOTAL OTHER ASSETS (SUM OF LINES 31-34)	6,410,254			35
36	TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)	22,608,812			36
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
37	ACCOUNTS PAYABLE	431,736			37
38	SALARIES, WAGES & FEES PAYABLE	988,293			38
39	PAYROLL TAXES PAYABLE				39
40	NOTES & LOANS PAYABLE (SHORT TERM)	1,075,000			40
41	DEFERRED INCOME				41
42	ACCELERATED PAYMENTS				42
43	DUE TO OTHER FUNDS				43
44	OTHER CURRENT LIABILITIES	-251,742			44
45	TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44)	2,243,287			45
LONG-TERM LIABILITIES					
46	MORTGAGE PAYABLE				46
47	NOTES PAYABLE	10,193,833			47
48	UNSECURED LOANS				48
49	OTHER LONG TERM LIABILITIES	5,796,826			49
50	TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49)	15,990,659			50
51	TOTAL LIABILITIES (SUM OF LINES 45 AND 50)	18,233,946			51
CAPITAL ACCOUNTS					
52	GENERAL FUND BALANCE	4,374,866			52
53	SPECIFIC PURPOSE FUND BALANCE				53
54	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				54
55	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				55
56	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				56
57	PLANT FUND BALANCE - INVESTED IN PLANT				57
58	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				58
59	TOTAL FUND BALANCES (SUM OF LINES 52-58)	4,374,866			59
60	TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59)	22,608,812			60



STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
	1	2	3	4	5	6	7	8	
1 FUND BALANCES AT BEGINNING OF PERIOD		2,167,623							1
2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29)		352,328							2
3 TOTAL (SUM OF LINE 1 AND LINE 2)		2,519,951							3
4 ADDITIONS (CREDIT ADJUSTMENTS)									4
5 CHANGE IN TEMP RESTRICTED AS	292,358								5
6 CHANGE IN PENSION FUND STATU	1,974,161								6
7									7
8									8
9									9
10 TOTAL ADDITIONS (SUM OF LINES 4-9)		2,266,519							10
11 SUBTOTAL (LINE 3 PLUS LINE 10)		4,786,470							11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)									12
13 TRANSFER TO AFFILIATES	411,502								13
14 OTHER		102							14
15									15
16									16
17									17
18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)		411,604							18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18)		4,374,866							19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	1,836,595		1,836,595	2
3 SUBPROVIDER IPF				3
5 SUBPROVIDER IRF				5
6 SWING BED - SNF	514,895		514,895	6
7 SWING BED - NF				7
8 SKILLED NURSING FACILITY				8
9 NURSING FACILITY				9
10 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)	2,351,490		2,351,490	11
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	137,778		137,778	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15)	137,778		137,778	17
17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16)	2,489,268		2,489,268	18
18 ANCILLARY SERVICES	11,375,098		11,375,098	19
19 OUTPATIENT SERVICES		38,022,348	38,022,348	20
20 RHC				21
21 FQHC				22
22 HOME HEALTH AGENCY				23
23 AMBULANCE				25
25 ASC				26
26 HOSPICE				27
27 OTHER (SPECIFY)				27.01
27.01 PROFESSIONAL CHARGES	249,712	2,139,873	2,389,585	27.02
27.02 ROUNDING		7	7	28
28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1)	14,114,078	40,162,228	54,276,306	

PART II - OPERATING EXPENSES

	1	2	
29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)		24,870,186	29
30 PROVISION FOR BAD DEBT	1,779,116		30
31 ROUNDING	11		31
32			32
33			33
34			34
35			35
36 TOTAL ADDITIONS (SUM OF LINES 30-35)		1,779,127	36
37 DEDUCT (SPECIFY)			37
38			38
39			39
40			40
41			41
42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)			42
43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4)		26,649,313	43

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)	54,276,306	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	28,518,750	2
3	NET PATIENT REVENUES (LINE 1 MINUS LINE 2)	25,757,556	3
4	LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43)	26,649,313	4
5	NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)	-891,757	5
OTHER INCOME			
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	4,167	6
7	INCOME FROM INVESTMENTS	551,486	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1,485	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	3,233	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	50,746	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	3,100	15
16	REVENUE FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	689	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	4,335	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	13,992	20
21	RENTAL OF VENDING MACHINES	1,922	21
22	RENTAL OF HOSPITAL SPACE	86,224	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (MISCELLANEOUS OPERATING REVENUE)	175,134	24
24.01	OTHER (HEALTH FAIR)	89,155	24.01
24.02	OTHER (EDUCATIONAL CLASSES)	3,977	24.02
24.03	OTHER (VAN SERVICE)	2,858	24.03
24.04	OTHER (MEALS ON WHEELS)	67,331	24.04
24.05	OTHER (MASSAGE REVENUE)	7,384	24.05
24.06	OTHER (EMPLOYEE FITNESS)	1,445	24.06
24.07	OTHER (BENEFIT INTEREST)	12,140	24.07
24.08	OTHER (GRANT REVENUE)	163,282	24.08
25	TOTAL OTHER INCOME (SUM OF LINES 6-24)	1,244,085	25
26	TOTAL (LINE 5 PLUS LINE 25)	352,328	26
27			27
28	TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)		28
29	NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)	352,328	29

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL (COLS.0-4)	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	2A	24	25	26
GENERAL SERVICE COST CENTERS					
1 CAP REL COSTS-BLDG & FIXT					1
1.01 CAP REL COSTS-MAB BUILDING					1.01
2 CAP REL COSTS-MVBLE EQUIP					2
2.01 CAP REL COSTS-MAB EQUIPMENT					2.01
4 EMPLOYEE BENEFITS					4
5.01 COMMUNICATIONS					5.01
5.02 INFORMATION SYSTEMS					5.02
5.03 PURCHASING/RECEIVENG/STORES					5.03
5.04 ADMITTING					5.04
5.05 PATIENT ACCOUNTING					5.05
5.06 OTHER ADMIN & GENERAL					5.06
6 MAINTENANCE & REPAIRS					6
7 OPERATION OF PLANT					7
7.01 PLANT OPS-MAB BUILDING					7.01
8 LAUNDRY & LINEN SERVICE					8
9 HOUSEKEEPING					9
10 DIETARY					10
11 CAFETERIA					11
12 MAINTENANCE OF PERSONNEL					12
13 NURSING ADMINISTRATION					13
14 CENTRAL SERVICES & SUPPLY					14
15 PHARMACY					15
16 MEDICAL RECORDS & LIBRARY					16
17 SOCIAL SERVICE					17
19 NONPHYSICIAN ANESTHETISTS					19
20 NURSING SCHOOL					20
21 I&R SRVCES-SALARY & FRINGES AP					21
22 I&R SRVCES-OTHER PRGM COSTS AP					22
23 PARAMED ED PRGM-(SPECIFY)					23
INPATIENT ROUTINE SERV COST CENTERS					
30 ADULTS & PEDIATRICS					30
31 INTENSIVE CARE UNIT					31
ANCILLARY SERVICE COST CENTERS					
50 OPERATING ROOM					50
53 ANESTHESIOLOGY					53
54 RADIOLOGY-DIAGNOSTIC					54
60 LABORATORY					60
62.30 BLOOD CLOTTING FOR HEMOPHILIAC					62.30
65 RESPIRATORY THERAPY					65
66 PHYSICAL THERAPY					66
67 OCCUPATIONAL THERAPY					67
68 SPEECH PATHOLOGY					68
68.01 AUDIOLOGY					68.01
71 MEDICAL SUPPLIES CHRGD TO PAT					71
72 IMPL. DEV. CHARGED TO PATIENT					72
73 DRUGS CHARGED TO PATIENTS					73
76.97 CARDIAC REHABILITATION					76.97
76.98 HYPERBARIC OXYGEN THERAPY					76.98
76.99 LITHOTRIPSY					76.99
OUTPATIENT SERVICE COST CENTERS					
91 EMERGENCY					91
92 OBSERVATION BEDS					92
93 O/P GERIATRIC PSYCH CENTER					93
OTHER REIMBURSABLE COST CENTERS					
SPECIAL PURPOSE COST CENTERS					
113 INTEREST EXPENSE					113
118 SUBTOTALS (SUM OF LINES 1-117)					118
NONREIMBURSABLE COST CENTERS					
190 GIFT, FLOWER, COFFEE SHOP & CA					190
192 PHYSICIANS' PRIVATE OFFICES					192
193 NONPAID WORKERS					193
194 TRANSPORTATION					194
194.01 FUND DEVELOPMENT					194.01
200 CROSS FOOT ADJUSTMENTS					200
201 NEGATIVE COST CENTER					201
202 TOTAL (SUM OF LINE 118 AND LINES 190-201)					202
203 TOTAL STATISTICAL BASIS					203
204 UNIT COST MULTIPLIER					204
204 UNIT COST MULTIPLIER					204