

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY WHITLEY MEMORIAL HOSPITAL (15-0101) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	36458	12304	35059	1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	15356			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	51814	12304	35059	100

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 353 NORTH OAK STREET P.O.BOX: 1  
 1.01 CITY: COLUMBIA CITY STATE: IN ZIP CODE: 46725 COUNTY: WHITLEY 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL						
3	WHITLEY MEMORIAL HOSPITAL	15-0101	07/01/1966	N	P	P	2
4	SUBPROVIDER I						3
5	SWING BEDS - SNF						4
6	SWING BEDS - NF						5
7	HOSPITAL-BASED SNF	15-5128	02/01/1993	N	P	N	6
8	HOSPITAL-BASED NF						7
9	HOSPITAL-BASED OLTC						8
10	HOSPITAL-BASED HHA						9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE						12
13	HOSP-BASED RHC						14
14	OUTPATIENT REHABILITATION PROVID						15
15	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 12/31/2008 17  
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19  
 20 SUBPROVIDER I 20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. 21

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? YES 21.01

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 21.03

21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.04

21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. 1 21.05

21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO. NO 21.06

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW NO 23

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.01

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.02

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.03

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.04

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. 23.05

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.06

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 23.07

24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. 24

24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. 24.01

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? NO 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? NO 25.01

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. NO 25.02

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. NO 25.03

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 NO 25.04

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.05

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) NO NO 25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26	
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01	
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03	
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:						26.04	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.							NO	27	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.							NO	28	
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER	100		0.9750	0.9517				28.01	
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	293.73	1	2760					28.02	
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>										
28.03	STAFFING			88.30			N		28.03	
28.04	RECRUITMENT			0.00			N		28.04	
28.05	RETENTION OF EMPLOYEES			0.00			N		28.05	
28.06	TRAINING			0.00			N		28.06	
28.07	EMPLOYEE BENEFITS			18.70			Y		28.07	
28.09	ADMINISTRATIVE & GENERAL			2.00			N		28.09	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?							NO	29	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.							NO	30	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.								30.01	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?								30.02	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)								30.03	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.								30.04	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).							NO	31	
MISCELLANEOUS COST REPORTING INFORMATION										
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.							NO	32	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.							NO	33	
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?							NO	34	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?							NO	35	
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL										
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?							V	XVIII	XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?							1	2	3
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	YES	NO
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?							NO	NO	NO

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	15H032	40
40.01	NAME: PARKVIEW HEALTH SYSTEM, INC FI/CONTRACTOR'S NAME: NATIONAL GOVERNMENT SERVICEFI/CONTRACTOR'S NUMBER:			40.01
40.02	STREET: P.O. BOX 5600		P.O. BOX:	40.02
40.03	CITY: FORT WAYNE, IN 46895-5600		STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES		41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO		42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO		43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO		44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO		45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?			45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?			45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?			45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE: 111111					54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / / NO	Y/N 1 2 Y/N 3 4 FEES	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO					60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)						60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO					61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS		
	1	2	3	4	5		
SETTLEMENT DATA							
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO					63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	-----I/P DAYS / O/P VISITS / TRIPS-----					OBS. BEDS ADMITTED 5.01
				TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5		
1 HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	40	14640			2656		191	1	
2 HMO					928		777	2	
3 HOSPITAL ADULTS & PEDS - SWING BED SNF								3	
4 HOSPITAL ADULTS & PEDS - SWING BED NF								4	
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	40	14640			2656		191	5	
6 INTENSIVE CARE UNIT								6	
7 CORONARY CARE UNIT								7	
8 BURN INTENSIVE CARE UNIT								8	
9 SURGICAL INTENSIVE CARE UNIT								9	
10 OTHER SPECIAL CARE (SPECIFY)								10	
11 NURSERY							53	11	
12 TOTAL HOSPITAL	40	14640			2656		244	12	
13 RPCH VISITS								13	
14 SUBPROVIDER I								14	
15 SKILLED NURSING FACILITY	82	30012			2422		15261	15	
16 NURSING FACILITY								16	
17 OTHER LONG TERM CARE								17	
18 HOME HEALTH AGENCY								18	
20 ASC (DISTINCT PART)								20	
21 HOSPICE (DISTINCT PART)								21	
23 O/P REHAB PROVIDER								23	
24 RHC I								24	
25 TOTAL	122							25	
26 OBSERVATION BED DAYS							21	3 26	
27 AMBULANCE TRIPS					900			27	
28 EMPLOYEE DISCOUNT DAYS								28	

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON-	PHYS ANES		
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5549							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		5549							5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		537							11
12 TOTAL HOSPITAL		6086						223.00	12
13 RPCH VISITS									13
14 SUBPROVIDER I									14
15 SKILLED NURSING FACILITY		25796						67.40	15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL								290.40	25
26 OBSERVATION BED DAYS	18	440	49	391					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		97							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		642	62	1678	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		642	62	1678	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	14934228	53297	14987525	633545.00	23.66		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL	2627868		2627868	74493.00	35.28	A-8-1 WORKPAPER	7
8 SNF	2249977	162101	2412078	145924.00	16.53	HOURS SUMMARY	8
8.01 EXCLUDED AREA SALARIES	1305489	-2051	1303438	70573.00	18.47	HOURS SUMMARY	8.01
9 OTHER WAGES & RELATED COSTS							9
9.01 CONTRACT LABOR							9.01
9.02 PHARMACY SERVICES UNDER CONTRACT							9.02
9.03 LABORATORY SERVICES UNDER CONTRACT							9.03
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	78328		78328	649.00	120.69	A-8-2 WORKSHEET	10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	2627868		2627868	74493.00	35.28	A-8-1 WORKPAPER	11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							13
13 WAGE RELATED COSTS (CORE)	4218951		4218951			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	401864		401864			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							21
21 EMPLOYEE BENEFITS	1079555	-1079555					21
22 ADMINISTRATIVE & GENERAL	3119703	-316207	2803496	71653.00	39.13		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	200422	20387	220809	11210.00	19.70		24
25 LAUNDRY & LINEN SERVICE	105554	-62165	43389	3698.00	11.73		25
26 HOUSEKEEPING	174606	24088	198694	18013.00	11.03		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	316080	-196099	119981	8501.00	14.11		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		235998	235998	17041.00	13.85		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	24376	3363	27739	905.00	30.65		30
31 CENTRAL SERVICES AND SUPPLY	717	81772	82489	3409.00	24.20		31
32 PHARMACY	397303	54810	452113	11566.00	39.09		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR		300859	300859	16848.00	17.86		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		2	3	4	5	
1 NET SALARIES	12306360	53297	12359657	559052.00	22.11	1
2 EXCLUDED AREA SALARIES	3555466	160050	3715516	216497.00	17.16	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	8750894	-106753	8644141	342555.00	25.23	3
4 SUBTOTAL OTHER WAGES & REL COSTS	2706196		2706196	75142.00	36.01	4
5 SUBTOTAL WAGE-RELATED COSTS	4218951		4218951		48.81%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	15676041	-106753	15569288	417697.00	37.27	6
7 NET SALARIES						7
8 EXCLUDED AREA SALARIES						8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10 SUBTOTAL OTHER WAGES & REL COSTS						10
11 SUBTOTAL WAGE-RELATED COSTS						11
12 TOTAL (SUM OF LINES 9 THRU 11)						12
13 TOTAL OVERHEAD COSTS	5418316	-932749	4485567	162844.00	27.55	13

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		116						2
3	RUA		36						3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC		225						4
5	RVB		514						5
6	RVA		358						6
6.01	RVX		14						6.01
6.02	RVL		162						6.02
7	RHC		202						7
8	RHB		186						8
9	RHA		73						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		39						10
11	RMB		106						11
12	RMA		5						12
12.01	RMX		144						12.01
12.02	RML		197						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3								15
16	SE2								16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		15						20
21	CC2								21
22	CC1		1						22
23	CB2								23
24	CB1								24
25	CA2		29						25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1								36
37	PD2								37
38	PD1								38
39	PC2								39
40	PC1								40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE								45
46	TOTAL		2422						46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	5558546 17
17.01	GROSS MEDICAID REVENUES	6681805 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	12240351 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.394084 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	6681805 28
29	TOTAL GROSS MEDICAID COST	2633192 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	5558546 30
31	UNCOMPENSATED CARE COST	2190534 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	2633192 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT				-12302	-12302		-12302	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				80659	80659		80659	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1551444	1551444	-890574	660870	134830	795700	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				763178	763178	923917	1687095	4
4.01	0401 NEW CAP REL COSTS-SKILLED NURSI				192368	192368		192368	4.01
5	0500 EMPLOYEE BENEFITS	1079555	4208433	5287988	-1085164	4202824	-913032	3289792	5
6	0600 ADMINISTRATIVE & GENERAL	3119703	3391983	6511686	-215088	6296598	-2717527	3579071	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	200422	1288966	1489388	21134	1510522	-396	1510126	8
9	0900 LAUNDRY & LINEN SERVICE	105554	-58119	47435	14561	61996	-781	61215	9
10	1000 HOUSEKEEPING	174606	83715	258321	24088	282409		282409	10
11	1100 DIETARY	316080	123137	439217	-311288	127929	-35808	92121	11
12	1200 CAFETERIA				351170	351170	-22347	328823	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	24376	1518	25894	3363	29257		29257	14
15	1500 CENTRAL SERVICES & SUPPLY	717	11841	12558	-1938	10620	82936	93556	15
16	1600 PHARMACY	397303	1203622	1600925	-577292	1023633	-510163	513470	16
17	1700 MEDICAL RECORDS & LIBRARY						525397	525397	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	2253811	299225	2553036	-253803	2299233		2299233	25
33	3300 NURSERY				179999	179999		179999	33
34	3400 SKILLED NURSING FACILITY	2249977	1155325	3405302	195234	3600536	-16405	3584131	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	808689	203744	1012433	105664	1118097		1118097	37
39	3900 DELIVERY ROOM & LABOR ROOM	8929	60	8989	382987	391976		391976	39
40	4000 ANESTHESIOLOGY		702545	702545	-29632	672913	-608634	64279	40
41	4100 RADIOLOGY-DIAGNOSTIC	933842	350279	1284121	43932	1328053	-20470	1307583	41
43.01	3440 MAMMOGRAPHY								43.01
44	4400 LABORATORY	29528	1415888	1445416	1773	1447189	-388	1446801	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	431076	78218	509294	57076	566370		566370	49
50	5000 PHYSICAL THERAPY	442191	246109	688300	-113677	574623	-3533	571090	50
51	5100 OCCUPATIONAL THERAPY		170217	170217	53534	223751		223751	51
52	5200 SPEECH PATHOLOGY		23497	23497	33550	57047		57047	52
53	5300 ELECTROCARDIOLOGY		81669	81669	-2028	79641		79641	53
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		653795	653795	-2128	651667	-126	651541	55
56	5600 DRUGS CHARGED TO PATIENTS				625231	625231		625231	56
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC	15767	1892	17659	5882	23541		23541	60
61	6100 EMERGENCY	1036613	104770	1141383	84374	1225757	89334	1315091	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
65	6500 AMBULANCE SERVICES	902351	418193	1320544	-4203	1316341		1316341	65
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	14531090	17711966	32243056	-279360	31963696	-3093196	28870500	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES	13852	1901450	1915302	-14429	1900873	-327596	1573277	98
98.01	9801 PAIN CLINIC	17275	2589	19864	2383	22247		22247	98.01
98.02	9802 NURSING FACILITY								98.02
98.03	9803 OAK POINT	339513	882518	1222031	6356	1228387	-246645	981742	98.03
100	7950 OCCUPATIONAL HEALTH		-221458	-221458	275339	53881		53881	100
100.01	7951 FOUNDATION		80388	80388		80388		80388	100.01
100.02	7952 VACANT SPACE								100.02
100.03	7953 COMMUNITY & VOLUNTEER SERV.	32498	-26142	6356	9711	16067	-7572	8495	100.03
101	TOTAL	14934228	20331311	35265539		35265539	-3675009	31590530	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
1		2	3	4	5	
1 CAFETERIA RECLASS	A	CAFETERIA	12	235998	115172	1
2 OB RECLASS	B	NURSERY	33	144742	15288	2
3	B	DELIVERY ROOM & LABOR ROOM	39	306982	32423	3
4 OPERATING ROOM RECLASS	C	OPERATING ROOM	37	1532		4
5 LTC A&G COST	D	SKILLED NURSING FACILITY	34	86732	134936	5
6 ANESTHESIA INSURANCE RECLASS	E	ADMINISTRATIVE & GENERAL	6		29305	6
7 OAK POINT AHA LOBBY EXPENSE	F	OAK POINT	98.03		1548	7
8 INSURANCE RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		24496	8
9	G	NEW CAP REL COSTS-MVBLE EQUIP	4		9372	9
10	G	NEW CAP REL COSTS-SKILLED NUR	4.01		4417	10
11	G	OAK POINT	98.03		4654	11
12	G	NEW CAP REL COSTS-MVBLE EQUIP	4		1003	12
13	G	NEW CAP REL COSTS-SKILLED NUR	4.01		155	13
14	G	OAK POINT	98.03		154	14
15	G	ADMINISTRATIVE & GENERAL	6		6565	15
16 DEPRECIATION RECLASS	H	OLD CAP REL COSTS-MVBLE EQUIP	2		80659	16
17	H	NEW CAP REL COSTS-MVBLE EQUIP	4		680322	17
18	H	NEW CAP REL COSTS-SKILLED NUR	4.01		187796	18
19 LAUNDRY TRANSFER RECLASS	I	SKILLED NURSING FACILITY	34	76726		19
20	I	LAUNDRY & LINEN SERVICE	9		76726	20
21 TAXES RECLASS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2930	21
22 SALARY RECLASS	K	CENTRAL SERVICES & SUPPLY	15	81673		22
23	K	MEDICAL RECORDS & LIBRARY	17	300859		23
24	K	ADMINISTRATIVE & GENERAL	6		311144	24
25 REHAB THERAPY DEPT RECLASS	L	OCCUPATIONAL THERAPY	51	56472	2246	25
26	L	SPEECH PATHOLOGY	52	28488	1133	26
27 DRUGS CHARGED TO PATIENT RECLASS	M	DRUGS CHARGED TO PATIENTS	56		631828	27
28 SALARY BENEFITS RECLASS	N	ADMINISTRATIVE & GENERAL	6	81669		28
29	N	OPERATION OF PLANT	8	27650		29
30	N	LAUNDRY & LINEN SERVICE	9	14561		30
31	N	HOUSEKEEPING	10	24088		31
32	N	DIETARY	11	43605		32
33	N	NURSING ADMINISTRATION	14	3363		33
34	N	CENTRAL SERVICES & SUPPLY	15	99		34
35	N	PHARMACY	16	54810		35
36 SUBTOTAL				1570049	2354272	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA RECLASS	A	DIETARY	11	235998	115172	1
2 OB RECLASS	B	ADULTS & PEDIATRICS	25	451724	47711	2
3	B					3
4 OPERATING ROOM RECLASS	C	ADULTS & PEDIATRICS	25	1532		4
5 LTC A&G COST	D	ADMINISTRATIVE & GENERAL	6	86732	134936	5
6 ANESTHESIA INSURANCE RECLASS	E	ANESTHESIOLOGY	40		29305	6
7 OAK POINT AHA LOBBY EXPENSE	F	SKILLED NURSING FACILITY	34		1548	7
8 INSURANCE RECLASS	G					12 8
9	G					12 9
10	G					12 10
11	G	ADMINISTRATIVE & GENERAL	6		42939	11
12	G					12 12
13	G					12 13
14	G	ADMINISTRATIVE & GENERAL	6		1312	14
15	G	SKILLED NURSING FACILITY	34		6565	15
16 DEPRECIATION RECLASS	H	OLD CAP REL COSTS-BLDG & FIXT	1		12302	9 16
17	H	NEW CAP REL COSTS-BLDG & FIXT	3		936475	9 17
18	H					9 18
19 LAUNDRY TRANSFER RECLASS	I	SKILLED NURSING FACILITY	34		76726	19
20	I	LAUNDRY & LINEN SERVICE	9	76726		20
21 TAXES RECLASS	J	NEW CAP REL COSTS-BLDG & FIXT	3		2930	13 21
22 SALARY RECLASS	K	CENTRAL SERVICES & SUPPLY	15		81673	22
23	K	MEDICAL RECORDS & LIBRARY	17		300859	23
24	K	ADMINISTRATIVE & GENERAL	6	311144		24
25 REHAB THERAPY DEPT RECLASS	L	PHYSICAL THERAPY	50	84960	3379	25
26	L					26
27 DRUGS CHARGED TO PATIENT RECLASS	M	PHARMACY	16		631828	27
28 SALARY BENEFITS RECLASS	N	EMPLOYEE BENEFITS	5	1079555		28
29	N					29
30	N					30
31	N					31
32	N					32
33	N					33
34	N					34
35	N					35
36 SUBTOTAL				2328371	2425660	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	N	ADULTS & PEDIATRICS	25	248612	1
2	N	NURSERY	33	19969	2
3	N	OPERATING ROOM	37	111564	3
4	N	DELIVERY ROOM & LABOR ROOM	39	43582	4
5	N	RADIOLOGY-DIAGNOSTIC	41	128830	5
6	N	LABORATORY	44	4074	6
7	N	RESPIRATORY THERAPY	49	59470	7
8	N	PHYSICAL THERAPY	50	49285	8
9	N	OCCUPATIONAL THERAPY	51	7790	9
10	N	SPEECH PATHOLOGY	52	3929	10
11	N	CLINIC	60	2176	11
12	N	EMERGENCY	61	143009	12
13	N	PHYSICIANS' PRIVATE OFFICES	98	1910	13
14	N	PAIN CLINIC	98.01	2383	14
15	N	COMMUNITY & VOLUNTEER SERV.	100.03	4484	15
16	O	CLINIC	60	3706	16
17	P	OCCUPATIONAL HEALTH	100		53881 17
18	P	COMMUNITY & VOLUNTEER SERV.	100.03		5227 18
19	Q	OCCUPATIONAL HEALTH	100		221458 19
20	Q				20
21	Q				21
22	Q				22
23	Q				23
24	Q				24
25	Q				25
26	Q				26
27	Q				27
28	Q				28
29	R	NEW CAP REL COSTS-BLDG & FIXT	3		5365 29
30	R	NEW CAP REL COSTS-MVBLE EQUIP	4		68825 30
31	R				31
32	R				32
33	R				33
34	R				34
35	R				35
36		SUBTOTAL		2404822	2709028 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	N					1
2	N					2
3	N	SKILLED NURSING FACILITY	34	1357		3
4	N					4
5	N					5
6	N					6
7	N					7
8	N					8
9	N					9
10	N					10
11	N					11
12	N					12
13	N					13
14	N					14
15	N					15
16	O	DIETARY	11	3706		16
17	P	ADMINISTRATIVE & GENERAL	6		59108	17
18	P					18
19	Q	RADIOLOGY-DIAGNOSTIC	41		83222	19
20	Q	LABORATORY	44		2301	20
21	Q	RESPIRATORY THERAPY	49		366	21
22	Q	PHYSICAL THERAPY	50		53350	22
23	Q	OCCUPATIONAL THERAPY	51		12974	23
24	Q	ELECTROCARDIOLOGY	53		2028	24
25	Q	MEDICAL SUPPLIES CHARGED TO P	55		2128	25
26	Q	DRUGS CHARGED TO PATIENTS	56		6597	26
27	Q	EMERGENCY	61		56937	27
28	Q	AMBULANCE SERVICES	65		1555	28
29	R	EQUIP & BUILDING LEASE				10 29
30	R					10 30
31	R	OPERATION OF PLANT	8		8768	31
32	R	ADMINISTRATIVE & GENERAL	6		7600	32
33	R	DIETARY	11		17	33
34	R	CENTRAL SERVICES & SUPPLY	15		2037	34
35	R	PHARMACY	16		274	35
36		SUBTOTAL		2333434	2724922	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	
	1	2	3	4	5
1	R				1
2	R				2
3	R				3
4	R				4
5	R				5
6	R				6
7	R				7
8	R				8
9	R				9
10	S	HOSPITAL PORTION OF OFFICE BLDG REC			
11	S	NEW CAP REL COSTS-BLDG & FIXT	3		14458 10
12	S	NEW CAP REL COSTS-BLDG & FIXT	3		4512 11
13	S	NEW CAP REL COSTS-MVBLE EQUIP	4		726 12
14	S				13
15	S	OPERATION OF PLANT	8		9515 14
16	S				15
17	S	PHYSICIANS' PRIVATE OFFICES	98		14185 16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
31					30
32					31
33					32
34					33
35					34
36		TOTAL RECLASSIFICATIONS		2404822	2752424 35

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	R	ADULTS & PEDIATRICS	25		1448	1
2	R	SKILLED NURSING FACILITY	34		16964	2
3	R	OPERATING ROOM	37		7432	3
4	R	ANESTHESIOLOGY	40		327	4
5	R	RADIOLOGY-DIAGNOSTIC	41		1676	5
6	R	RESPIRATORY THERAPY	49		2028	6
7	R	PHYSICAL THERAPY	50		21273	7
8	R	EMERGENCY	61		1698	8
9	R	AMBULANCE SERVICES	65		2648	9
10	HOSPITAL PORTION OF OFFICE BLDG R	S				9 10
11		S				13 11
12		S				9 12
13		PHYSICIANS' PRIVATE OFFICES	98		19696	13
14		OPERATION OF PLANT	8	7263		14
15		EMPLOYEE BENEFITS	5		5609	15
16		PHYSICIANS' PRIVATE OFFICES	98	10828		16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS			2351525	2805721	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	13128					13128		1
2 LAND IMPROVEMENTS	299876					299876	297886	2
3 BUILDINGS AND FIXTURES	6182509					6182509	2398998	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	5092980					5092980	5092980	5
6 MOVABLE EQUIPMENT	426895				20607	406288	399787	6
7 SUBTOTAL	12015388				20607	11994781	8189651	7
8 RECONCILING ITEMS								8
9 TOTAL	12015388				20607	11994781	8189651	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	92517	100		100		92617		1
2 LAND IMPROVEMENTS	365927					365927	76933	2
3 BUILDINGS AND FIXTURES	10477148	85651		85651		10562799	747320	3
4 BUILDING IMPROVEMENTS	42430					42430	42430	4
5 FIXED EQUIPMENT	4562845	83797		83797		4646642	328955	5
6 MOVABLE EQUIPMENT	8430659	1705790		1705790	283318	9853131	4905382	6
7 SUBTOTAL	23971526	1875338		1875338	283318	25563546	6101020	7
8 RECONCILING ITEMS	-114792	-136440		-136440		-251232		8
9 TOTAL	24086318	2011778		2011778	283318	25814778	6101020	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	11575365		11575365	.310015				1
2 OLD CAP REL COSTS-MVBLE EQUIP	406288		406288	.010881				2
3 NEW CAP REL COSTS-BLDG & FIXT	12327686		12327686	.330163				3
4 NEW CAP REL COSTS-MVBLE EQUIP	8779655	57221	8722434	.233607				4
4.01 NEW CAP REL COSTS-SKILLED NURSI	4306367		4306367	.115334				4.01
5 TOTAL	37395361	57221	37338140	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	-12302						-12302	1
2 OLD CAP REL COSTS-MVBLE EQUIP	80659						80659	2
3 NEW CAP REL COSTS-BLDG & FIXT	764257	5365		24496	1582		795700	3
4 NEW CAP REL COSTS-MVBLE EQUIP	1604965	68825		10375	2930		1687095	4
4.01 NEW CAP REL COSTS-SKILLED NURSI	187796			4572			192368	4.01
5 TOTAL	2625375	74190		39443	4512		2743520	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	1551444						1551444	3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
4.01 NEW CAP REL COSTS-SKILLED NURSI								4.01
5 TOTAL	1551444						1551444	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE	A	-396	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-19235			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	855632			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-10856	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-126	MEDICAL SUPPLIES CHARGED TO PAT	55	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-2220	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MISCELLANEOUS REVENUE	B	-2537	ADMINISTRATIVE & GENERAL	6	37
37.01 LAUNDRY SERVICE	B	-781	LAUNDRY & LINEN SERVICE	9	37.01
37.02 FROZEN FOODS	B	-1460	DIETARY	11	37.02
37.03 SALE OF LTC SUPPLIES	B	-16173	SKILLED NURSING FACILITY	34	37.03
37.04 NON-PATIENT RADIOLOGY REVENUE	B	-20	RADIOLOGY-DIAGNOSTIC	41	37.04
37.05 NON-PATIENT LAB REVENUE	B	-388	LABORATORY	44	37.05
37.06 NON-PATIENT REHAB THERAPY REVEN	B	2550	PHYSICAL THERAPY	50	37.06
37.07 ANSWERING SERVICE	A	-1899	ADMINISTRATIVE & GENERAL	6	37.07
37.08 PHYSICIAN RECRUITING	A	-52724	ADMINISTRATIVE & GENERAL	6	37.08
37.09 MEALS ON WHEELS	A	-34348	DIETARY	11	37.09
37.10 VISITOR MEALS	A	-9271	CAFETERIA	12	37.10
37.11 PHARMACY SALES	A	-504459	PHARMACY	16	37.11
37.12 COMMUNITY HEALTH & VOLUNTEER SV	A	-203777	ADMINISTRATIVE & GENERAL	6	37.12
37.13 COM HEALTH & VOLUNTEER SVCS CAP	A	-260	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.13
37.14 SELF INSURANCE	A	-998379	EMPLOYEE BENEFITS	5	37.14
37.15 LOBBY EXPENSE	A	-3205	ADMINISTRATIVE & GENERAL	6	37.15
37.16 LOBBY EXPENSE	A	-232	SKILLED NURSING FACILITY	34	37.16
37.17 LOBBY EXPENSE	A	-46	OAK POINT	98.03	37.17
37.18 RENT EXPENSE - RADIOLOGY	A	-20450	RADIOLOGY-DIAGNOSTIC	41	37.18
37.19 RENT EXPENSE - MEDICATION ASSIS	A	-7572	COMMUNITY & VOLUNTEER SERV.	100.03	37.19
37.20 RENT EXPENSE - PT	A	-6083	PHYSICAL THERAPY	50	37.20
37.21 RENT EXPENSE - OAK POINTE	A	-431388	OAK POINT	98.03	37.21
37.22 OPERATING INTEREST EXPENSE	A	-5704	PHARMACY	16	37.22
37.23 MEDICAL DIRECTOR OFFSET	A	-93628	ADMINISTRATIVE & GENERAL	6	37.23
37.24 PROFESSIONAL ANESTHESIA SERVICE	A	-594210	ANESTHESIOLOGY	40	37.24
37.25 TRANSCRIPTION EXPENSE ADD-BACK	A	94145	EMERGENCY	61	37.25
37.26 SUBSIDY ADJUSTMENT	A	-1277913	ADMINISTRATIVE & GENERAL	6	37.26
37.27 SUBSIDY ADJUSTMENT	A	-327596	PHYSICIANS' PRIVATE OFFICES	98	37.27
38					38
39					39

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-3675009			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	3	NEW CAP REL COSTS-BLDG & FIXT	134830		134830	9 1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	924177		924177	9 2
3	6	ADMINISTRATIVE & GENERAL	3788356	4870200	-1081844	3
4	5	EMPLOYEE BENEFITS	93366		93366	4
4.01	15	CENTRAL SERVICES & SUPPLY	82936		82936	4.01
4.02	5	EMPLOYEE BENEFITS	746362	783588	-37226	4.02
4.03	17	MEDICAL RECORDS & LIBRARY	525397		525397	4.03
4.04	5	EMPLOYEE BENEFITS	29207		29207	4.04
4.05	98.03	OAK POINT	245353	60564	184789	9 4.05
5		TOTALS	6569984	5714352	855632	5

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

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

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

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

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

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

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	40	ANESTHESIOLOGY	NORTHEAST INDIANA A	53328	53328	200300	404	38904	1945
2	61	EMERGENCY	PROFESSIONAL EMERGE	25000	25000	171400	245	20189	1009
101		TOTAL		78328	78328		649	59093	2954

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		12	13	14	15	16	17	18
10	11							
1	40 ANESTHESIOLOGY					38904	14424	14424
2	61 EMERGENCY					20189	4811	4811
101	TOTAL					59093	19235	19235

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	NEW CAP REL COSTS SKILLED 4.01	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT	-12302	-12302							1
2 OLD CAP REL COSTS-MVBLE EQUIP	80659		80659						2
3 NEW CAP REL COSTS-BLDG & FIXT	795700			795700					3
4 NEW CAP REL COSTS-MVBLE EQUIP	1687095				1687095				4
4.01 NEW CAP REL COSTS-SKILLED NURSI	192368					192368			4.01
5 EMPLOYEE BENEFITS	3289792		947	9346	19816		3319901		5
6 ADMINISTRATIVE & GENERAL	3579071		7382	72819	154395		621004	4434671	6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1510126		12273	121076	256714		48912	1949101	8
9 LAUNDRY & LINEN SERVICE	61215		1464	14437	30611		9611	117338	9
10 HOUSEKEEPING	282409		400	3942	8357		44013	339121	10
11 DIETARY	92121		2034	20061	42534		26577	183327	11
12 CAFETERIA	328823		1175	11592	24579		52276	418445	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	29257		449	4434	9400		6144	49684	14
15 CENTRAL SERVICES & SUPPLY	93556		2071	20433	43324		18272	177656	15
16 PHARMACY	513470		954	9412	19956		100148	643940	16
17 MEDICAL RECORDS & LIBRARY	525397		577	5690	12064		66644	610372	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2299233		17049	168178	356581		453913	3294954	25
33 NURSERY	179999		170	1682	3566		36485	221902	33
34 SKILLED NURSING FACILITY	3584131					184377	534302	4302810	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1118097		3728	36778	77980		204186	1440769	37
39 DELIVERY ROOM & LABOR ROOM	391976		5232	51614	109436		79632	637890	39
40 ANESTHESIOLOGY	64279							64279	40
41 RADIOLOGY-DIAGNOSTIC	1307583		5351	52791	111931		235394	1713050	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY	1446801		2498	24647	52259		7443	1533648	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	566370		536	5284	11204		108661	692055	49
50 PHYSICAL THERAPY	571090		3050	30091	63801	7991	90048	766071	50
51 OCCUPATIONAL THERAPY	223751						14235	237986	51
52 SPEECH PATHOLOGY	57047						7181	64228	52
53 ELECTROCARDIOLOGY	79641		1259	12417	26327			119644	53
55 MEDICAL SUPPLIES CHARGED TO PAT	651541							651541	55
56 DRUGS CHARGED TO PATIENTS	625231							625231	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	23541		117	1150	2438		4795	32041	60
61 EMERGENCY	1315091		5072	50039	106096		261299	1737597	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1316341		3174	31308	66381		199881	1617085	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	28870500		76962	759221	1609750	192368	3231056	28676436	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			505	4985	10570			16060	96
98 PHYSICIANS' PRIVATE OFFICES	1573277						1093	1574370	98
98.01 PAIN CLINIC	22247						4354	26601	98.01
98.02 NURSING FACILITY									98.02
98.03 OAK POINT	981742						75206	1056948	98.03
100 OCCUPATIONAL HEALTH	53881		2614	25784	54669			136948	100
100.01 FOUNDATION	80388							80388	100.01
100.02 VACANT SPACE			282	2785	5905			8972	100.02
100.03 COMMUNITY & VOLUNTEER SERV.	8495		296	2925	6201		8192	26109	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER		-12302						-12302	102
103 TOTAL	31590530	-12302	80659	795700	1687095	192368	3319901	31590530	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-SKILLED NURSI									4.01
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL	4434671								6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	318152	2267253							8
9 LAUNDRY & LINEN SERVICE	19153		136491						9
10 HOUSEKEEPING	55355	12876		407352					10
11 DIETARY	29924	65533	842	11841	291467				11
12 CAFETERIA	68303	37869		6843		531460			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	8110	14483		2617		1040	75934		14
15 CENTRAL SERVICES & SUPPLY	28999	66749	256	12061		4158		289879	15
16 PHARMACY	105110	30747		5556		14294		10193	16
17 MEDICAL RECORDS & LIBRARY	99631	18587		3359		21050			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	537835	549387	36173	99271	291467	100055	34745	18201	25
33 NURSERY	36221	5494	830	993		7277	2527	2257	33
34 SKILLED NURSING FACILITY	702362		70042			175161		34167	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	235177	120144	3421	21709		41061	14282	31164	37
39 DELIVERY ROOM & LABOR ROOM	104123	168610	412	30467		15853	5505	4787	39
40 ANESTHESIOLOGY	10492							205	40
41 RADIOLOGY-DIAGNOSTIC	279621	172453	7308	31161		49118		15846	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY	250337	80516		14549		2599		2841	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	112964	17263	872	3119		22870		9212	49
50 PHYSICAL THERAPY	125046	98300	1582	17762		16892		2636	50
51 OCCUPATIONAL THERAPY	38846		250			3378		417	51
52 SPEECH PATHOLOGY	10484		126			1299		210	52
53 ELECTROCARDIOLOGY	19529	40562		7329					53
55 MEDICAL SUPPLIES CHARGED TO PAT	106351							123375	55
56 DRUGS CHARGED TO PATIENTS	102056								56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	5230	3757		679		1040		68	60
61 EMERGENCY	283628	163464	11584	29537		54315	18875	12083	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	263957	102273	975	18480				15538	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	3956996	1769067	134673	317333	291467	531460	75934	283200	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	2621	16286		2943					96
98 PHYSICIANS' PRIVATE OFFICES	256984	368292	1726	66548				488	98
98.01 PAIN CLINIC	4342	10727		1938				485	98.01
98.02 NURSING FACILITY									98.02
98.03 OAK POINT	172526							5477	98.03
100 OCCUPATIONAL HEALTH	22354	84229	92	15220					100
100.01 FOUNDATION	13122								100.01
100.02 VACANT SPACE	1464	9098		1644					100.02
100.03 COMMUNITY & VOLUNTEER SERV.	4262	9554		1726				229	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4434671	2267253	136491	407352	291467	531460	75934	289879	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
4.01 NEW CAP REL COSTS-SKILLED NURSI						4.01
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY	809840					16
17 MEDICAL RECORDS & LIBRARY		752999				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	150	188626	5150864		5150864	25
33 NURSERY	7	22816	300324		300324	33
34 SKILLED NURSING FACILITY	3441		5287983		5287983	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	208	34261	1942196		1942196	37
39 DELIVERY ROOM & LABOR ROOM	16		967663		967663	39
40 ANESTHESIOLOGY			74976		74976	40
41 RADIOLOGY-DIAGNOSTIC	315	163175	2432047		2432047	41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY			1884490		1884490	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	36		858391		858391	49
50 PHYSICAL THERAPY	137	97965	1126391		1126391	50
51 OCCUPATIONAL THERAPY	21	28087	308985		308985	51
52 SPEECH PATHOLOGY	11	1882	78240		78240	52
53 ELECTROCARDIOLOGY			187064		187064	53
55 MEDICAL SUPPLIES CHARGED TO PAT			881267		881267	55
56 DRUGS CHARGED TO PATIENTS	800944		1528231		1528231	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	38		42853		42853	60
61 EMERGENCY	56	216187	2527326		2527326	61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	4460		2022768		2022768	65
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	809840	752999	27602059		27602059	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			37910		37910	96
98 PHYSICIANS' PRIVATE OFFICES			2268408		2268408	98
98.01 PAIN CLINIC			44093		44093	98.01
98.02 NURSING FACILITY						98.02
98.03 OAK POINT			1234951		1234951	98.03
100 OCCUPATIONAL HEALTH			258843		258843	100
100.01 FOUNDATION			93510		93510	100.01
100.02 VACANT SPACE			21178		21178	100.02
100.03 COMMUNITY & VOLUNTEER SERV.			41880		41880	100.03
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER			-12302		-12302	102
103 TOTAL	809840	752999	31590530		31590530	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	
GENERAL SERVICE COST CENTERS										
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
4.01	NEW CAP REL COSTS-SKILLED NURSI									4.01
5	EMPLOYEE BENEFITS		947	947	947					5
6	ADMINISTRATIVE & GENERAL		7382	7382	180	7562				6
7	MAINTENANCE & REPAIRS									7
8	OPERATION OF PLANT		12273	12273	14	542	12829			8
9	LAUNDRY & LINEN SERVICE		1464	1464	3	33		1500		9
10	HOUSEKEEPING		400	400	13	94	73		580	10
11	DIETARY		2034	2034	8	51	371	9		11
12	CAFETERIA		1175	1175	15	116	214			12
13	MAINTENANCE OF PERSONNEL									13
14	NURSING ADMINISTRATION		449	449	2	14	82		4	14
15	CENTRAL SERVICES & SUPPLY		2071	2071	5	49	378	3	17	15
16	PHARMACY		954	954	28	179	174			16
17	MEDICAL RECORDS & LIBRARY		577	577	19	170	105		5	17
18	SOCIAL SERVICE									18
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS										
25	ADULTS & PEDIATRICS		17049	17049	129	916	3107	398	143	25
33	NURSERY		170	170	10	62	31	9	1	33
34	SKILLED NURSING FACILITY				152	1207		769		34
ANCILLARY SERVICE COST CENTERS										
37	OPERATING ROOM		3728	3728	58	401	680	38	31	37
39	DELIVERY ROOM & LABOR ROOM		5232	5232	23	177	954	5	43	39
40	ANESTHESIOLOGY					18				40
41	RADIOLOGY-DIAGNOSTIC		5351	5351	67	476	976	80	44	41
43.01	MAMMOGRAPHY									43.01
44	LABORATORY		2498	2498	2	426	456		21	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO									46.30
49	RESPIRATORY THERAPY		536	536	31	192	98	10	4	49
50	PHYSICAL THERAPY		3050	3050	26	213	556	17	25	50
51	OCCUPATIONAL THERAPY				4	66		3		51
52	SPEECH PATHOLOGY				2	18		1		52
53	ELECTROCARDIOLOGY		1259	1259		33	230		10	53
55	MEDICAL SUPPLIES CHARGED TO PAT					181				55
56	DRUGS CHARGED TO PATIENTS					174				56
OUTPATIENT SERVICE COST CENTERS										
60	CLINIC		117	117	1	9	21		1	60
61	EMERGENCY		5072	5072	74	483	925	127	42	61
62	OBSERVATION BEDS (NON-DISTINCT									62
63.50	RHC									63.50
63.60	FQHC									63.60
OTHER REIMBURSABLE COST CENTERS										
65	AMBULANCE SERVICES		3174	3174	57	450	579	11	26	65
69.10	CMHC									69.10
69.20	OUTPATIENT PHYSICAL THERAPY									69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40	OUTPATIENT SPEECH PATHOLOGY									69.40
71	HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS										
85.01	PANCREAS ACQUISITION									85.01
85.02	INTESTINAL ACQUISITION									85.02
85.03	ISLET CELL ACQUISITION									85.03
95	SUBTOTALS		76962	76962	923	6750	10010	1480	452	95
NONREIMBURSABLE COST CENTERS										
96	GIFT, FLOWER, COFFEE SHOP & CAN		505	505		4	92		4	96
98	PHYSICIANS' PRIVATE OFFICES					438	2084	19	95	98
98.01	PAIN CLINIC				1	7	61		3	98.01
98.02	NURSING FACILITY									98.02
98.03	OAK POINT				21	294				98.03
100	OCCUPATIONAL HEALTH		2614	2614		38	477	1	22	100
100.01	FOUNDATION					22				100.01
100.02	VACANT SPACE		282	282		2	51		2	100.02
100.03	COMMUNITY & VOLUNTEER SERV.		296	296	2	7	54		2	100.03
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		80659	80659	947	7562	12829	1500	580	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
	11	12	14	15	16	17		
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
4.01								4.01
5								5
6								6
7								7
8								8
9								9
10								10
11	2490							11
12		1530						12
13								13
14			3	554				14
15			12		2535			15
16			41		89	1473		16
17			61				937	17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	2490	288	254	159		235	25168	25
33		21	18	20		28	370	33
34		504		299	6		2937	34
ANCILLARY SERVICE COST CENTERS								
37		118	104	272		43	5473	37
39		46	40	42			6562	39
40				2			20	40
41		141		139	1	203	7478	41
43.01								43.01
44		7		25			3435	44
46.30								46.30
49		66		81			1018	49
50		49		23		122	4081	50
51		10		4		35	122	51
52		4		2		2	29	52
53							1532	53
55				1077			1258	55
56					1458		1632	56
OUTPATIENT SERVICE COST CENTERS								
60		3		1			153	60
61		156	138	106		269	7392	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
65				136	8		4441	65
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
95	2490	1530	554	2477	1473	937	73101	95
NONREIMBURSABLE COST CENTERS								
96							605	96
98							2640	98
98.01				4			76	98.01
98.02								98.02
98.03				48			363	98.03
100							3152	100
100.01							22	100.01
100.02							337	100.02
100.03				2			363	100.03
101								101
102								102
103	2490	1530	554	2535	1473	937	80659	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B  
 PART II

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
4.01	NEW CAP REL COSTS-SKILLED NURSI		4.01
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	25168	25
33	NURSERY	370	33
34	SKILLED NURSING FACILITY	2937	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	5473	37
39	DELIVERY ROOM & LABOR ROOM	6562	39
40	ANESTHESIOLOGY	20	40
41	RADIOLOGY-DIAGNOSTIC	7478	41
43.01	MAMMOGRAPHY		43.01
44	LABORATORY	3435	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	1018	49
50	PHYSICAL THERAPY	4081	50
51	OCCUPATIONAL THERAPY	122	51
52	SPEECH PATHOLOGY	29	52
53	ELECTROCARDIOLOGY	1532	53
55	MEDICAL SUPPLIES CHARGED TO PAT	1258	55
56	DRUGS CHARGED TO PATIENTS	1632	56
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	153	60
61	EMERGENCY	7392	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
65	AMBULANCE SERVICES	4441	65
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	73101	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	605	96
98	PHYSICIANS' PRIVATE OFFICES	2640	98
98.01	PAIN CLINIC	76	98.01
98.02	NURSING FACILITY		98.02
98.03	OAK POINT	363	98.03
100	OCCUPATIONAL HEALTH	3152	100
100.01	FOUNDATION	22	100.01
100.02	VACANT SPACE	337	100.02
100.03	COMMUNITY & VOLUNTEER SERV.	363	100.03
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	80659	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	NEW CAP REL COSTS SKILLED 4.01	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-SKILLED NURSI									4.01
5 EMPLOYEE BENEFITS		9346	19816		29162	29162			5
6 ADMINISTRATIVE & GENERAL		72819	154395		227214	5450	232664		6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		121076	256714		377790	430	16692	394912	8
9 LAUNDRY & LINEN SERVICE		14437	30611		45048	84	1005		9
10 HOUSEKEEPING		3942	8357		12299	387	2904	2243	10
11 DIETARY		20061	42534		62595	233	1570	11415	11
12 CAFETERIA		11592	24579		36171	459	3584	6596	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		4434	9400		13834	54	425	2523	14
15 CENTRAL SERVICES & SUPPLY		20433	43324		63757	161	1521	11626	15
16 PHARMACY		9412	19956		29368	880	5515	5356	16
17 MEDICAL RECORDS & LIBRARY		5690	12064		17754	585	5227	3238	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		168178	356581		524759	3988	28218	95692	25
33 NURSERY		1682	3566		5248	321	1900	957	33
34 SKILLED NURSING FACILITY				184377	184377	4694	36844		34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		36778	77980		114758	1794	12339	20927	37
39 DELIVERY ROOM & LABOR ROOM		51614	109436		161050	700	5463	29369	39
40 ANESTHESIOLOGY							550		40
41 RADIOLOGY-DIAGNOSTIC		52791	111931		164722	2068	14671	30038	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY		24647	52259		76906	65	13134	14024	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		5284	11204		16488	955	5927	3007	49
50 PHYSICAL THERAPY		30091	63801	7991	101883	791	6561	17122	50
51 OCCUPATIONAL THERAPY						125	2038		51
52 SPEECH PATHOLOGY						63	550		52
53 ELECTROCARDIOLOGY		12417	26327		38744		1025	7065	53
55 MEDICAL SUPPLIES CHARGED TO PAT							5580		55
56 DRUGS CHARGED TO PATIENTS							5354		56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		1150	2438		3588	42	274	654	60
61 EMERGENCY		50039	106096		156135	2296	14881	28472	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES		31308	66381		97689	1756	13849	17814	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS		759221	1609750	192368	2561339	28381	207601	308138	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		4985	10570		15555		138	2837	96
98 PHYSICIANS' PRIVATE OFFICES							13483	64149	98
98.01 PAIN CLINIC							38	228	98.01
98.02 NURSING FACILITY									98.02
98.03 OAK POINT						661	9052		98.03
100 OCCUPATIONAL HEALTH		25784	54669		80453		1173	14671	100
100.01 FOUNDATION							688		100.01
100.02 VACANT SPACE		2785	5905		8690		77	1585	100.02
100.03 COMMUNITY & VOLUNTEER SERV.		2925	6201		9126	72	224	1664	100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		795700	1687095	192368	2675163	29162	232664	394912	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-SKILLED NURSI									4.01
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	46137								9
10 HOUSEKEEPING		17833							10
11 DIETARY	285	518	76616						11
12 CAFETERIA		300		47110					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		115			17043				14
15 CENTRAL SERVICES & SUPPLY	86	528				78048			15
16 PHARMACY		243				2744	45373		16
17 MEDICAL RECORDS & LIBRARY		147			1866			28817	17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A									22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	12227	4345	76616	8869	7798	4900	8	7219	25
33 NURSERY	281	43		645	567	608		873	33
34 SKILLED NURSING FACILITY	23675			15528		9199	193		34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1156	950		3640	3206	8391	12	1311	37
39 DELIVERY ROOM & LABOR ROOM	139	1334		1405	1236	1289	1		39
40 ANESTHESIOLOGY						55			40
41 RADIOLOGY-DIAGNOSTIC	2470	1364		4354		4266	18	6245	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY		637		230		765			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	295	137		2027		2480	2		49
50 PHYSICAL THERAPY	535	778		1497		710	8	3749	50
51 OCCUPATIONAL THERAPY	85			299		112	1	1075	51
52 SPEECH PATHOLOGY	43			115		57	1	72	52
53 ELECTROCARDIOLOGY		321							53
55 MEDICAL SUPPLIES CHARGED TO PAT						33219			55
56 DRUGS CHARGED TO PATIENTS							44874		56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		30		92		18	2		60
61 EMERGENCY	3916	1293		4815	4236	3253	3	8273	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	330	809				4184	250		65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	45523	13892	76616	47110	17043	76250	45373	28817	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		129							96
98 PHYSICIANS' PRIVATE OFFICES	583	2913				131			98
98.01 PAIN CLINIC		85				130			98.01
98.02 NURSING FACILITY									98.02
98.03 OAK POINT						1475			98.03
100 OCCUPATIONAL HEALTH	31	666							100
100.01 FOUNDATION									100.01
100.02 VACANT SPACE		72							100.02
100.03 COMMUNITY & VOLUNTEER SERV.		76				62			100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	46137	17833	76616	47110	17043	78048	45373	28817	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
4.01 NEW CAP REL COSTS-SKILLED NURSI				4.01
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	774639		774639	25
33 NURSERY	11443		11443	33
34 SKILLED NURSING FACILITY	274510		274510	34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	168484		168484	37
39 DELIVERY ROOM & LABOR ROOM	201986		201986	39
40 ANESTHESIOLOGY	605		605	40
41 RADIOLOGY-DIAGNOSTIC	230216		230216	41
43.01 MAMMOGRAPHY				43.01
44 LABORATORY	105761		105761	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	31318		31318	49
50 PHYSICAL THERAPY	133634		133634	50
51 OCCUPATIONAL THERAPY	3735		3735	51
52 SPEECH PATHOLOGY	901		901	52
53 ELECTROCARDIOLOGY	47155		47155	53
55 MEDICAL SUPPLIES CHARGED TO PAT	38799		38799	55
56 DRUGS CHARGED TO PATIENTS	50228		50228	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	4700		4700	60
61 EMERGENCY	227573		227573	61
62 OBSERVATION BEDS (NON-DISTINCT				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
65 AMBULANCE SERVICES	136681		136681	65
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	2442368		2442368	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	18659		18659	96
98 PHYSICIANS' PRIVATE OFFICES	81269		81269	98
98.01 PAIN CLINIC	2349		2349	98.01
98.02 NURSING FACILITY				98.02
98.03 OAK POINT	11188		11188	98.03
100 OCCUPATIONAL HEALTH	96994		96994	100
100.01 FOUNDATION	688		688	100.01
100.02 VACANT SPACE	10424		10424	100.02
100.03 COMMUNITY & VOLUNTEER SERV.	11224		11224	100.03
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	2675163		2675163	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILLIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	REL COSTS SKILLED SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	4.01	5	6A
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	119707						1
2 OLD CAP REL COSTS-MVBLE EQUIP		119707					2
3 NEW CAP REL COSTS-BLDG & FIXT			119707				3
4 NEW CAP REL COSTS-MVBLE EQUIP				119707			4
4.01 NEW CAP REL COSTS-SKILLED NUR					26287		4.01
5 EMPLOYEE BENEFITS	1406	1406	1406	1406		14987525	5
6 ADMINISTRATIVE & GENERAL	10955	10955	10955	10955		2803496	-4434671
7 MAINTENANCE & REPAIRS							6
8 OPERATION OF PLANT	18215	18215	18215	18215		220809	8
9 LAUNDRY & LINEN SERVICE	2172	2172	2172	2172		43389	9
10 HOUSEKEEPING	593	593	593	593		198694	10
11 DIETARY	3018	3018	3018	3018		119981	11
12 CAFETERIA	1744	1744	1744	1744		235998	12
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	667	667	667	667		27739	14
15 CENTRAL SERVICES & SUPPLY	3074	3074	3074	3074		82489	15
16 PHARMACY	1416	1416	1416	1416		452113	16
17 MEDICAL RECORDS & LIBRARY	856	856	856	856		300859	17
18 SOCIAL SERVICE							18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	25301	25301	25301	25301		2049167	25
33 NURSERY	253	253	253	253		164711	33
34 SKILLED NURSING FACILITY					25195	2412078	34
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	5533	5533	5533	5533		921785	37
39 DELIVERY ROOM & LABOR ROOM	7765	7765	7765	7765		359493	39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC	7942	7942	7942	7942		1062672	41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY	3708	3708	3708	3708		33602	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	795	795	795	795		490546	49
50 PHYSICAL THERAPY	4527	4527	4527	4527	1092	406516	50
51 OCCUPATIONAL THERAPY						64262	51
52 SPEECH PATHOLOGY						32417	52
53 ELECTROCARDIOLOGY	1868	1868	1868	1868			53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	173	173	173	173		21649	60
61 EMERGENCY	7528	7528	7528	7528		1179622	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	4710	4710	4710	4710		902351	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	114219	114219	114219	114219	26287	14586438	-4434671
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	750	750	750	750			96
98 PHYSICIANS' PRIVATE OFFICES						4934	98
98.01 PAIN CLINIC						19658	98.01
98.02 NURSING FACILITY							98.02
98.03 OAK POINT						339513	98.03
100 OCCUPATIONAL HEALTH	3879	3879	3879	3879			100
100.01 FOUNDATION							100.01
100.02 VACANT SPACE	419	419	419	419			100.02
100.03 COMMUNITY & VOLUNTEER SERV.	440	440	440	440		36982	100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	REL COSTS SKILLED SQUARE FEET	BENEFITS GROSS SALARIES	
	1	2	3	4	4.01	5	6A
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I		80659	795700	1687095	192368	3319901	103
104 UNIT COST MULT-WS B PT I		.673804		14.093537		.221511	104
104 UNIT COST MULT-WS B PT I			6.647063		7.317990		104
105 COST TO BE ALLOC PER B PT II						947	105
106 UNIT COST MULT-WS B PT II						.000063	106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III						29162	107
108 UNIT COST MULT-WS B PT III						.001946	108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA FTES	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	6	8	9	10	11	12	14	15	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
4.01 NEW CAP REL COSTS-SKILLED NUR									4.01
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL	27168161								6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	1949101	104414							8
9 LAUNDRY & LINEN SERVICE	117338		456052						9
10 HOUSEKEEPING	339121	593		103821					10
11 DIETARY	183327	3018	2813	3018	17342				11
12 CAFETERIA	418445	1744		1744		2045			12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	49684	667		667		4	175995		14
15 CENTRAL SERVICES & SUPPLY	177656	3074	855	3074		16		1536144	15
16 PHARMACY	643940	1416		1416		55		54014	16
17 MEDICAL RECORDS & LIBRARY	610372	856		856		81			17
18 SOCIAL SERVICE									18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	3294954	25301	120864	25301	17342	385	80529	96451	25
33 NURSERY	221902	253	2774	253		28	5856	11962	33
34 SKILLED NURSING FACILITY	4302810		234025			674		181062	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1440769	5533	11430	5533		158	33103	165144	37
39 DELIVERY ROOM & LABOR ROOM	637890	7765	1376	7765		61	12760	25370	39
40 ANESTHESIOLOGY	64279							1084	40
41 RADIOLOGY-DIAGNOSTIC	1713050	7942	24419	7942		189		83971	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY	1533648	3708		3708		10		15053	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	692055	795	2913	795		88		48818	49
50 PHYSICAL THERAPY	766071	4527	5285	4527		65		13970	50
51 OCCUPATIONAL THERAPY	237986		836			13		2208	51
52 SPEECH PATHOLOGY	64228		422			5		1114	52
53 ELECTROCARDIOLOGY	119644	1868		1868					53
55 MEDICAL SUPPLIES CHARGED TO P	651541							653795	55
56 DRUGS CHARGED TO PATIENTS	625231								56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	32041	173		173		4		362	60
61 EMERGENCY	1737597	7528	38706	7528		209	43747	64029	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	1617085	4710	3259	4710				82340	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	24241765	81471	449977	80878	17342	2045	175995	1500747	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	16060	750		750					96
98 PHYSICIANS' PRIVATE OFFICES	1574370	16961	5767	16961				2588	98
98.01 PAIN CLINIC	26601	494		494				2568	98.01
98.02 NURSING FACILITY									98.02
98.03 OAK POINT	1056948							29026	98.03
100 OCCUPATIONAL HEALTH	136948	3879	308	3879					100
100.01 FOUNDATION	80388								100.01
100.02 VACANT SPACE	8972	419		419					100.02
100.03 COMMUNITY & VOLUNTEER SERV.	26109	440		440				1215	100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	ADMINIS-	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL
	TRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET	& LINEN SERVICE POUNDS OF LAUNDRY	KEEPING SQUARE FEET	MEALS SERVED	FTES	ADMINIS- TRATION DIRECT NRSING HRS	SERVICES & SUPPLY COSTED REQUIS.
	6	8	9	10	11	12	14	15
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	4434671	2267253	136491	407352	291467	531460	75934	289879 103
104 UNIT COST MULT-WS B PT I	.163230		.299288		16.807000		.431455	104
104 UNIT COST MULT-WS B PT I		21.714071		3.923599		259.882641		.188706 104
105 COST TO BE ALLOC PER B PT II	7562	12829	1500	580	2490	1530	554	2535 105
106 UNIT COST MULT-WS B PT II	.000278		.003289		.143582		.003148	106
106 UNIT COST MULT-WS B PT II		.122867		.005587		.748166		.001650 106
107 COST TO BE ALLOC PER B PT III	232664	394912	46137	17833	76616	47110	17043	78048 107
108 UNIT COST MULT-WS B PT III	.008564		.101166		4.417945		.096838	108
108 UNIT COST MULT-WS B PT III		3.782175		.171767		23.036675		.050808 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	COSTED REQUIS. 16	TIME SPENT 17	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
4.01 NEW CAP REL COSTS-SKILLED NUR			4.01
5 EMPLOYEE BENEFITS			5
6 ADMINISTRATIVE & GENERAL			6
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY	1137325		16
17 MEDICAL RECORDS & LIBRARY		10000	17
18 SOCIAL SERVICE			18
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES			22
23 I&R SERVICES-OTHER PRGM COSTS			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	210	2505	25
33 NURSERY	10	303	33
34 SKILLED NURSING FACILITY	4833		34
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	292	455	37
39 DELIVERY ROOM & LABOR ROOM	22		39
40 ANESTHESIOLOGY			40
41 RADIOLOGY-DIAGNOSTIC	443	2167	41
43.01 MAMMOGRAPHY			43.01
44 LABORATORY			44
46.30 BLOOD CLOTTING FACTORS ADMIN			46.30
49 RESPIRATORY THERAPY	50		49
50 PHYSICAL THERAPY	192	1301	50
51 OCCUPATIONAL THERAPY	30	373	51
52 SPEECH PATHOLOGY	15	25	52
53 ELECTROCARDIOLOGY			53
55 MEDICAL SUPPLIES CHARGED TO P			55
56 DRUGS CHARGED TO PATIENTS	1124833		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	53		60
61 EMERGENCY	78	2871	61
62 OBSERVATION BEDS (NON-DISTINC			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
65 AMBULANCE SERVICES	6264		65
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERA			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	1137325	10000	95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & C			96
98 PHYSICIANS' PRIVATE OFFICES			98
98.01 PAIN CLINIC			98.01
98.02 NURSING FACILITY			98.02
98.03 OAK POINT			98.03
100 OCCUPATIONAL HEALTH			100
100.01 FOUNDATION			100.01
100.02 VACANT SPACE			100.02
100.03 COMMUNITY & VOLUNTEER SERV.			100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL	
	COSTED REQUIS. 16	RECORDS & LIBRARY TIME SPENT 17	
101 CROSS FOOT ADJUSTMENTS			101
102 NEGATIVE COST CENTER			102
103 COST TO BE ALLOC PER B PT I	809840	752999	103
104 UNIT COST MULT-WS B PT I	.712057		104
104 UNIT COST MULT-WS B PT I		75.299900	104
105 COST TO BE ALLOC PER B PT II	1473	937	105
106 UNIT COST MULT-WS B PT II	.001295		106
106 UNIT COST MULT-WS B PT II		.093700	106
107 COST TO BE ALLOC PER B PT III	45373	28817	107
108 UNIT COST MULT-WS B PT III	.039894		108
108 UNIT COST MULT-WS B PT III		2.881700	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	5150864		5150864		5150864	25
33 NURSERY	300324		300324		300324	33
34 SKILLED NURSING FACILITY	5287983		5287983		5287983	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1942196		1942196		1942196	37
39 DELIVERY ROOM & LABOR ROOM	967663		967663		967663	39
40 ANESTHESIOLOGY	74976		74976	14424	89400	40
41 RADIOLOGY-DIAGNOSTIC	2432047		2432047		2432047	41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY	1884490		1884490		1884490	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	858391		858391		858391	49
50 PHYSICAL THERAPY	1126391		1126391		1126391	50
51 OCCUPATIONAL THERAPY	308985		308985		308985	51
52 SPEECH PATHOLOGY	78240		78240		78240	52
53 ELECTROCARDIOLOGY	187064		187064		187064	53
55 MEDICAL SUPPLIES CHARGED TO	881267		881267		881267	55
56 DRUGS CHARGED TO PATIENTS	1528231		1528231		1528231	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	42853		42853		42853	60
61 EMERGENCY	2527326		2527326	4811	2532137	61
62 OBSERVATION BEDS (NON-DISTI	378422		378422		378422	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	2022768		2022768		2022768	65
101 SUBTOTAL	27980481		27980481	19235	27999716	101
102 LESS OBSERVATION BEDS	378422		378422		378422	102
103 TOTAL	27602059		27602059	19235	27621294	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	6572830		6572830			25
33 NURSERY	383827		383827			33
34 SKILLED NURSING FACILITY	4179771		4179771			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1277720	4184824	5462544	.355548	.355548	.355548 37
39 DELIVERY ROOM & LABOR ROOM	680201	133727	813928	1.188880	1.188880	1.188880 39
40 ANESTHESIOLOGY	136609	378281	514890	.145616	.145616	.173629 40
41 RADIOLOGY-DIAGNOSTIC	2576221	16138336	18714557	.129955	.129955	.129955 41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY	2289526	6145421	8434947	.223415	.223415	.223415 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1114313	1861650	2975963	.288441	.288441	.288441 49
50 PHYSICAL THERAPY	496127	1104583	1600710	.703682	.703682	.703682 50
51 OCCUPATIONAL THERAPY	363482	337188	700670	.440985	.440985	.440985 51
52 SPEECH PATHOLOGY	61653	64308	125961	.621145	.621145	.621145 52
53 ELECTROCARDIOLOGY	312445	26225	338670	.552349	.552349	.552349 53
55 MEDICAL SUPPLIES CHARGED TO	858788	1671789	2530577	.348247	.348247	.348247 55
56 DRUGS CHARGED TO PATIENTS	3109762	2885668	5995430	.254899	.254899	.254899 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2804	42816	45620	.939347	.939347	.939347 60
61 EMERGENCY	1461749	5987511	7449260	.339272	.339272	.339918 61
62 OBSERVATION BEDS (NON-DISTI		542541	542541	.697499	.697499	.697499 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		2658350	2658350	.760911	.760911	.760911 65
101 SUBTOTAL	25877828	44163218	70041046			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	25877828	44163218	70041046			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	25168		25168	774639		774639
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	370		370	11443		11443
101 TOTAL	25538		25538	786082		786082

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	5989	2656	4.20	11155	129.34	343527
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	537		.69		21.31	
101 TOTAL	6526	2656		11155		343527

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5473	168484	5462544	341784	.001002	342	.030844	10542	37
39 DELIVERY ROOM & LABOR ROOM	6562	201986	813928		.008062		.248162		39
40 ANESTHESIOLOGY	20	605	514890	32264	.000039	1	.001175	38	40
41 RADIOLOGY-DIAGNOSTIC	7478	230216	18714557	1280366	.000400	512	.012301	15750	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY	3435	105761	8434947	1054771	.000407	429	.012538	13225	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	1018	31318	2975963	492268	.000342	168	.010524	5181	49
50 PHYSICAL THERAPY	4081	133634	1600710	56782	.002549	145	.083484	4740	50
51 OCCUPATIONAL THERAPY	122	3735	700670	16240	.000174	3	.005331	87	51
52 SPEECH PATHOLOGY	29	901	125961	8108	.000230	2	.007153	58	52
53 ELECTROCARDIOLOGY	1532	47155	338670	278088	.004524	1258	.139236	38720	53
55 MEDICAL SUPPLIES CHARGED TO P	1258	38799	2530577	201263	.000497	100	.015332	3086	55
56 DRUGS CHARGED TO PATIENTS	1632	50228	5995430	1287592	.000272	350	.008378	10787	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	153	4700	45620	667	.003354	2	.103025	69	60
61 EMERGENCY	7392	227573	7449260	663013	.000992	658	.030550	20255	61
62 OBSERVATION BEDS (NON-DISTINC	1849	56911	542541		.003408		.104897		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL	42034	1302006	56246268	5713206		3970		122538	101

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					5989		2656	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					537			33
34 SKILLED NURSING FACILITY					25796		2422	34
35 NURSING FACILITY								35
101 TOTAL					32322		5078	101

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5462544			341784		952410 37
39 DELIVERY ROOM & LABOR ROOM		813928					39
40 ANESTHESIOLOGY		514890			32264		44877 40
41 RADIOLOGY-DIAGNOSTIC		18714557			1280366		3276472 41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY		8434947			1054771		77344 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2975963			492268		439505 49
50 PHYSICAL THERAPY		1600710			56782		50
51 OCCUPATIONAL THERAPY		700670			16240		51
52 SPEECH PATHOLOGY		125961			8108		52
53 ELECTROCARDIOLOGY		338670			278088	11928	53
55 MEDICAL SUPPLIES CHARGED TO P		2530577			201263	157911	55
56 DRUGS CHARGED TO PATIENTS		5995430			1287592	820812	56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		45620			667		18776 60
61 EMERGENCY		7449260			663013		1088148 61
62 OBSERVATION BEDS (NON-DISTINC		542541					102489 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		56246268			5713206		6990672 101

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 MAMMOGRAPHY					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL	8.01	8.02	9	9.01	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0101) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.355548	.355548	.355548			37
39 DELIVERY ROOM & LABOR ROOM	1.188880	1.188880	1.188880			39
40 ANESTHESIOLOGY	.145616	.145616	.145616			40
41 RADIOLOGY-DIAGNOSTIC	.129955	.129955	.129955			41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY	.223415	.223415	.223415			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.288441	.288441	.288441			49
50 PHYSICAL THERAPY	.703682	.703682	.703682			50
51 OCCUPATIONAL THERAPY	.440985	.440985	.440985			51
52 SPEECH PATHOLOGY	.621145	.621145	.621145			52
53 ELECTROCARDIOLOGY	.552349	.552349	.552349			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.348247	.348247	.348247			55
56 DRUGS CHARGED TO PATIENTS	.254899	.254899	.254899			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.939347	.939347	.939347			60
61 EMERGENCY	.339272	.339272	.339272			61
62 OBSERVATION BEDS (NON-DISTINCT	.697499	.697499	.697499			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.760911	.760911	.760911			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.760911	.760911	.760911			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.760911	.760911	.760911			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.760911	.760911	.760911			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.254899	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0101) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		952410						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		44877						40
41 RADIOLOGY-DIAGNOSTIC		3276472						41
43.01 MAMMOGRAPHY								43.01
44 LABORATORY		77344						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		439505						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		11928						53
55 MEDICAL SUPPLIES CHARGED TO PA		157911						55
56 DRUGS CHARGED TO PATIENTS		820812						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		18776						60
61 EMERGENCY		1088148						61
62 OBSERVATION BEDS (NON-DISTINCT		102489						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		6990672						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		6990672						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0101) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		338627					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		6535					40
41 RADIOLOGY-DIAGNOSTIC		425794					41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY		17280					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		126771					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		6588					53
55 MEDICAL SUPPLIES CHARGED TO PAT		54992					55
56 DRUGS CHARGED TO PATIENTS		209224					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		17637					60
61 EMERGENCY		369178					61
62 OBSERVATION BEDS (NON-DISTINCT		71486					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		1644112					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		1644112					104

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (15-5128) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			MEDICAL EDUCATION	N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
43.01 MAMMOGRAPHY								43.01
44 LABORATORY								44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (15-5128) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5462544					37
39 DELIVERY ROOM & LABOR ROOM		813928					39
40 ANESTHESIOLOGY		514890					40
41 RADIOLOGY-DIAGNOSTIC		18714557			4548		41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY		8434947			3862		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2975963					49
50 PHYSICAL THERAPY		1600710			172209		50
51 OCCUPATIONAL THERAPY		700670			162883		51
52 SPEECH PATHOLOGY		125961			9446		52
53 ELECTROCARDIOLOGY		338670					53
55 MEDICAL SUPPLIES CHARGED TO P		2530577			527		55
56 DRUGS CHARGED TO PATIENTS		5995430			82827		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		45620					60
61 EMERGENCY		7449260					61
62 OBSERVATION BEDS (NON-DISTINC		542541					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		56246268			436302		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[ ]	HOSPITAL	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[XX]	SNF (15-5128)	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL						101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	25168		25168	774639		774639
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	370		370	11443		11443
101 TOTAL	25538		25538	786082		786082

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
25 INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	5989	191	4.20	802	129.34	24704
26 INTENSIVE CARE UNIT						
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY	537	53	.69	37	21.31	1129
101 TOTAL	6526	244		839		25833

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB III [XX] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	5473	168484	5462544	52119	.001002	52	.030844	1608	37
39 DELIVERY ROOM & LABOR ROOM	6562	201986	813928	61115	.008062	493	.248162	15166	39
40 ANESTHESIOLOGY	20	605	514890	3480	.000039		.001175	4	40
41 RADIOLOGY-DIAGNOSTIC	7478	230216	18714557	75347	.000400	30	.012301	927	41
43.01 MAMMOGRAPHY									43.01
44 LABORATORY	3435	105761	8434947	80059	.000407	33	.012538	1004	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	1018	31318	2975963	27094	.000342	9	.010524	285	49
50 PHYSICAL THERAPY	4081	133634	1600710	1550	.002549	4	.083484	129	50
51 OCCUPATIONAL THERAPY	122	3735	700670		.000174		.005331		51
52 SPEECH PATHOLOGY	29	901	125961		.000230		.007153		52
53 ELECTROCARDIOLOGY	1532	47155	338670	12768	.004524	58	.139236	1778	53
55 MEDICAL SUPPLIES CHARGED TO P	1258	38799	2530577	22637	.000497	11	.015332	347	55
56 DRUGS CHARGED TO PATIENTS	1632	50228	5995430	96483	.000272	26	.008378	808	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	153	4700	45620	294	.003354	1	.103025	30	60
61 EMERGENCY	7392	227573	7449260	38462	.000992	38	.030550	1175	61
62 OBSERVATION BEDS (NON-DISTINC	1849	56911	542541		.003408		.104897		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL	42034	1302006	56246268	471408		755		23261	101

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					5989		191	25
26 INTENSIVE CARE UNIT								26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY					537		53	33
34 SKILLED NURSING FACILITY					25796		15261	34
35 NURSING FACILITY								35
101 TOTAL					32322		15505	101

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5462544			52119		37
39 DELIVERY ROOM & LABOR ROOM		813928			61115		39
40 ANESTHESIOLOGY		514890			3480		40
41 RADIOLOGY-DIAGNOSTIC		18714557			75347		41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY		8434947			80059		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		2975963			27094		49
50 PHYSICAL THERAPY		1600710			1550		50
51 OCCUPATIONAL THERAPY		700670					51
52 SPEECH PATHOLOGY		125961					52
53 ELECTROCARDIOLOGY		338670			12768		53
55 MEDICAL SUPPLIES CHARGED TO P		2530577			22637		55
56 DRUGS CHARGED TO PATIENTS		5995430			96483		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		45620			294		60
61 EMERGENCY		7449260			38462		61
62 OBSERVATION BEDS (NON-DISTINC		542541					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		56246268			471408		101

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
 07/16/2009 12:06

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (15-0101)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 MAMMOGRAPHY					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0101) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.355548	.355548	.355548			37
39 DELIVERY ROOM & LABOR ROOM	1.188880	1.188880	1.188880			39
40 ANESTHESIOLOGY	.145616	.145616	.145616			40
41 RADIOLOGY-DIAGNOSTIC	.129955	.129955	.129955			41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY	.223415	.223415	.223415			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.288441	.288441	.288441			49
50 PHYSICAL THERAPY	.703682	.703682	.703682			50
51 OCCUPATIONAL THERAPY	.440985	.440985	.440985			51
52 SPEECH PATHOLOGY	.621145	.621145	.621145			52
53 ELECTROCARDIOLOGY	.552349	.552349	.552349			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.348247	.348247	.348247			55
56 DRUGS CHARGED TO PATIENTS	.254899	.254899	.254899			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.939347	.939347	.939347			60
61 EMERGENCY	.339272	.339272	.339272			61
62 OBSERVATION BEDS (NON-DISTINCT	.697499	.697499	.697499			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.760911	.760911	.760911			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.760911	.760911	.760911			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.760911	.760911	.760911			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.760911	.760911	.760911			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.254899	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0101) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	78461							37
39 DELIVERY ROOM & LABOR ROOM	2708							39
40 ANESTHESIOLOGY	22739							40
41 RADIOLOGY-DIAGNOSTIC	595084							41
43.01 MAMMOGRAPHY								43.01
44 LABORATORY	252276							44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY	44015							49
50 PHYSICAL THERAPY	21413							50
51 OCCUPATIONAL THERAPY	7195							51
52 SPEECH PATHOLOGY	1133							52
53 ELECTROCARDIOLOGY	3185							53
55 MEDICAL SUPPLIES CHARGED TO PA	23584							55
56 DRUGS CHARGED TO PATIENTS	136208							56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	824							60
61 EMERGENCY	308845							61
62 OBSERVATION BEDS (NON-DISTINCT	21759							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	122249							65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL	1641678							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	1641678							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (15-0101) [ ] SNF  
 APPLICABLE [ ] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [XX] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	27897						37
39 DELIVERY ROOM & LABOR ROOM	3219						39
40 ANESTHESIOLOGY	3311						40
41 RADIOLOGY-DIAGNOSTIC	77334						41
43.01 MAMMOGRAPHY							43.01
44 LABORATORY	56362						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	12696						49
50 PHYSICAL THERAPY	15068						50
51 OCCUPATIONAL THERAPY	3173						51
52 SPEECH PATHOLOGY	704						52
53 ELECTROCARDIOLOGY	1759						53
55 MEDICAL SUPPLIES CHARGED TO PAT	8213						55
56 DRUGS CHARGED TO PATIENTS	34719						56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	774						60
61 EMERGENCY	104782						61
62 OBSERVATION BEDS (NON-DISTINCT	15177						62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	93021						65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL	458209						101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	458209						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (15-5128)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5989					25796	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5989					25796	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5989					25796	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2656					2422	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (15-5128)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5150864					5287983	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5150864					5287983	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6572830					4179771	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6572830					4179771	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.783660					1.265137	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1097.48					162.03	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5150864					5287983	37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	860.05					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2284293					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2284293					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1501203					48
49 TOTAL PROGRAM INPATIENT COSTS	3785496					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	354682					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	126508					51
52 TOTAL PROGRAM EXCLUDABLE COST	481190					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3304306					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

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

	SNF (PPS) (15-5128)	
	1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	5287983	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	204.99	67
68 PROGRAM ROUTINE SERVICE COST	496486	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	496486	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	277447	71
72 PER DIEM CAPITAL RELATED COSTS	10.76	72
73 PROGRAM CAPITAL RELATED COSTS	26061	73
74 INPATIENT ROUTINE SERVICE COST	470425	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	470425	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	496486	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	221627	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	718113	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (15-0101)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	440	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	860.05	84
85 OBSERVATION BED COST	378422	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	25168	5150864	.004886	378422	1849	86
87 NEW CAPITAL-RELATED COST	774639	5150864	.150390	378422	56911	87
88 NON PHYSICIAN ANESTHETIST		5150864		378422		88
89 MEDICAL EDUCATION		5150864		378422		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	5989					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	5989					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5989					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	191					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)						14
15 TOTAL NURSERY DAYS	537					15
16 TITLE V OR XIX NURSERY DAYS	53					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5150864						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5150864						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6572830						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6572830						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.783660						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1097.48						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5150864						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	860.05					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	164270					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	164270					41
	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42 NURSERY (TITLES V AND XIX ONLY)	300324	537	559.26	53	29641	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	181255					48
49 TOTAL PROGRAM INPATIENT COSTS	375166					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	26672					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	24016					51
52 TOTAL PROGRAM EXCLUDABLE COST	50688					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	324478					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (15-0101)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
07/16/2009 12:06

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV  
 (PPS)  
 (15-0101)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	440	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	860.05	84
85 OBSERVATION BED COST	378422	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	25168	5150864	.004886	378422	1849	86
87 NEW CAPITAL-RELATED COST	774639	5150864	.150390	378422	56911	87
88 NON PHYSICIAN ANESTHETIST		5150864		378422		88
89 MEDICAL EDUCATION		5150864		378422		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3205372		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.355548	341784	121521	37
39 DELIVERY ROOM & LABOR ROOM	1.188880			39
40 ANESTHESIOLOGY	.173629	32264	5602	40
41 RADIOLOGY-DIAGNOSTIC	.129955	1280366	166390	41
43.01 MAMMOGRAPHY				43.01
44 LABORATORY	.223415	1054771	235652	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.288441	492268	141990	49
50 PHYSICAL THERAPY	.703682	56782	39956	50
51 OCCUPATIONAL THERAPY	.440985	16240	7162	51
52 SPEECH PATHOLOGY	.621145	8108	5036	52
53 ELECTROCARDIOLOGY	.552349	278088	153602	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.348247	201263	70089	55
56 DRUGS CHARGED TO PATIENTS	.254899	1287592	328206	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.939347	667	627	60
61 EMERGENCY	.339918	663013	225370	61
62 OBSERVATION BEDS (NON-DISTINCT	.697499			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		5713206	1501203	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		5713206		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (15-5128)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.355548			37
39 DELIVERY ROOM & LABOR ROOM	1.188880			39
40 ANESTHESIOLOGY	.145616			40
41 RADIOLOGY-DIAGNOSTIC	.129955	4548	591	41
43.01 MAMMOGRAPHY				43.01
44 LABORATORY	.223415	3862	863	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.288441			49
50 PHYSICAL THERAPY	.703682	172209	121180	50
51 OCCUPATIONAL THERAPY	.440985	162883	71829	51
52 SPEECH PATHOLOGY	.621145	9446	5867	52
53 ELECTROCARDIOLOGY	.552349			53
55 MEDICAL SUPPLIES CHARGED TO PAT	.348247	527	184	55
56 DRUGS CHARGED TO PATIENTS	.254899	82827	21113	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.939347			60
61 EMERGENCY	.339272			61
62 OBSERVATION BEDS (NON-DISTINCT	.697499			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		436302	221627	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		436302		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (15-0101) [ ] SNF [XX] PPS  
 [ ] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [XX] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		198599		25
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.355548	52119	18531	37
39 DELIVERY ROOM & LABOR ROOM	1.188880	61115	72658	39
40 ANESTHESIOLOGY	.173629	3480	604	40
41 RADIOLOGY-DIAGNOSTIC	.129955	75347	9792	41
43.01 MAMMOGRAPHY				43.01
44 LABORATORY	.223415	80059	17886	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.288441	27094	7815	49
50 PHYSICAL THERAPY	.703682	1550	1091	50
51 OCCUPATIONAL THERAPY	.440985			51
52 SPEECH PATHOLOGY	.621145			52
53 ELECTROCARDIOLOGY	.552349	12768	7052	53
55 MEDICAL SUPPLIES CHARGED TO PAT	.348247	22637	7883	55
56 DRUGS CHARGED TO PATIENTS	.254899	96483	24593	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.939347	294	276	60
61 EMERGENCY	.339918	38462	13074	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.697499			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		471408	181255	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		471408		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0101)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2264497					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	754832					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	15688					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	38.93					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0101)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4	0.0224					4
4.01	0.1643					4.01
4.02	0.1867					4.02
4.03	0.0436					4.03
4.04	131643					4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	3166660					6
7						7
7.01						7.01
8	3166660					8
9	256977					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	3423637					16
17	10383					17
18	3413254					18
19	467776					19
20	5120					20
21	124174					21
21.01	86922					21.01
21.02	62253					21.02
22	3027280					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0101)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	3027280					26
27						27
28	2990822					28
28.01						28.01
29	36458					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0101) 1	HOSPITAL (15-0101) 1.01	HOSPITAL (15-0101) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	1644112			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1621472			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	1621472			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0101) 1	HOSPITAL (15-0101) 1.01	HOSPITAL (15-0101) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	474277		18.01
19 SUBTOTAL	1147195		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	1147195		23
24 PRIMARY PAYER PAYMENTS	1966		24
25 SUBTOTAL	1145229		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	102780		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	71946		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	58376		27.02
28 SUBTOTAL	1217175		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	1217175		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	1204871		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	12304		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (15-5128)	SNF (15-5128)	SNF (15-5128)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (15-5128)	SNF (15-5128)	SNF (15-5128)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (15-0101) OCTOBER 1, 1997 PRIOR TO    ON OR AFTER	
	1            1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(15-0101)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(15-0101)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (15-0101)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3001957		1180874	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		28783	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .51 TO .52 PROGRAM .53 .54	09/08/2008 11135	09/08/2008	4786	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	-11135		-4786	3.99
4 TOTAL INTERIM PAYMENTS		2990822		1204871	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE		NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM	36458		12304	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		3027280		1217175	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

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

SNF I  
 (15-5128)  
 (PPS)  
 2

COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	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)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	24
25	OUTLIER PAYMENTS	25
26	PROGRAM CAPITAL PAYMENTS	26
27	CAPITAL EXCEPTION PAYMENTS	27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	29
30	SUBTOTAL	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
		SNF I (15-5128) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	893086	35
36	COINSURANCE	164513	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	15356	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	15356	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	15356	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	743929	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	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)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	LOSS ON SALE OF ASSETS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	743929	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	743929	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	728573	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	15356	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX	NF I (PPS)		
	HOSPITAL (15-0101) (PPS)	SUB I	SUB II	SUB III	SUB IV	
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES					1
3	MEDICAL AND OTHER SERVICES	458209				2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	458209				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	458209				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES					10
13	ANCILLARY SERVICE CHARGES	2113086				11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	2113086				16
19	CUSTOMARY CHARGES					
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
22	RATIO OF LINE 17 TO LINE 18					19
23	TOTAL CUSTOMARY CHARGES	2113086				20
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1654877				21
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
26	COST OF COVERED SERVICES	458209				23
27	PROSPECTIVE PAYMENT AMOUNT					
28	OTHER THAN OUTLIER PAYMENTS					24
29	OUTLIER PAYMENTS					25
30	PROGRAM CAPITAL PAYMENTS					26
31	CAPITAL EXCEPTION PAYMENTS					27
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
34	SUBTOTAL	458209				30
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)	700104				31
36	LESSER OF LINES 30 OR 31	458209				32
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (15-0101) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
36	458209					35
37	COINSURANCE					36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38.01	REIMBURSABLE BAD DEBTS					38
38.02	REDUCED REIMBURSABLE BAD DEBTS					38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE					38.02
39	BENEFICIARIES (SEE INSTRUCTIONS)					
40	UTILIZATION REVIEW					39
41	458209					40
42	INPATIENT ROUTINE SERVICE COST					41
43	MEDICARE INPATIENT ROUTINE CHARGES					42
44	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
45	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					44
46	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
47	ACCORDANCE WITH 42 CFR 413.13(E)					
48	RATIO OF LINE 43 TO LINE 44					45
49	TOTAL CUSTOMARY CHARGES					46
50	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
51	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
52	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM					49
53	UTILIZATION					
54	LOSS ON SALE OF ASSETS					50
55	AMOUNTS APPLICABLE TO PRIOR COST REPORTING					51
56	DEPRECIABLE ASSETS					
57	458209					52
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
61	458209					56
62	SEQUESTRATION ADJUSTMENT					57
63	423150					58
64	INTERIM PAYMENTS					59
65	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
66	35059					58
67	BALANCE DUE PROVIDER/PROGRAM					59
68	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT					
69	SECTION 115.2					

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT ASSETS</b>				
1 CASH ON HAND AND IN BANKS	80508			1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	5459541			4
5 OTHER RECEIVABLES	919006			5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	199470			7
8 PREPAID EXPENSES	147351			8
9 OTHER CURRENT ASSETS	98259			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	6904135			11
<b>FIXED ASSETS</b>				
12 LAND	105745			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	665803			13
13.01 ACCUMULATED DEPRECIATION	-504038			13.01
14 BUILDINGS	16745308			14
14.01 ACCUMULATED DEPRECIATION	-10765465			14.01
15 LEASEHOLD IMPROVEMENTS	42430			15
15.01 ACCUMULATED AMORTIZATION	-42430			15.01
16 FIXED EQUIPMENT	9739623			16
16.01 ACCUMULATED DEPRECIATION	-7726316			16.01
17 AUTOMOBILES AND TRUCKS	127896			17
17.01 ACCUMULATED DEPRECIATION	-125284			17.01
18 MAJOR MOVABLE EQUIPMENT	11527304			18
18.01 ACCUMULATED DEPRECIATION	-7267643			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	12522933			21
<b>OTHER ASSETS</b>				
22 INVESTMENTS	36420776			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	63204			25
26 TOTAL OTHER ASSETS	36483980			26
27 TOTAL ASSETS	55911048			27
<b>LIABILITIES AND FUND BALANCES</b>				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
<b>CURRENT LIABILITIES</b>				
28 ACCOUNTS PAYABLE	1099809			28
29 SALARIES, WAGES & FEES PAYABLE	820024			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME	155593			32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS	189997			34
35 OTHER CURRENT LIABILITIES	72756			35
36 TOTAL CURRENT LIABILITIES	2338179			36
<b>LONG-TERM LIABILITIES</b>				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	19564			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41 OTHER LONG TERM LIABILITIES	1089858			41
42 TOTAL LONG TERM LIABILITIES	1109422			42
43 TOTAL LIABILITIES	3447601			43
<b>CAPITAL ACCOUNTS</b>				
44 GENERAL FUND BALANCE	52463447			44
45 SPECIFIC PURPOSE FUND BALANCE				45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49 PLANT FUND BALANCE - INVESTED IN PLANT				49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51 TOTAL FUND BALANCES	52463447			51
52 TOTAL LIABILITIES AND FUND BALANCES	55911048			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	50791001			1
2 NET INCOME (LOSS)	4689454			2
3 TOTAL	55480455			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 ASSET TRANSFERS	21344			5
6 UNRESTRICTED FUND - FOUNDATION	660059			6
7 DONATED CAPITAL	1589			7
8				8
9				9
10 TOTAL ADDITIONS	682992			10
11 SUBTOTAL	56163447			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 INTERUNIT ACCOUNT BALANCE TRANSFER	3700000			13
14 ASSET TRANSFER				14
15 UNREALIZED LOSS ON INVESTMENTS				15
16				16
17				17
18 TOTAL DEDUCTIONS	3700000			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	52463447			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	7897046		7897046	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY	4179771		4179771	7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	12076817		12076817	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	12076817		12076817	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	14097490		14097490	18
18.50 ANCILLARY SERVICES		42976610	42976610	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		2676069	2676069	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	26174307	45652679	71826986	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		35265539	26
27 ADD (SPECIFY)			27
28 PROVISION FOR BAD DEBTS	3337874		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3337874	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		38603413	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	71826986	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	32421708	2
3	NET PATIENT REVENUES	39405278	3
4	LESS - TOTAL OPERATING EXPENSES	38603413	4
5	NET INCOME FROM SERVICE TO PATIENTS	801865	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	1796832	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE	9373	9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	780	13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	98954	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS	858456	15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	60	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	504459	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	20	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	2220	21
22	RENTAL OF HOSPITAL SPACE	21878	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	CLINIC RENTAL	238303	24
24.01	GAIN OR LOSS ON DISPOSAL OF ASSETS	150	24.01
24.02	COUNTY REIMBURSEMENT OF AMBULANCES	322692	24.02
24.03	EMERGENCY PREPAREDNESS BIOTERRORISM		24.03
24.04	MISCELLANEOUS	33412	24.04
25	TOTAL OTHER INCOME	3887589	25
26	TOTAL	4689454	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	4689454	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0101)	HOSPITAL (15-0101)	SUB I	SUB II	SUB III
	1	1.01			
<b>PART I - FULLY PROSPECTIVE METHOD</b>					
1					1
					CAPITAL FEDERAL AMOUNT
2		253836			2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01		3141			3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4					4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI, LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS
4.02		0.00		0.00	4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6		256977			6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
<b>PART II - HOLD HARMLESS METHOD</b>					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
<b>PART III - PAYMENT UNDER REASONABLE COST</b>					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
<b>PART IV - COMPUTATION OF EXCEPTION PAYMENTS</b>					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0101)	HOSPITAL (15-0101)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
4.01 NEW CAP REL COSTS-SKILLED NURSI					4.01
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 MAMMOGRAPHY					43.01
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 PAIN CLINIC					98.01
98.02 NURSING FACILITY					98.02
98.03 OAK POINT					98.03
00 OCCUPATIONAL HEALTH					00
00.01 FOUNDATION					00.01
00.02 VACANT SPACE					00.02
00.03 COMMUNITY & VOLUNTEER SERV.					00.03

PROVIDER NO. 15-0101 WHITLEY MEMORIAL HOSPITAL  
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01  
07/16/2009 12:06

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL	25	33
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6			
UTILIZATION PERCENTAGES BASED ON DAYS									
25 ADULTS & PEDIATRICS	44.35		3.19				47.54	25	
33 NURSERY			9.87				9.87	33	
UTILIZATION PERCENTAGES BASED ON CHARGES									
37 OPERATING ROOM	6.26	17.44	0.95	1.44			26.09	37	
39 DELIVERY ROOM & LABOR ROOM			7.51	0.33			7.84	39	
40 ANESTHESIOLOGY	6.27	8.72	0.68	4.42			20.09	40	
41 RADIOLOGY-DIAGNOSTIC	6.84	17.51	0.40	3.18			27.93	41	
44 LABORATORY	12.50	0.92	0.95	2.99			17.36	44	
49 RESPIRATORY THERAPY	16.54	14.77	0.91	1.48			33.70	49	
50 PHYSICAL THERAPY	3.55		0.10	1.34			4.99	50	
51 OCCUPATIONAL THERAPY	2.32			1.03			3.35	51	
52 SPEECH PATHOLOGY	6.44			0.90			7.34	52	
53 ELECTROCARDIOLOGY	82.11	3.52	3.77	0.94			90.34	53	
55 MEDICAL SUPPLIES CHARGED TO PAT	7.95	6.24	0.89	0.93			16.01	55	
56 DRUGS CHARGED TO PATIENTS	21.48	13.69	1.61	2.27			39.05	56	
60 CLINIC	1.46	41.16	0.64	1.81			45.07	60	
61 EMERGENCY	8.90	14.61	0.52	4.15			28.18	61	
62 OBSERVATION BEDS (NON-DISTINCT		18.89		4.01			22.90	62	
65 AMBULANCE SERVICES				4.60			4.60	65	
101 TOTAL CHARGES	8.16	9.98	0.67	2.34			21.15	101	

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL PARTY	THIRD UTIL
	---- TITLE XVIII ----		---- TITLE XIX ----		---- TITLE V ----			
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		9.39					9.39	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
41 RADIOLOGY-DIAGNOSTIC		0.02					0.02	41
44 LABORATORY		0.05					0.05	44
50 PHYSICAL THERAPY		10.76					10.76	50
51 OCCUPATIONAL THERAPY		23.25					23.25	51
52 SPEECH PATHOLOGY		7.50					7.50	52
55 MEDICAL SUPPLIES CHARGED TO PAT		0.02					0.02	55
56 DRUGS CHARGED TO PATIENTS		1.38					1.38	56
101 TOTAL CHARGES		0.62					0.62	101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	-12302	-.04	12302	.09			1
2	OLD CAP REL COSTS-MVBLE EQUIP	80659	.26	-80659	-.62			2
3	NEW CAP REL COSTS-BLDG & FIXT	795700	2.52	-795700	-6.10			3
4	NEW CAP REL COSTS-MVBLE EQUIP	1687095	5.34	-1687095	-12.93			4
4.01	NEW CAP REL COSTS-SKILLED NURSI	192368	.61	-192368	-1.47			4.01
5	EMPLOYEE BENEFITS	3289792	10.41	-3289792	-25.21			5
6	ADMINISTRATIVE & GENERAL	3579071	11.33	-3579071	-27.43			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	1510126	4.78	-1510126	-11.57			8
9	LAUNDRY & LINEN SERVICE	61215	.19	-61215	-.47			9
10	HOUSEKEEPING	282409	.89	-282409	-2.16			10
11	DIETARY	92121	.29	-92121	-.71			11
12	CAFETERIA	328823	1.04	-328823	-2.52			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	29257	.09	-29257	-.22			14
15	CENTRAL SERVICES & SUPPLY	93556	.30	-93556	-.72			15
16	PHARMACY	513470	1.63	-513470	-3.94			16
17	MEDICAL RECORDS & LIBRARY	525397	1.66	-525397	-4.03			17
18	SOCIAL SERVICE							18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A							22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	2299233	7.28	2851631	21.85	5150864	16.31	25
33	NURSERY	179999	.57	120325	.92	300324	.95	33
34	SKILLED NURSING FACILITY	3584131	11.35	1703852	13.06	5287983	16.74	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	1118097	3.54	824099	6.32	1942196	6.15	37
39	DELIVERY ROOM & LABOR ROOM	391976	1.24	575687	4.41	967663	3.06	39
40	ANESTHESIOLOGY	64279	.20	10697	.08	74976	.24	40
41	RADIOLOGY-DIAGNOSTIC	1307583	4.14	1124464	8.62	2432047	7.70	41
43.01	MAMMOGRAPHY							43.01
44	LABORATORY	1446801	4.58	437689	3.35	1884490	5.97	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	566370	1.79	292021	2.24	858391	2.72	49
50	PHYSICAL THERAPY	571090	1.81	555301	4.26	1126391	3.57	50
51	OCCUPATIONAL THERAPY	223751	.71	85234	.65	308985	.98	51
52	SPEECH PATHOLOGY	57047	.18	21193	.16	78240	.25	52
53	ELECTROCARDIOLOGY	79641	.25	107423	.82	187064	.59	53
55	MEDICAL SUPPLIES CHARGED TO PAT	651541	2.06	229726	1.76	881267	2.79	55
56	DRUGS CHARGED TO PATIENTS	625231	1.98	903000	6.92	1528231	4.84	56
60	CLINIC	23541	.07	19312	.15	42853	.14	60
61	EMERGENCY	1315091	4.16	1212235	9.29	2527326	8.00	61
62	OBSERVATION BEDS (NON-DISTINCT							62

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	1316341	4.17	706427	5.41	2022768	6.40	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			37910	.29	37910	.12	96
98 PHYSICIANS' PRIVATE OFFICES	1573277	4.98	695131	5.33	2268408	7.18	98
98.01 PAIN CLINIC	22247	.07	21846	.17	44093	.14	98.01
98.02 NURSING FACILITY							98.02
98.03 OAK POINT	981742	3.11	253209	1.94	1234951	3.91	98.03
100 OCCUPATIONAL HEALTH	53881	.17	204962	1.57	258843	.82	100
100.01 FOUNDATION	80388	.25	13122	.10	93510	.30	100.01
100.02 VACANT SPACE			21178	.16	21178	.07	100.02
100.03 COMMUNITY & VOLUNTEER SERV.	8495	.03	33385	.26	41880	.13	100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER			-12302	-.09	-12302	-.04	102
103 TOTAL	31590530	100.00	0	.00	31590530	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	173957	5462544	.031846	341784	10884	37
39 DELIVERY ROOM & LABOR ROOM	208548	813928	.256224			39
40 ANESTHESIOLOGY	625	514890	.001214	32264	39	40
41 RADIOLOGY-DIAGNOSTIC	237694	18714557	.012701	1280366	16262	41
43.01 MAMMOGRAPHY						43.01
44 LABORATORY	109196	8434947	.012945	1054771	13654	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	32336	2975963	.010866	492268	5349	49
50 PHYSICAL THERAPY	137715	1600710	.086033	56782	4885	50
51 OCCUPATIONAL THERAPY	3857	700670	.005505	16240	90	51
52 SPEECH PATHOLOGY	930	125961	.007383	8108	60	52
53 ELECTROCARDIOLOGY	48687	338670	.143760	278088	39978	53
55 MEDICAL SUPPLIES CHARGED TO PAT	40057	2530577	.015829	201263	3186	55
56 DRUGS CHARGED TO PATIENTS	51860	5995430	.008650	1287592	11137	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4853	45620	.106379	667	71	60
61 EMERGENCY	234965	7449260	.031542	663013	20913	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	58760	542541	.108305			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 AMBULANCE SERVICES						65
101 TOTAL	1344040	56246268		5713206	126508	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	799807		799807	5989	133.54	2656	354682 25
101	TOTAL	799807		799807			2656	354682 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							354682	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							126508	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							481190	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)								
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)								
PER DISCHARGE CAPITAL COSTS								
PER DIEM CAPITAL COSTS								

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	3304306
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	8918578
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.370

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	481190
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.054

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	1644112
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	6990672
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.235