

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY MEMORIAL HOSPT. OF SOUTH BEND, INC. (15-0058) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2007 AND ENDING 12/31/2007, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
1	HOSPITAL	1		
2	SUBPROVIDER I	2		
3	SWING BED - SNF	3		
4	SWING BED - NF	4		
5	SKILLED NURSING FACILITY	5		
6	NURSING FACILITY	6		
7	HOME HEALTH AGENCY	7		
8	OUTPATIENT REHABILITATION PROVIDER	8		
9	HEALTH CLINIC	9		
100	TOTAL	-639460	417844	100

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

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2006.10
05/30/2008 11:32

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

WORKSHEET S
PARTS I & II

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII		TITLE XIX
1	PART A	PART B	4
	2	3	

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.

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
 PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2006.10
 05/30/2008 11:32

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 615 N. MICHIGAN STREET
 1.01 CITY: SOUTH BEND

STATE: IN

P.O.BOX:
 ZIP CODE: 46544

COUNTY: ST. JOSEPH

1
 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	MEMORIAL HOSPT. OF SOUTH BEND, INC	15-0058	07/01/1996	N	P	P	2
3	SUBPROVIDER I	REHABILITATION UNIT	15-T058	01/01/1984	N	P	P	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA							9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2007	TO: 12/31/2007	17
18	TYPE OF CONTROL	1	2	18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	5	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.				21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	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.	1	N	N	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO		23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE(mm/dd/yyyy)			23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)			23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)			23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)			23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE			23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy)			23.06
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2			24
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		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.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
OTHER INFORMATION				
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
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

MISCELLANEOUS COST REPORTING INFORMATION

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

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
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	HO010A		40
40.01	NAME:				40.01
40.02	STREET:	P.O.BOX:			40.02
40.03	CITY:	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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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			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:					54			
	PREMIUMS:	PAID LOSSES:	AND/OR SELF INSURANCE:						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				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			
			DATE	Y/N	LIMIT	Y/N	FEEES		
			0	1	2	3	4		
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO	57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				YES	58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)				NO	58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				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			

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	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		61559							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		61559							5
6 INTENSIVE CARE UNIT									6
7 CORONARY CARE UNIT		6253							7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		16007							11
12 TOTAL HOSPITAL		83819			26.25		26.25	2237.24	74.48
13 RPCH VISITS									13
14 SUBPROVIDER		3752						22.16	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					26.25		26.25	2259.40	74.48
26 OBSERVATION BED DAYS		2416	496	1920					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		1106							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE	TITLE	TITLE			
	V 12	XVIII 13	XIX 14	15		
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5796	4848	20469		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		5796	4848	20469		12
13 RPCH VISITS						13
14 SUBPROVIDER		184	16	306		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

WORKSHEET S-3
 PART II

PART II - WAGE DATA		AMOUNT	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	
SALARIES		1	A-6	3	4	5	6	
1	TOTAL SALARIES	115849352		115849352	4509630.46	25.69		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	1786096		1786096	18720.00	95.41		4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	3806306		3806306	54600.00	69.71		6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	4475406		4475406	173413.00	25.81		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2348641		2348641	45311.00	51.83		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	774256		774256	7939.00	97.53		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	14594084		14594084	186014.00	78.46	CMS339	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	27652802		27652802			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1259518		1259518			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	432776		432776			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)	299953		299953			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	814005		814005	23225.00	35.05		21
22	ADMINISTRATIVE & GENERAL	7450001		7450001	308571.00	24.14		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	419433		419433	15081.00	27.81		23
24	OPERATION OF PLANT	1417776		1417776	62540.00	22.67		24
25	LAUNDRY & LINEN SERVICE	763540		763540	56443.00	13.53		25
26	HOUSEKEEPING	3516084		3516084	236663.00	14.86		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	2601311	-913167	1688144	109804.00	15.37		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		913167	913167	59126.00	15.44		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2117250		2117250	78910.00	26.83		30
31	CENTRAL SERVICES AND SUPPLY	2055658		2055658	118591.00	17.33		31
32	PHARMACY	3030913		3030913	93357.00	32.47		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1774309		1774309	98242.00	18.06		33
34	SOCIAL SERVICE	1261853		1261853	49416.00	25.54		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
		A-6 2	3	4	5	
1 NET SALARIES	110256950		110256950	4436310.46	24.85	1
2 EXCLUDED AREA SALARIES	4475406		4475406	173413.00	25.81	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	105781544		105781544	4262897.46	24.81	3
4 SUBTOTAL OTHER WAGES & REL COSTS	17716981		17716981	239264.00	74.05	4
5 SUBTOTAL WAGE-RELATED COSTS	27652802		27652802		26.14%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	151151327		151151327	4502161.46	33.57	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	27222133		27222133	1309969.00	20.78	13

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	25667556 17
17.01	GROSS MEDICAID REVENUES	93556120 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	119223676 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	10817883 23
24	COST TO CHARGE RATIO	0.361895 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	3914938 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	2249976 26
27	TOTAL SCHIP COST	814255 27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	4729193 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT				3329950	3329950	-1474611	1855339	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				25862947	25862947	-1806608	24056339	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP								4
5	0500 EMPLOYEE BENEFITS	814005	661248	1475253	19933524	21408777	-7191055	14217722	5
6	0600 ADMINISTRATIVE & GENERAL	7450001	99419609	106869610	-29227214	77642396	-41697981	35944415	6
7	0700 MAINTENANCE & REPAIRS	419433	2167757	2587190	-70590	2516600	-4035	2512565	7
8	0800 OPERATION OF PLANT	1417776	4288433	5706209	-246172	5460037		5460037	8
9	0900 LAUNDRY & LINEN SERVICE	763540	511590	1275130	-130149	1144981	-24382	1120599	9
10	1000 HOUSEKEEPING	3516084	1678288	5194372	-582728	4611644		4611644	10
11	1100 DIETARY	2601311	1983296	4584607	-2021020	2563587	-165453	2398134	11
12	1200 CAFETERIA				1582112	1582112	-1294371	287741	12
14	1400 NURSING ADMINISTRATION	2117250	879178	2996428	-457106	2539322	-8813	2530509	14
15	1500 CENTRAL SERVICES & SUPPLY	2058658	3537168	5592826	-1348353	4244473	-8654	4235819	15
16	1600 PHARMACY	3030913	10666789	13697702	-9969780	3727922		3727922	16
17	1700 MEDICAL RECORDS & LIBRARY	1774309	558834	2333143	-298948	2034195	-43538	1990657	17
18	1800 SOCIAL SERVICE	1261853	410894	1672747	-219879	1452868	-608	1452260	18
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	3806306	1753724	5560030	-636587	4923443	-17050	4906393	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24.01	2401 PARAMED ED	47193	41234	88427	-7147	81280	-27718	53562	24.01
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	24335065	9732706	34067771	-4018108	30049663	-62426	29987237	25
27	2700 CORONARY CARE UNIT	4692785	2488870	7181655	-789211	6392444		6392444	27
31	3100 SUBPROVIDER	1314300	353371	1667671	-40837	1626834		1626834	31
33	3300 NURSERY	6409865	2533663	8943528	-1077378	7866150	-75	7866075	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	7908887	29955005	37863892	-1347774	36516118	-17325	36498793	37
39	3900 DELIVERY ROOM & LABOR ROOM	4323305	1919418	6242723	-729688	5513035		5513035	39
41	4100 RADIOLOGY-DIAGNOSTIC	7908501	8305192	16213693	-1897345	14316348	-1549984	12766364	41
44	4400 LABORATORY	1452972	14817839	16270811	-196836	16073975	-134578	15939397	44
49	4900 RESPIRATORY THERAPY	2816967	1123962	3940929	-479695	3461234	-13757	3447477	49
50	5000 PHYSICAL THERAPY	2414660	1128187	3542847	-842066	2700781	-227015	2473766	50
50.10	5001 PHYSICAL THERAPY LIVING CENTER	192296	51190	243486	-32242	211244		211244	50.10
50.30	5002 PHYSICAL THERAPY EAST BANK	932552	196235	1128787	-158003	970784	-6167	964617	50.30
51	5100 OCCUPATIONAL THERAPY	690905	186419	877324	-116887	760437	-16092	744345	51
51.10	5101 OCCUPATIONAL THERAPY LIVING CEN	110798	30096	140894	-18661	122233		122233	51.10
51.30	5102 OCCUPATIONAL THERAPY EAST BANK								51.30
52	5200 SPEECH PATHOLOGY	566195	151745	717940	-94687	623253		623253	52
52.10	5201 SPEECH THERAPY LIVING CENTER	141646	35460	177106	-24105	153001		153001	52.10
54	5400 ELECTROENCEPHALOGRAPHY	94295	27833	122128	-15934	106194		106194	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				800473	800473		800473	55
56	5600 DRUGS CHARGED TO PATIENTS				9437807	9437807		9437807	56
58	5800 ASC (NON-DISTINCT PART)	4324981	3964633	8289614	-726676	7562938	-17188	7545750	58

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
59	3140 CARDIOLOGY OUTPATIENT SERVICE COST CENTERS	1956756	7401591	9358347	-329467	9028880	-100730	8928150	59
60	6000 CLINIC	161821	61885	223706	-26861	196845		196845	60
60.10	4040 FAMILY PRACTICE CLINIC								60.10
60.30	6001 HEMATOLOGY ONCOLOGY CLINIC	523028	612950	1135978	-87903	1048075	-28	1048047	60.30
60.40	6002 DEVELOPMENTAL PROGRESS CLINIC	196734	148561	345295	-34424	310871		310871	60.40
60.50	6003 SLEEP DISORDERS CLINIC	526501	389183	915684	-243310	672374	-7694	664680	60.50
61	6100 EMERGENCY	7663992	11680541	19344533	-1264616	18079917	-7254796	10825121	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
88	8800 INTEREST EXPENSE								88
90	9000 OTHER CAPITAL RELATED COSTS								90
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	112735439	225854577	338590016	1138426	339728442	-63172732	276555710	95
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
99	9900 NONPAID WORKERS	309828	333218	643046	-55685	587361		587361	99
99.10	9901 HEALTH PROPERTIES	855939	2117459	2973398	-284048	2689350	18430	2707780	99.10
99.11	9902 8 EAST								99.11
99.40	9903 LEIGHTON CENTER	194275	107533	301808	-35638	266170		266170	99.40
99.41	9904 PATHWAYS O/P MENTAL HEALTH								99.41
99.50	9905 WELLNESS CENTER	796327	1187435	1983762	-525129	1458633		1458633	99.50
99.60	9906 LUXURY ROOMS								99.60
99.70	9907 IDLE SPACE								99.70
99.80	9908 UNUSED SPACE								99.80
99.90	9909 OCCUPATIONAL HEALTH								99.90
99.91	9910 RESEARCH AND PROTOCOL	758006	383996	1142002	-204616	937386	-25000	912386	99.91
99.92	9911 CCOP	199538	122564	322102	-33310	288792		288792	99.92
101	TOTAL	115849352	230106782	345956134		345956134	-63179302	282776832	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
	1	2	3	4	5
1 WORKER COMP TO EH&W	W	EMPLOYEE BENEFITS	5		103822
2 PROPERY INS TO CAPITAL	X	OTHER CAPITAL RELATED COSTS	90		587531
3 DRUGS CHARGED TO PATIENTS	A	DRUGS CHARGED TO PATIENTS	56		9437807
4 SUPPLIES CHARGED TO PATIENTS	B	MEDICAL SUPPLIES CHARGED TO P	55		314963
5 SUPPLIES CHARGED TO PATIENTS	B	MEDICAL SUPPLIES CHARGED TO P	55		485510
6 AMORTIZATION TO CAPITAL	C	OTHER CAPITAL RELATED COSTS	90		212090
7 INTEREST EXP TO CAPITAL	D	OLD CAP REL COSTS-BLDG & FIXT	1		1303904
8 INTEREST EXP TO CAPITAL	D	NEW CAP REL COSTS-BLDG & FIXT	3		5453673
9 INTEREST EXPENSE	AC	INTEREST EXPENSE	88		6757577
10 PT RENT FROM H&L PER SQ FT	F				
11 PT RENT FROM H&L PER SQ FT	F				
12 PT UTIL FROM H&L PER SQ FT	G	WELLNESS CENTER	99.50		199
13 PT UTIL FROM H&L PER SQ FT	G	PHYSICAL THERAPY EAST BANK	50.30		199
14 EMPLOYEE UTILIZATION OF H&L	H	EMPLOYEE BENEFITS	5		234469
15 MEDICAL DIRECTOR RECLASS	I	SUBPROVIDER	31		177079
16 CAFETERIA FROM DIET SAL	O	CAFETERIA	12	913167	
17 DEPRECIATION TO CAP	AB	OLD CAP REL COSTS-BLDG & FIXT	1		689346
18 DEPRECIATION TO CAP	AB	NEW CAP REL COSTS-BLDG & FIXT	3		19747323
19 MEDICAL DIRECTOR	V	ADULTS & PEDIATRICS	25		45140
20 GARAGE TO A&G	Y	ADMINISTRATIVE & GENERAL	6		232440
21 GARAGE CAPITAL TO PROPERTIES	Y	HEALTH PROPERTIES	99.10		129536
22 PROPERTY TAX ON CAPITAL EQUIPMENT	AD	OTHER CAPITAL RELATED COSTS	90		106531
23 CAFETERIA FROM DIETARY NON-SAL	O	CAFETERIA	12		668945
24 INTEREST TO NEW CAP	IN	NEW CAP REL COSTS-BLDG & FIXT	3		48898
25 DEPARTMENTS TO BENEFITS	BE	EMPLOYEE BENEFITS	5		19595233
26 DEPARTMENTS TO BENEFITS	BE				
27 DEPARTMENTS TO BENEFITS	BE				
28 DEPARTMENTS TO BENEFITS	BE				
29 DEPARTMENTS TO BENEFITS	BE				
30 DEPARTMENTS TO BENEFITS	BE				
31 DEPARTMENTS TO BENEFITS	BE				
32 DEPARTMENTS TO BENEFITS	BE				
33 DEPARTMENTS TO BENEFITS	BE				
34 DEPARTMENTS TO BENEFITS	BE				
35 DEPARTMENTS TO BENEFITS	BE				
36 SUBTOTAL				913167	66332215

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	6	7	8	9	10	
1 WORKER COMP TO EH&W	W	ADMINISTRATIVE & GENERAL	6		103822	1
2 PROPERTY INS TO CAPITAL	X	ADMINISTRATIVE & GENERAL	6		587531	2
3 DRUGS CHARGED TO PATIENTS	A	PHARMACY	16		9437807	3
4 SUPPLIES CHARGED TO PATIENTS	B	CENTRAL SERVICES & SUPPLY	15		314963	4
5 SUPPLIES CHARGED TO PATIENTS	B	CENTRAL SERVICES & SUPPLY	15		485510	5
6 AMORTIZATION TO CAPITAL	C	ADMINISTRATIVE & GENERAL	6		212090	6
7 INTEREST EXP TO CAPITAL	D	INTEREST EXPENSE	88		6757577	11 7
8 INTEREST EXP TO CAPITAL	D					11 8
9 INTEREST EXPENSE	AC	ADMINISTRATIVE & GENERAL	6		6757577	9
10 PT RENT FROM H&L PER SQ FT	F					10
11 PT RENT FROM H&L PER SQ FT	F					11
12 PT UTIL FROM H&L PER SQ FT	G	PHYSICAL THERAPY EAST BANK	50.30		199	12
13 PT UTIL FROM H&L PER SQ FT	G	WELLNESS CENTER	99.50		199	13
14 EMPLOYEE UTILIZATION OF H&L	H	WELLNESS CENTER	99.50		234469	14
15 MEDICAL DIRECTOR RECLASS	I	PHYSICAL THERAPY	50		177079	15
16 CAFETERIA FROM DIET SAL	O	DIETARY	11	913167		16
17 DEPRECIATION TO CAP	AB	ADMINISTRATIVE & GENERAL	6		20436669	9 17
18 DEPRECIATION TO CAP	AB					9 18
19 MEDICAL DIRECTOR	V	ADMINISTRATIVE & GENERAL	6		45140	19
20 GARAGE TO A&G	Y	HEALTH PROPERTIES	99.10		232440	20
21 GARAGE CAPITAL TO PROPERTIES	Y	OLD CAP REL COSTS-BLDG & FIXT	1		129536	9 21
22 PROPERTY TAX ON CAPITAL EQUIPMENT	AD	ADMINISTRATIVE & GENERAL	6		106531	22
23 CAFETERIA FROM DIETARY NON-SAL	O	DIETARY	11		668945	23
24 INTEREST TO NEW CAP	IN	OLD CAP REL COSTS-BLDG & FIXT	1		48898	11 24
25 DEPARTMENTS TO BENEFITS	BE	ADMINISTRATIVE & GENERAL	6		1653752	25
26 DEPARTMENTS TO BENEFITS	BE	MAINTENANCE & REPAIRS	7		70590	26
27 DEPARTMENTS TO BENEFITS	BE	OPERATION OF PLANT	8		246172	27
28 DEPARTMENTS TO BENEFITS	BE	LAUNDRY & LINEN SERVICE	9		130149	28
29 DEPARTMENTS TO BENEFITS	BE	HOUSEKEEPING	10		582178	29
30 DEPARTMENTS TO BENEFITS	BE	DIETARY	11		437870	30
31 DEPARTMENTS TO BENEFITS	BE	NURSING ADMINISTRATION	14		365112	31
32 DEPARTMENTS TO BENEFITS	BE	CENTRAL SERVICES & SUPPLY	15		344965	32
33 DEPARTMENTS TO BENEFITS	BE	PHARMACY	16		503657	33
34 DEPARTMENTS TO BENEFITS	BE	MEDICAL RECORDS & LIBRARY	17		298934	34
35 DEPARTMENTS TO BENEFITS	BE	SOCIAL SERVICE	18		212588	35
36 SUBTOTAL				913167	51582949	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DEPARTMENTS TO BENEFITS	BE				1
2 DEPARTMENTS TO BENEFITS	BE				2
3 DEPARTMENTS TO BENEFITS	BE				3
4 DEPARTMENTS TO BENEFITS	BE				4
5 DEPARTMENTS TO BENEFITS	BE				5
6 DEPARTMENTS TO BENEFITS	BE				6
7 DEPARTMENTS TO BENEFITS	BE				7
8 DEPARTMENTS TO BENEFITS	BE				8
9 DEPARTMENTS TO BENEFITS	BE				9
10 DEPARTMENTS TO BENEFITS	BE				10
11 DEPARTMENTS TO BENEFITS	BE				11
12 DEPARTMENTS TO BENEFITS	BE				12
13 DEPARTMENTS TO BENEFITS	BE				13
14 DEPARTMENTS TO BENEFITS	BE				14
15 DEPARTMENTS TO BENEFITS	BE				15
16 DEPARTMENTS TO BENEFITS	BE				16
17 DEPARTMENTS TO BENEFITS	BE				17
18 DEPARTMENTS TO BENEFITS	BE				18
19 DEPARTMENTS TO BENEFITS	BE				19
20 DEPARTMENTS TO BENEFITS	BE				20
21 DEPARTMENTS TO BENEFITS	BE				21
22 DEPARTMENTS TO BENEFITS	BE				22
23 DEPARTMENTS TO BENEFITS	BE				23
24 DEPARTMENTS TO BENEFITS	BE				24
25 DEPARTMENTS TO BENEFITS	BE				25
26 DEPARTMENTS TO BENEFITS	BE				26
27 DEPARTMENTS TO BENEFITS	BE				27
28 DEPARTMENTS TO BENEFITS	BE				28
29 DEPARTMENTS TO BENEFITS	BE				29
30 DEPARTMENTS TO BENEFITS	BE				30
31 DEPARTMENTS TO BENEFITS	BE				31
32 DEPARTMENTS TO BENEFITS	BE				32
33 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		70065 33
34 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		550 34
35 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		1038 35
36 SUBTOTAL				913167	66403868 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 DEPARTMENTS TO BENEFITS	BE	I&R SERVICES-SALARY & FRINGES	22		634987	1
2 DEPARTMENTS TO BENEFITS	BE	PARAMED ED	24.01		7147	2
3 DEPARTMENTS TO BENEFITS	BE	ADULTS & PEDIATRICS	25		4052693	3
4 DEPARTMENTS TO BENEFITS	BE	CORONARY CARE UNIT	27		789211	4
5 DEPARTMENTS TO BENEFITS	BE	SUBPROVIDER	31		217456	5
6 DEPARTMENTS TO BENEFITS	BE	NURSERY	33		1069649	6
7 DEPARTMENTS TO BENEFITS	BE	OPERATING ROOM	37		1327343	7
8 DEPARTMENTS TO BENEFITS	BE	DELIVERY ROOM & LABOR ROOM	39		729688	8
9 DEPARTMENTS TO BENEFITS	BE	RADIOLOGY-DIAGNOSTIC	41		1330706	9
10 DEPARTMENTS TO BENEFITS	BE	LABORATORY	44		196836	10
11 DEPARTMENTS TO BENEFITS	BE	RESPIRATORY THERAPY	49		471715	11
12 DEPARTMENTS TO BENEFITS	BE	PHYSICAL THERAPY	50		404379	12
13 DEPARTMENTS TO BENEFITS	BE	PHYSICAL THERAPY LIVING CENTE	50.10		32242	13
14 DEPARTMENTS TO BENEFITS	BE	PHYSICAL THERAPY EAST BANK	50.30		158003	14
15 DEPARTMENTS TO BENEFITS	BE	OCCUPATIONAL THERAPY	51		116887	15
16 DEPARTMENTS TO BENEFITS	BE	OCCUPATIONAL THERAPY LIVING C	51.10		18661	16
17 DEPARTMENTS TO BENEFITS	BE	SPEECH PATHOLOGY	52		94687	17
18 DEPARTMENTS TO BENEFITS	BE	SPEECH THERAPY LIVING CENTER	52.10		24105	18
19 DEPARTMENTS TO BENEFITS	BE	ELECTROENCEPHALOGRAPHY	54		15934	19
20 DEPARTMENTS TO BENEFITS	BE	ASC (NON-DISTINCT PART)	58		724726	20
21 DEPARTMENTS TO BENEFITS	BE	CARDIOLOGY	59		329444	21
22 DEPARTMENTS TO BENEFITS	BE	CLINIC	60		26861	22
23 DEPARTMENTS TO BENEFITS	BE	HEMATOLOGY ONCOLOGY CLINIC	60.30		87903	23
24 DEPARTMENTS TO BENEFITS	BE	DEVELOPMENTAL PROGRESS CLINIC	60.40		34424	24
25 DEPARTMENTS TO BENEFITS	BE	SLEEP DISORDERS CLINIC	60.50		89932	25
26 DEPARTMENTS TO BENEFITS	BE	EMERGENCY	61		1226753	26
27 DEPARTMENTS TO BENEFITS	BE	NONPAID WORKERS	99		55685	27
28 DEPARTMENTS TO BENEFITS	BE	HEALTH PROPERTIES	99.10		151089	28
29 DEPARTMENTS TO BENEFITS	BE	LEIGHTON CENTER	99.40		34000	29
30 DEPARTMENTS TO BENEFITS	BE	WELLNESS CENTER	99.50		133686	30
31 DEPARTMENTS TO BENEFITS	BE	RESEARCH AND PROTOCOL	99.91		129124	31
32 DEPARTMENTS TO BENEFITS	BE	CCOP	99.92		33310	32
33 DACC TO CAPITAL	DA	ADMINISTRATIVE & GENERAL	6		70065	14 33
34 DACC TO CAPITAL	DA	HOUSEKEEPING	10		550	14 34
35 DACC TO CAPITAL	DA	DIETARY	11		1038	14 35
36 SUBTOTAL				913167	66403868	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		91994 1
2 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		202915 2
3 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		28316 3
4 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		14 4
5 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		4711 5
6 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		1600 6
7 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		10555 7
8 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		460 8
9 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		7729 9
10 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		20431 10
11 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		147796 11
12 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		7980 12
13 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		96 13
14 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		1950 14
15 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		23 15
16 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		2260 16
17 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		4163 17
18 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		55 18
19 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		1638 19
20 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		2368 20
21 DACC TO CAPITAL	DA	NEW CAP REL COSTS-BLDG & FIXT	3		4346 21
22 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		392629 22
23 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		2580 23
24 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		418843 24
25 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		260512 25
26 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		33700 26
27 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		154606 27
28 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		71146 28
29 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		151118 29
30 DACC TO CAPITAL	DA	OLD CAP REL COSTS-BLDG & FIXT	1		30000 30
31 DACC TO CAPITAL	DA				31
32 DACC TO CAPITAL	DA				32
33 CAPITAL INTEREST	AC	ADMINISTRATIVE & GENERAL	6		906152 33
34					34
35					35
36 TOTAL RECLASSIFICATIONS					913167 69366554 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	6	7	8	9		
1 DACC TO CAPITAL	DA	NURSING ADMINISTRATION	14		91994	14 1
2 DACC TO CAPITAL	DA	CENTRAL SERVICES & SUPPLY	15		202915	14 2
3 DACC TO CAPITAL	DA	PHARMACY	16		28316	14 3
4 DACC TO CAPITAL	DA	MEDICAL RECORDS & LIBRARY	17		14	14 4
5 DACC TO CAPITAL	DA	SOCIAL SERVICE	18		4711	14 5
6 DACC TO CAPITAL	DA	I&R SERVICES-SALARY & FRINGES	22		1600	14 6
7 DACC TO CAPITAL	DA	ADULTS & PEDIATRICS	25		10555	14 7
8 DACC TO CAPITAL	DA	SUBPROVIDER	31		460	14 8
9 DACC TO CAPITAL	DA	NURSERY	33		7729	14 9
10 DACC TO CAPITAL	DA	OPERATING ROOM	37		20431	14 10
11 DACC TO CAPITAL	DA	RADIOLOGY-DIAGNOSTIC	41		147796	14 11
12 DACC TO CAPITAL	DA	RESPIRATORY THERAPY	49		7980	14 12
13 DACC TO CAPITAL	DA	PHYSICAL THERAPY	50		96	14 13
14 DACC TO CAPITAL	DA	ASC (NON-DISTINCT PART)	58		1950	14 14
15 DACC TO CAPITAL	DA	CARDIOLOGY	59		23	14 15
16 DACC TO CAPITAL	DA	SLEEP DISORDERS CLINIC	60.50		2260	14 16
17 DACC TO CAPITAL	DA	EMERGENCY	61		4163	14 17
18 DACC TO CAPITAL	DA	HEALTH PROPERTIES	99.10		55	14 18
19 DACC TO CAPITAL	DA	LEIGHTON CENTER	99.40		1638	14 19
20 DACC TO CAPITAL	DA	WELLNESS CENTER	99.50		2368	14 20
21 DACC TO CAPITAL	DA	RESEARCH AND PROTOCOL	99.91		4346	14 21
22 DACC TO CAPITAL	DA	ADMINISTRATIVE & GENERAL	6		392629	14 22
23 DACC TO CAPITAL	DA	SOCIAL SERVICE	18		2580	14 23
24 DACC TO CAPITAL	DA	RADIOLOGY-DIAGNOSTIC	41		418843	14 24
25 DACC TO CAPITAL	DA	PHYSICAL THERAPY	50		260512	14 25
26 DACC TO CAPITAL	DA	EMERGENCY	61		33700	14 26
27 DACC TO CAPITAL	DA	WELLNESS CENTER	99.50		154606	14 27
28 DACC TO CAPITAL	DA	RESEARCH AND PROTOCOL	99.91		71146	14 28
29 DACC TO CAPITAL	DA	SLEEP DISORDERS CLINIC	60.50		151118	14 29
30 DACC TO CAPITAL	DA	HEALTH PROPERTIES	99.10		30000	14 30
31 DACC TO CAPITAL	DA					14 31
32 DACC TO CAPITAL	DA					14 32
33 CAPITAL INTEREST	AC	OTHER CAPITAL RELATED COSTS	90		906152	11 33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				913167	69366554	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	2396834					2396834	1
2 LAND IMPROVEMENTS	533385					533385	9995 2
3 BUILDINGS AND FIXTURES	45787107				17451	45769656	7001108 3
4 BUILDING IMPROVEMENTS	25500					25500	4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	26636242				1084210	25552032	22029500 6
7 SUBTOTAL	75379068				1101661	74277407	29040603 7
8 RECONCILING ITEMS							8
9 TOTAL	75379068				1101661	74277407	29040603 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	15458742	1200000		1200000		16658742	1
2 LAND IMPROVEMENTS	1725041	110551		110551		1835592	271830 2
3 BUILDINGS AND FIXTURES	156540435	5690378		5690378		162230813	11980758 3
4 BUILDING IMPROVEMENTS	696592					696592	629152 4
5 FIXED EQUIPMENT							5
6 MOVABLE EQUIPMENT	125290771	4339963		4339963		129630734	57636346 6
7 SUBTOTAL	299711581	11340892		11340892		311052473	70518086 7
8 RECONCILING ITEMS	-12062572					-12062572	8
9 TOTAL	311774153	11340892		11340892		323115045	70518086 9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	559810	18229	96260			1181040	1855339
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	19747323	2237767	1267415			803834	24056339
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	20307133	2255996	1363675			1984874	25911678

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst A-7 REF 5
			COST CENTER 3	LINE NO. 4	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-44948	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES	B	-387791	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-8808945			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	-9034588			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1112891	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-4744	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-154870	ADMINISTRATIVE & GENERAL	6	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 A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4		
37						37
37.01 MEDICAL EDUCATION CME REVENUE	B	-38794	MEDICAL RECORDS & LIBRARY	17		37.01
37.02 DIET INSTRUCTIONS	B	100	DIETARY	11		37.02
37.05 TAXABLE SALES - FCMC	B	-8321	ADULTS & PEDIATRICS	25		37.05
37.11 INTEREST INCOME - WORKING CAPITAL	B	-938196	NEW CAP REL COSTS-BLDG & FIXT	3	11	37.11
37.15 PROGRAM MEAL OFFSET	B	-113170	DIETARY	11		37.15
37.16 VISITOR MEAL OFFSET	B	-181480	CAFETERIA	12		37.16
37.18 OTHER REVENUE - PICU TRANSPORT	B	-11520	ADULTS & PEDIATRICS	25		37.18
37.19 OTHER REVENUE - REHAB ADMIN	B	-4183	PHYSICAL THERAPY	50		37.19
37.21 OTHER REVENUE - WOMEN'S HEALTH	B	-30832	ADULTS & PEDIATRICS	25		37.21
37.22 OTHER REVENUE - RADIOLOGY DIAGNOS	B	-1852	RADIOLOGY-DIAGNOSTIC	41		37.22
37.26 SHARED SERVICED - SOCIAL WORK CLI	B	-304	SOCIAL SERVICE	18		37.26
37.27 BOND INVESTMENT INCOME	B	-2136601	NEW CAP REL COSTS-BLDG & FIXT	3	11	37.27
37.28 PACE CONSULTING AMORTIZATION	A	1350	OLD CAP REL COSTS-BLDG & FIXT	1	10	37.28
37.29 DEPRECIATION OTHER CAPITAL PROJEC	A	1197	OLD CAP REL COSTS-BLDG & FIXT	1	10	37.29
37.30 OTHER REVENUE - DRIVER'S ED CONTR	B	-16092	OCCUPATIONAL THERAPY	51		37.30
37.31 OTHER REVENUE - SLEEP DISORDERS C	B	-6963	SLEEP DISORDERS CLINIC	60.50		37.31
37.32 OTHER REVENUE - NEONATAL SERVICES	B	-75	NURSERY	33		37.32
37.33 OTHER REVENUE - ADMINISTRATION	B	-786	ADMINISTRATIVE & GENERAL	6		37.33
37.35 NON-ALLOWABLE CAPITALIZED INTERES	A	-13123	OLD CAP REL COSTS-BLDG & FIXT	1	11	37.35
37.37 OTHER REVENUE	B	-14000	ADMINISTRATIVE & GENERAL	6		37.37
37.38 EXCESS LIFING ADJUSTMENT	A	29818	OLD CAP REL COSTS-BLDG & FIXT	1	10	37.38
37.39 PACE COMPONENT DEPREC 29 V 23 YEA	A	-9153	OLD CAP REL COSTS-BLDG & FIXT	1	10	37.39
37.42 EXCESS CAPITALIZED INTEREST PACE	A	-9762	OLD CAP REL COSTS-BLDG & FIXT	1	11	37.42
37.46 ALLOWABLE CAPITALIZED INTEREST	A	10626	OLD CAP REL COSTS-BLDG & FIXT	1	11	37.46
37.48 NONALLOWABLE CAPITALIZED INTEREST	A	-3092	OLD CAP REL COSTS-BLDG & FIXT	1	11	37.48
37.50 INCORRECT LIFING ON ASBESTOS AND	A	-11357	OLD CAP REL COSTS-BLDG & FIXT	1	10	37.50
37.51 OTHER REVENUE - BCC	B	-25	RADIOLOGY-DIAGNOSTIC	41		37.51
37.52 OTHER REVENUE - VP OF NURSING	B	-8813	NURSING ADMINISTRATION	14		37.52
37.55 OTHER REVENUE - RENT	B	-317429	OLD CAP REL COSTS-BLDG & FIXT	1	14	37.55
37.61 OTHER REVENUE - INFUSION SPEC TRA	B	-4625	LABORATORY	44		37.61
37.62 OTHER REVENUE - O.S.T.C.	B	-6167	PHYSICAL THERAPY EAST BANK	50.30		37.62
37.66 OTHER REVENUE - NUTRITIONAL SERVI	B	-52383	DIETARY	11		37.66
37.71 OTHER REVENUE - LAUNDRY	B	-24382	LAUNDRY & LINEN SERVICE	9		37.71
37.75 OTHER REVENUE - CENTRAL SCHEDULIN	B	-36883	ADMINISTRATIVE & GENERAL	6		37.75
37.76 NEWSPAPER REVENUE	B	-717	ADMINISTRATIVE & GENERAL	6		37.76
37.80 OTHER REVENUE - PEDIATRIC ONCOLOG	B	-28	HEMATOLOGY ONCOLOGY CLINIC	60.30		37.80
37.82 OTHER REVENUE - 12S SURGICAL	B	2	ADULTS & PEDIATRICS	25		37.82
37.83 OTHER REVENUE - CV COMPREHENSIVE	B	-800	ADULTS & PEDIATRICS	25		37.83
37.84 PULMONARY - MED/SURG	B	-14	RESPIRATORY THERAPY	49		37.84
37.85 LAB - GENERAL	B	-490	LABORATORY	44		37.85
37.86 OTHER REVENUE - I & R	B	-17050	I&R SERVICES-SALARY & FRINGES A	22		37.86
37.87 OTHER REVENUE - BIOMED & COMM SVC	B	-4035	MAINTENANCE & REPAIRS	7		37.87
37.88 OTHER REVENUE - SBCSC PT	B	-121311	PHYSICAL THERAPY	50		37.88
37.94 EDUC SERVICES EMS	B	-27718	PARAMED ED	24.01		37.94
37.96 PARKING GARAGE - OPERATING	A	-32924	ADMINISTRATIVE & GENERAL	6		37.96

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		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
37.97 PARKING GARAGE - CAPITAL	A	-6025	OLD CAP REL COSTS-BLDG & FIXT		1	10 37.97
38						38
38.02 NON ALLOWABLE 1999 INTEREST	A	-1207474	OLD CAP REL COSTS-BLDG & FIXT		1	11 38.02
38.03 NONALLOWABLE 1999 INTEREST	A	-1160359	NEW CAP REL COSTS-BLDG & FIXT		3	11 38.03
38.04 ALLOWABLE BIC FOR 1999	A	60499	OLD CAP REL COSTS-BLDG & FIXT		1	11 38.04
38.12 SELF INSURANCE OFFSET	A	-7191055	EMPLOYEE BENEFITS		5	38.12
38.17 OTHER REVENUE - REHAB P.T.	B	-24	PHYSICAL THERAPY		50	38.17
38.23 OTHER REVENUE - QUALITY MGT	B	-1160	ADMINISTRATIVE & GENERAL		6	38.23
38.28 OTHER REVENUE - GROUNDS	B	-15	ADMINISTRATIVE & GENERAL		6	38.28
38.31 SKYWAY AMORTIZATION	A	3580	OLD CAP REL COSTS-BLDG & FIXT		1	11 38.31
38.36 OLD CAPITAL BUILDING	A	-16665	OLD CAP REL COSTS-BLDG & FIXT		1	14 38.36
38.37 NEW CAPITAL BUILDING	A	190781	NEW CAP REL COSTS-BLDG & FIXT		3	14 38.37
38.56 NEW BUILDING AHA LIVES	A	38480	NEW CAP REL COSTS-BLDG & FIXT		3	10 38.56
39						39
39.02 OTHER REVENUE - AMBULANCE SUPPLY	B	-8654	CENTRAL SERVICES & SUPPLY		15	39.02
40						40
40.05 BAD DEBT	A	-26698241	ADMINISTRATIVE & GENERAL		6	40.05
40.18 TRUSTEE FEES	A	-820320	ADMINISTRATIVE & GENERAL		6	40.18
40.22 NONALLOWABLE PERSONAL AUTO	A	-67516	ADMINISTRATIVE & GENERAL		6	40.22
40.23 CONTRIBUTIONS	A	-292447	ADMINISTRATIVE & GENERAL		6	40.23
40.24 LIFE INSURANCE	A	-47884	ADMINISTRATIVE & GENERAL		6	40.24
40.25 NONALLOWED EXPENSES	A	-469837	ADMINISTRATIVE & GENERAL		6	40.25
40.26 ENTRY FEES	B	-200740	ADMINISTRATIVE & GENERAL		6	40.26
41						41
41.01 OTHER REVENUE - FAMILY HOSPITAL	B	-304	SOCIAL SERVICE		18	41
41.01 OTHER REVENUE - MRI	B	-1502797	RADIOLOGY-DIAGNOSTIC		41	41.01
41.02 OTHER REVENUE - BTIO	B	-54811	ADMINISTRATIVE & GENERAL		6	41.02
41.03 OTHER REVENUE - TRAUMA SERVICES	B	-15180	EMERGENCY		61	41.03
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50 TOTAL		-63179302				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	1	OLD CAP REL COSTS-BLDG & FIXT	HOME OFFICE OLD CAP-BUILD	544		544	10 1
2	1	OLD CAP REL COSTS-BLDG & FIXT	HOME OFFICE OLD CAP-EQUIP	11855		11855	10 2
3	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAP-BUILD	144118		144118	10 3
4	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAP-EQUIP	2055169		2055169	10 4
4.01	6	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-CAPITAL	18242069		18242069	4.01
4.02	6	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-ALLOWABLE		29506773	-29506773	4.02
4.04	99.10	HEALTH PROPERTIES	MPB	18430		18430	4.04
5		TOTALS		20472185	29506773	-9034588	5

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

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

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

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

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B		MEMORIAL HEALTH SYSTEMS			1
2						2
3						3
4						4
5						5

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	45816		45816	118400	793	45140	2257
2	61 EMERGENCY	48454		48454	118400	454	25843	1292
3	25 ADULTS & PEDIATRICS	3850	3850					
4	61 EMERGENCY	147798		147798	118400	1087	61875	3094
5	61 EMERGENCY	103200		103200	118400	1079	61420	3071
6	37 OPERATING ROOM	28710		28710	118400	200	11385	569
7	6 ADMINISTRATIVE & GENERAL	3500		3500	118400	1	57	3
8	60.50 SLEEP DISORDERS CLINIC	1300		1300	118400	10	569	28
9	25 ADULTS & PEDIATRICS	12000		12000	118400	86	4895	245
10	41 RADIOLOGY-DIAGNOSTIC	9938		9938	200100	121	11640	582
11	59 CARDIOLOGY	3060		3060	118400	99	5635	282
12	41 RADIOLOGY-DIAGNOSTIC	17250		17250	118400	348	19809	990
13	41 RADIOLOGY-DIAGNOSTIC	18342		18342	200100	155	14911	746
14	41 RADIOLOGY-DIAGNOSTIC	77228		77228	118400	621	35349	1767
15	6 ADMINISTRATIVE & GENERAL	116622		116622	118400	1042	59314	2966
16	49 RESPIRATORY THERAPY	13800		13800	118400	1	57	3
17	50 PHYSICAL THERAPY	77540		77540	118400	1053	59940	2997
18	50 PHYSICAL THERAPY	36828		36828	118400	483	27494	1375
19	50 PHYSICAL THERAPY	74620		74620	118400	1	57	3
20	58 ASC (NON-DISTINCT PART)	28800		28800	118400	204	11612	581
21	59 RADIOLOGY							
22	99.50 WELLNESS CENTER	940		940	118400	52	2960	148
23	61 EMERGENCY	1918420	1918420					
24	25 ADULTS & PEDIATRICS							
25	6 ADMINISTRATIVE & GENERAL	430		430	118400	52	2960	148
26	59 RADIOLOGY	100730	100730					
27	61 EMERGENCY	5170882	5170882					
28	99.91 RESEARCH AND PROTOCOL	25000	25000					
29	44 LABORATORY	129463	129463					
30	6 ADMINISTRATIVE & GENERAL	1045960	1045960					
101	TOTAL	9260481	8394305	866176		7942	462922	23147

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	WALSH				45140	676	676
2	61	EMERGENCY	SPILGER				25843	22611	22611
3	25	ADULTS & PEDIATRICS	PROF COMPONENT						3850
4	61	EMERGENCY	SHERRY				61875	85923	85923
5	61	EMERGENCY	THOMAS				61420	41780	41780
6	37	OPERATING ROOM	HURWICH				11385	17325	17325
7	6	ADMINISTRATIVE & GENERAL	HUNT				57	3443	3443
8	60.50	SLEEP DISORDERS CLINIC	ENGLERT				569	731	731
9	25	ADULTS & PEDIATRICS	ENGLERT				4895	7105	7105
10	41	RADIOLOGY-DIAGNOSTIC	ANSARI				11640		
11	59	CARDIOLOGY	FIEDLER				5635		
12	41	RADIOLOGY-DIAGNOSTIC	WILSON				19809		
13	41	RADIOLOGY-DIAGNOSTIC	ZON				14911	3431	3431
14	41	RADIOLOGY-DIAGNOSTIC	FRIEND				35349	41879	41879
15	6	ADMINISTRATIVE & GENERAL	FROMM				59314	57308	57308
16	49	RESPIRATORY THERAPY	FILIPEK				57	13743	13743
17	50	PHYSICAL THERAPY	LONG				59940	17600	17600
18	50	PHYSICAL THERAPY	KLAUER				27494	9334	9334
19	50	PHYSICAL THERAPY	MARCHIN				57	74563	74563
20	58	ASC (NON-DISTINCT PART)	COOKE				11612	17188	17188
21	59	CARDIOLOGY	CARDIOLOGY ASSOC						
22	99.50	WELLNESS CENTER	LAVALLE				2960		
23	61	EMERGENCY	PROF COMPONENT						1918420
24	25	ADULTS & PEDIATRICS	PROF COMPONENT						
25	6	ADMINISTRATIVE & GENERAL	ELEK				2960		
26	59	CARDIOLOGY	PROF COMPONENT						100730
27	61	EMERGENCY	PROF COMPONENT						5170882
28	99.91	RESEARCH AND PROTOCOL	PROF COMPONENT						25000
29	44	LABORATORY	PROF COMPONENT						129463
30	6	ADMINISTRATIVE & GENERAL	PROF COMPONENT						1045960
101		TOTAL					462922	414640	8808945

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS +	BLDGS &	BENEFITS		TRATIVE &	TENANCE &	OF PLANT
	ALLOCATION	FIXTURES	FIXTURES			GENERAL	REPAIRS	
	0	1	3	5	5A	6	7	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	1855339	1855339						1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	24056339		24056339					3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	14217722	87515	1134726	15439963				5
6 ADMINISTRATIVE & GENERAL	35944415	88893	1152592	999932	38185832	38185832		6
7 MAINTENANCE & REPAIRS	2512565	13871	179857	56296	2762589	431298	3193887	7
8 OPERATION OF PLANT	5460037	197825	2564996	190292	8413150	1313469	379464	10106083 8
9 LAUNDRY & LINEN SERVICE	1120599	17834	231231	102482	1472146	229833	34208	122835 9
10 HOUSEKEEPING	4611644	3959	51326	471925	5138854	802283	7593	27266 10
11 DIETARY	2398134	31871	413241	226581	3069827	479264	61135	219523 11
12 CAFETERIA	287741	8277	107316	122564	525898	82104	15876	57009 12
14 NURSING ADMINISTRATION	2530509	25306	328120	284175	3168110	494609	48542	174305 14
15 CENTRAL SERVICES & SUPPLY	4235819	20844	270264	275908	4802835	749823	39983	143571 15
16 PHARMACY	3727922	6165	79931	406806	4220824	658959	11825	42461 16
17 MEDICAL RECORDS & LIBRARY	1990657	18614	241348	238146	2488765	388548	35705	128210 17
18 SOCIAL SERVICE	1452260	4137	53646	169365	1679408	262191	7936	28498 18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A	4906393	14181	183875	510879	5615328	876671	27202	97679 22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.01 PARAMED ED	53562			6334	59896	9351		24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	29987237	302456	3921651	3266264	37477608	5851042	580168	2083272 25
27 CORONARY CARE UNIT	6392444	25468	330224	629861	7377997	1151860	48853	175423 27
31 SUBPROVIDER	1626834	40268	522112	176404	2365618	369323	77241	277358 31
33 NURSERY	7866075	27407	355361	860326	9109169	1422133	52572	188776 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	36498793	40441	524360	1061523	38125117	5952172	77573	278552 37
39 DELIVERY ROOM & LABOR ROOM	5513035	82386	1068212	580270	7243903	1130925	158031	567459 39
41 RADIOLOGY-DIAGNOSTIC	12766364	86438	1120758	1061471	15035031	2347284	165804	595373 41
44 LABORATORY	15939397	8185	106120	195016	16248718	2536766	15699	56374 44
49 RESPIRATORY THERAPY	3447477	16035	207912	378090	4049514	632214	30758	110448 49
50 PHYSICAL THERAPY	2473766	28010	363182	324093	3189051	497878	53729	192931 50
50.10 PHYSICAL THERAPY LIVING CENTER	211244	5093	66035	25810	308182	48114	9769	35079 50.10
50.30 PHYSICAL THERAPY EAST BANK	964617	4342	56301	125166	1150426	179606	8329	29908 50.30
51 OCCUPATIONAL THERAPY	744345	12080	156634	92733	1005792	157025	23172	83207 51
51.10 OCCUPATIONAL THERAPY LIVING CEN	122233	5355	69432	14871	211891	33081	10272	36884 51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY	623253	952	12341	75994	712540	111242	1826	6556 52
52.10 SPEECH THERAPY LIVING CENTER	153001	2612	33867	19012	208492	32550	5010	17991 52.10
54 ELECTROENCEPHALOGRAPHY	106194	1655	21454	12656	141959	22163	3174	11397 54
55 MEDICAL SUPPLIES CHARGED TO PAT	800473				800473	124971		55
56 DRUGS CHARGED TO PATIENTS	9437807				9437807	1473440		56
58 ASC (NON-DISTINCT PART)	7545750	79104	1025664	580495	9231013	1441155	151736	544857 58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION
	FOR COST	BLDGS +	BLDGS &	BENEFITS		TRATIVE &	TENANCE &	OF PLANT
	ALLOCATION	FIXTURES	FIXTURES			GENERAL	REPAIRS	
	0	1	3	5	5A	6	7	8
59 CARDIOLOGY	8928150	18225	236302	262634	9445311	1474611	34958	125529 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	196845			21719	218564	34122		60
60.10 FAMILY PRACTICE CLINIC		22091	286432		308523	48167	42375	152159 60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1048047	1601	20760	70200	1140608	178073	3071	11028 60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	310871			26405	337276	52656		60.40
60.50 SLEEP DISORDERS CLINIC	664680	2297	29777	70666	767420	119810	4405	15818 60.50
61 EMERGENCY	10825121	83655	1084667	1028653	13022096	2033023	160465	576201 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
95 SUBTOTALS	276555710	1435448	18612027	15022017	270273561	36233809	2388459	7213937 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		8402	108943		117345	18320	16117	57873 96
99 NONPAID WORKERS	587361	118842	1540911	41585	2288699	357314	227961	818568 99
99.10 HEALTH PROPERTIES	2707780			114883	2822663	440677		99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER	266170	1961	25424	26075	319630	49901	3761	13506 99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER	1458633	75039	972950	106882	2613504	408023	143938	516854 99.50
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE		215647	2796084		3011731	470194	413651	1485345 99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL	912386			101739	1014125	158326		99.91
99.92 CCOP	288792			26782	315574	49268		99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	282776832	1855339	24056339	15439963	282776832	38185832	3193887	10106083 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	1859022							9
10 HOUSEKEEPING		5975996						10
11 DIETARY		393368	4223117					11
12 CAFETERIA				680887				12
14 NURSING ADMINISTRATION		31769		13355	3930690			14
15 CENTRAL SERVICES & SUPPLY		235522		22137	16	5993887		15
16 PHARMACY		3403		18138	7661		4963271	16
17 MEDICAL RECORDS & LIBRARY		36349		19379				3096956 17
18 SOCIAL SERVICE		24161		9598				18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				19101				22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.01 PARAMED ED				455				24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	742071	1921036	3573643	171832	1665437		63778	433980 25
27 CORONARY CARE UNIT	154141	202370	406762	30428	342070		12853	40409 27
31 SUBPROVIDER	134060	234029	242712	8758	81614		2322	13335 31
33 NURSERY	119372	214207		39597	428521		3197	24205 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	54140	114083		51713	318040		2576	207982 37
39 DELIVERY ROOM & LABOR ROOM	80511	206790		30328	295834		4453	39
41 RADIOLOGY-DIAGNOSTIC	134431	758455		54120	59712		2534	555396 41
44 LABORATORY		5647		14226			81	250042 44
49 RESPIRATORY THERAPY				19181			204	49
50 PHYSICAL THERAPY	22125	78316		14616			126	346811 50
50.10 PHYSICAL THERAPY LIVING CENTER				1133				50.10
50.30 PHYSICAL THERAPY EAST BANK	11494			6934				50.30
51 OCCUPATIONAL THERAPY		6985		5053				85951 51
51.10 OCCUPATIONAL THERAPY LIVING CEN				854				51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY		5546		3495				39745 52
52.10 SPEECH THERAPY LIVING CENTER				772				52.10
54 ELECTROENCEPHALOGRAPHY		192		812			136	1922 54
55 MEDICAL SUPPLIES CHARGED TO PAT						5993887		55
56 DRUGS CHARGED TO PATIENTS							4826240	56
58 ASC (NON-DISTINCT PART)	93122	238193		29514	278910		3478	531082 58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	12	14	15	16	17
59 CARDIOLOGY	137663	202736		11826	57370		2303	231020
OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC				1676				60
60.10 FAMILY PRACTICE CLINIC								60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		16094		3370	31850		964	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				1430	11983			60.40
60.50 SLEEP DISORDERS CLINIC				3750	12			60.50
61 EMERGENCY	134058	517211		43398	321299		36995	335076
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								61
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								62
95 SUBTOTALS	1817188	5446462	4223117	650979	3900329	5993887	4962240	3096956
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
99 NONPAID WORKERS		4738		3612			747	99
99.10 HEALTH PROPERTIES		456330		7635			284	99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER		68466		1659	261			99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER	41834			9066				99.50
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE								99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL				6118	24041			99.91
99.92 CCOP				1818	6059			99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1859022	5975996	4223117	680887	3930690	5993887	4963271	3096956

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	24.01	25	26	27	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
14							14
15							15
16							16
17							17
18	2011792						18
21							21
22		6635981					22
23							23
24.01			69702				24.01
INPATIENT ROUTINE SERV COST CENTERS							
25	1352622	4583249		60499738	-4583249	55916489	25
27	203847			10147013		10147013	27
31	161410	58144		4025924	-58144	3967780	31
33	140420	91008		11833177	-91008	11742169	33
ANCILLARY SERVICE COST CENTERS							
37		740702		45922650	-740702	45181948	37
39	24345			9742579		9742579	39
41		58144		19766284	-58144	19708140	41
44				19127553		19127553	44
49		184543		5026862	-184543	4842319	49
50				4395583		4395583	50
50.10				402277		402277	50.10
50.30				1386697		1386697	50.30
51				1367185		1367185	51
51.10				292982		292982	51.10
51.30							51.30
52				880950		880950	52
52.10				264815		264815	52.10
54				181755		181755	54
55				6919331		6919331	55
56		40448		15777935	-40448	15737487	56
58	2467			12545527		12545527	58

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED ED	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	24.01	25	26	27	
59 CARDIOLOGY		131456		11854783	-131456	11723327	59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				254362		254362	60
60.10 FAMILY PRACTICE CLINIC		434815		986039	-434815	551224	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	72269			1457327		1457327	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	28612	10112		442069	-10112	431957	60.40
60.50 SLEEP DISORDERS CLINIC				911215		911215	60.50
61 EMERGENCY	25800	161792	69702	17437116	-161792	17275324	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS							71
95 SUBTOTALS	2011792	6494413	69702	263849728	-6494413	257355315	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				209655		209655	96
99 NONPAID WORKERS		141568		3843207	-141568	3701639	99
99.10 HEALTH PROPERTIES				3727589		3727589	99.10
99.11 8 EAST							99.11
99.40 LEIGHTON CENTER				457184		457184	99.40
99.41 PATHWAYS O/P MENTAL HEALTH							99.41
99.50 WELLNESS CENTER				3733219		3733219	99.50
99.60 LUXURY ROOMS							99.60
99.70 IDLE SPACE							99.70
99.80 UNUSED SPACE				5380921		5380921	99.80
99.90 OCCUPATIONAL HEALTH							99.90
99.91 RESEARCH AND PROTOCOL				1202610		1202610	99.91
99.92 CCOP				372719		372719	99.92
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	2011792	6635981	69702	282776832	-6635981	276140851	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS + FIXTURES 1	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		87515	87515	87515				5
6 ADMINISTRATIVE & GENERAL		88893	88893	5669	94562			6
7 MAINTENANCE & REPAIRS		13871	13871	319	1069	15259		7
8 OPERATION OF PLANT		197825	197825	1079	3256	1813	203973	8
9 LAUNDRY & LINEN SERVICE		17834	17834	581	570	163	2479	21627 9
10 HOUSEKEEPING		3959	3959	2676	1989	36	550	10
11 DIETARY		31871	31871	1285	1188	292	4431	11
12 CAFETERIA		8277	8277	695	204	76	1151	12
14 NURSING ADMINISTRATION		25306	25306	1611	1226	232	3518	14
15 CENTRAL SERVICES & SUPPLY		20844	20844	1564	1859	191	2898	15
16 PHARMACY		6165	6165	2307	1633	56	857	16
17 MEDICAL RECORDS & LIBRARY		18614	18614	1350	963	171	2588	17
18 SOCIAL SERVICE		4137	4137	960	650	38	575	18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		14181	14181	2897	2173	130	1971	22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.01 PARAMED ED				36	23			24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		302456	302456	18491	14504	2771	42046	8632 25
27 CORONARY CARE UNIT		25468	25468	3571	2855	233	3541	1793 27
31 SUBPROVIDER		40268	40268	1000	915	369	5598	1560 31
33 NURSERY		27407	27407	4878	3525	251	3810	1389 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		40441	40441	6019	14662	371	5622	630 37
39 DELIVERY ROOM & LABOR ROOM		82386	82386	3290	2803	755	11453	937 39
41 RADIOLOGY-DIAGNOSTIC		86438	86438	6018	5819	792	12017	1564 41
44 LABORATORY		8185	8185	1106	6288	75	1138	44
49 RESPIRATORY THERAPY		16035	16035	2144	1567	147	2229	49
50 PHYSICAL THERAPY		28010	28010	1838	1234	257	3894	257 50
50.10 PHYSICAL THERAPY LIVING CENTER		5093	5093	146	119	47	708	50.10
50.30 PHYSICAL THERAPY EAST BANK		4342	4342	710	445	40	604	134 50.30
51 OCCUPATIONAL THERAPY		12080	12080	526	389	111	1679	51
51.10 OCCUPATIONAL THERAPY LIVING CEN		5355	5355	84	82	49	744	51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY		952	952	431	276	9	132	52
52.10 SPEECH THERAPY LIVING CENTER		2612	2612	108	81	24	363	52.10
54 ELECTROENCEPHALOGRAPHY		1655	1655	72	55	15	230	54
55 MEDICAL SUPPLIES CHARGED TO PAT					310			55
56 DRUGS CHARGED TO PATIENTS					3652			56
58 ASC (NON-DISTINCT PART)		79104	79104	3291	3572	725	10997	1083 58

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION	LAUNDRY
	CAP-REL	BLDGS +	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT	& LINEN
	COSTS	FIXTURES	BE ALLOC		GENERAL	REPAIRS		SERVICE
	0	1	4A	5	6	7	8	9
59 CARDIOLOGY		18225	18225	1489	3655	167	2534	1601 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC				123	85			60
60.10 FAMILY PRACTICE CLINIC		22091	22091		119	202	3071	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		1601	1601	398	441	15	223	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				150	131			60.40
60.50 SLEEP DISORDERS CLINIC		2297	2297	401	297	21	319	60.50
61 EMERGENCY		83655	83655	5832	5040	767	11630	1560 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
95 SUBTOTALS		1435448	1435448	85145	89724	11411	145600	21140 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		8402	8402		45	77	1168	96
99 NONPAID WORKERS		118842	118842	236	886	1089	16521	99
99.10 HEALTH PROPERTIES				651	1092			99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER		1961	1961	148	124	18	273	99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER		75039	75039	606	1011	688	10432	487 99.50
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE		215647	215647		1166	1976	29979	99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL				577	392			99.91
99.92 CCOP				152	122			99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		1855339	1855339	87515	94562	15259	203973	21627 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL
	KEEPING			ADMINIS-	SERVICES &		RECORDS &	SERVICE
	10	11	12	TRATION	SUPPLY	16	LIBRARY	18
				14	15		17	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	9210							10
11 DIETARY	606	39673						11
12 CAFETERIA			10403					12
14 NURSING ADMINISTRATION	49		206	32148				14
15 CENTRAL SERVICES & SUPPLY	363		342		28061			15
16 PHARMACY	5		280	63		11366		16
17 MEDICAL RECORDS & LIBRARY	56		299				24041	17
18 SOCIAL SERVICE	37		148					6545 18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			295					22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.01 PARAMED ED			7					24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2961	33572	2550	13610		150	3369	4401 25
27 CORONARY CARE UNIT	312	3821	469	2799		30	314	663 27
31 SUBPROVIDER	361	2280	135	668		5	104	525 31
33 NURSERY	330		611	3507		8	188	457 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	176		798	2603		6	1615	37
39 DELIVERY ROOM & LABOR ROOM	319		468	2421		10		79 39
41 RADIOLOGY-DIAGNOSTIC	1169		835	489		6	4310	41
44 LABORATORY	9		219				1941	44
49 RESPIRATORY THERAPY			296					49
50 PHYSICAL THERAPY	121		225				2692	50
50.10 PHYSICAL THERAPY LIVING CENTER			17					50.10
50.30 PHYSICAL THERAPY EAST BANK			107					50.30
51 OCCUPATIONAL THERAPY	11		78				667	51
51.10 OCCUPATIONAL THERAPY LIVING CEN			13					51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY	9		54				309	52
52.10 SPEECH THERAPY LIVING CENTER			12					52.10
54 ELECTROENCEPHALOGRAPHY			13				15	54
55 MEDICAL SUPPLIES CHARGED TO PAT					28061			55
56 DRUGS CHARGED TO PATIENTS						11046		56
58 ASC (NON-DISTINCT PART)	367		455	2282		8	4123	8 58

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL
	KEEPING			ADMINIS-	SERVICES &		RECORDS &	SERVICE
	10	11	12	TRATION	SUPPLY	16	LIBRARY	18
				14	15		17	
59 CARDIOLOGY	312		182	469		5	1793	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			26					60
60.10 FAMILY PRACTICE CLINIC								60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	25		52	261		2		235 60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC			22	98				93 60.40
60.50 SLEEP DISORDERS CLINIC			58					60.50
61 EMERGENCY	797		669	2629		87	2601	84 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
95 SUBTOTALS	8395	39673	9941	31899	28061	11363	24041	6545 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
99 NONPAID WORKERS	7		56			2		99
99.10 HEALTH PROPERTIES	703		118			1		99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER	105		26	2				99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER			140					99.50
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE								99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL			94	197				99.91
99.92 CCOP			28	50				99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	9210	39673	10403	32148	28061	11366	24041	6545 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	24.01	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
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
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A	21647					22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24.01 PARAMED ED		66				24.01
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS			449513		449513	25
27 CORONARY CARE UNIT			45869		45869	27
31 SUBPROVIDER			53788		53788	31
33 NURSERY			46361		46361	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			72943		72943	37
39 DELIVERY ROOM & LABOR ROOM			104921		104921	39
41 RADIOLOGY-DIAGNOSTIC			119457		119457	41
44 LABORATORY			18961		18961	44
49 RESPIRATORY THERAPY			22418		22418	49
50 PHYSICAL THERAPY			38528		38528	50
50.10 PHYSICAL THERAPY LIVING CENTER			6130		6130	50.10
50.30 PHYSICAL THERAPY EAST BANK			6382		6382	50.30
51 OCCUPATIONAL THERAPY			15541		15541	51
51.10 OCCUPATIONAL THERAPY LIVING CEN			6327		6327	51.10
51.30 OCCUPATIONAL THERAPY EAST BANK						51.30
52 SPEECH PATHOLOGY			2172		2172	52
52.10 SPEECH THERAPY LIVING CENTER			3200		3200	52.10
54 ELECTROENCEPHALOGRAPHY			2055		2055	54
55 MEDICAL SUPPLIES CHARGED TO PAT			28371		28371	55
56 DRUGS CHARGED TO PATIENTS			14698		14698	56
58 ASC (NON-DISTINCT PART)			106015		106015	58

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	24.01	25	26	27	
59 CARDIOLOGY			30432		30432	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			234		234	60
60.10 FAMILY PRACTICE CLINIC			25483		25483	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC			3253		3253	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC			494		494	60.40
60.50 SLEEP DISORDERS CLINIC			3393		3393	60.50
61 EMERGENCY			115351		115351	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS			1342290		1342290	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			9692		9692	96
99 NONPAID WORKERS			137639		137639	99
99.10 HEALTH PROPERTIES			2565		2565	99.10
99.11 8 EAST						99.11
99.40 LEIGHTON CENTER			2657		2657	99.40
99.41 PATHWAYS O/P MENTAL HEALTH						99.41
99.50 WELLNESS CENTER			88403		88403	99.50
99.60 LUXURY ROOMS						99.60
99.70 IDLE SPACE						99.70
99.80 UNUSED SPACE			248768		248768	99.80
99.90 OCCUPATIONAL HEALTH						99.90
99.91 RESEARCH AND PROTOCOL			1260		1260	99.91
99.92 CCOP			352		352	99.92
101 CROSS FOOT ADJUSTMENTS	21647	66	21713		21713	101
102 NEGATIVE COST CENTER						102
103 TOTAL	21647	66	1855339		1855339	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	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	MAIN- TENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		1134726	1134726	1134726				5
6 ADMINISTRATIVE & GENERAL		1152592	1152592	73487	1226079			6
7 MAINTENANCE & REPAIRS		179857	179857	4137	13849	197843		7
8 OPERATION OF PLANT		2564996	2564996	13985	42175	23506	2644662	8
9 LAUNDRY & LINEN SERVICE		231231	231231	7532	7380	2119	32145	280407 9
10 HOUSEKEEPING		51326	51326	34683	25761	470	7135	10
11 DIETARY		413241	413241	16652	15389	3787	57447	11
12 CAFETERIA		107316	107316	9007	2636	983	14919	12
14 NURSING ADMINISTRATION		328120	328120	20885	15882	3007	45614	14
15 CENTRAL SERVICES & SUPPLY		270264	270264	20277	24077	2477	37571	15
16 PHARMACY		79931	79931	29897	21159	732	11112	16
17 MEDICAL RECORDS & LIBRARY		241348	241348	17502	12476	2212	33551	17
18 SOCIAL SERVICE		53646	53646	12447	8419	492	7458	18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A		183875	183875	37545	28150	1685	25562	22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.01 PARAMED ED				466	300			24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		3921651	3921651	240058	187875	35940	545170	111932 25
27 CORONARY CARE UNIT		330224	330224	46290	36986	3026	45906	23250 27
31 SUBPROVIDER		522112	522112	12964	11859	4785	72582	20221 31
33 NURSERY		355361	355361	63227	45664	3257	49401	18005 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		524360	524360	78013	191064	4805	72894	8166 37
39 DELIVERY ROOM & LABOR ROOM		1068212	1068212	42645	36314	9789	148499	12144 39
41 RADIOLOGY-DIAGNOSTIC		1120758	1120758	78009	75371	10271	155803	20277 41
44 LABORATORY		106120	106120	14332	81455	972	14752	44
49 RESPIRATORY THERAPY		207912	207912	27787	20300	1905	28903	49
50 PHYSICAL THERAPY		363182	363182	23818	15987	3328	50488	3337 50
50.10 PHYSICAL THERAPY LIVING CENTER		66035	66035	1897	1545	605	9180	50.10
50.30 PHYSICAL THERAPY EAST BANK		56301	56301	9199	5767	516	7827	1734 50.30
51 OCCUPATIONAL THERAPY		156634	156634	6815	5042	1435	21775	51
51.10 OCCUPATIONAL THERAPY LIVING CEN		69432	69432	1093	1062	636	9652	51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY		12341	12341	5585	3572	113	1716	52
52.10 SPEECH THERAPY LIVING CENTER		33867	33867	1397	1045	310	4708	52.10
54 ELECTROENCEPHALOGRAPHY		21454	21454	930	712	197	2982	54
55 MEDICAL SUPPLIES CHARGED TO PAT					4013			55
56 DRUGS CHARGED TO PATIENTS					47312			56
58 ASC (NON-DISTINCT PART)		1025664	1025664	42662	46275	9399	142584	14046 58

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	MAIN-	OPERATION	LAUNDRY
	CAP-REL	BLDGS &	COST TO	BENEFITS	TRATIVE &	TENANCE &	OF PLANT	& LINEN
	COSTS	FIXTURES	BE ALLOC		GENERAL	REPAIRS		SERVICE
	0	3	4A	5	6	7	8	9
59 CARDIOLOGY		236302	236302	19301	47349	2165	32850	20764
OUTPATIENT SERVICE COST CENTERS								59
60 CLINIC				1596	1096			60
60.10 FAMILY PRACTICE CLINIC		286432	286432		1547	2625	39819	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		20760	20760	5159	5718	190	2886	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				1941	1691			60.40
60.50 SLEEP DISORDERS CLINIC		29777	29777	5193	3847	273	4139	60.50
61 EMERGENCY		1084667	1084667	75598	65280	9940	150786	20221
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
95 SUBTOTALS		18612027	18612027	1104011	1163401	147952	1887816	274097
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN		108943	108943		588	998	15145	96
99 NONPAID WORKERS		1540911	1540911	3056	11473	14121	214211	99
99.10 HEALTH PROPERTIES				8443	14150			99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER		25424	25424	1916	1602	233	3534	99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER		972950	972950	7855	13101	8916	135256	6310
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE		2796084	2796084		15098	25623	388700	99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL				7477	5084			99.91
99.92 CCOP				1968	1582			99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		24056339	24056339	1134726	1226079	197843	2644662	280407

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	16	17	18
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	119375							10
11 DIETARY	7858	514374						11
12 CAFETERIA			134861					12
14 NURSING ADMINISTRATION	635		2648	416791				14
15 CENTRAL SERVICES & SUPPLY	4705		4389	2	363762			15
16 PHARMACY	68		3596	812		147307		16
17 MEDICAL RECORDS & LIBRARY	726		3842				311657	17
18 SOCIAL SERVICE	483		1903					84848 18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A			3787					22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24.01 PARAMED ED			90					24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	38373	435269	33927	176570		1896	43673	57047 25
27 CORONARY CARE UNIT	4042	49543	6033	36275		382	4066	8597 27
31 SUBPROVIDER	4675	29562	1737	8655		69	1342	6808 31
33 NURSERY	4279		7851	45443		95	2436	5922 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2279		10254	33727		77	20930	37
39 DELIVERY ROOM & LABOR ROOM	4131		6013	31372		132		1027 39
41 RADIOLOGY-DIAGNOSTIC	15150		10731	6332		75	55892	41
44 LABORATORY	113		2821			2	25163	44
49 RESPIRATORY THERAPY			3803			6		49
50 PHYSICAL THERAPY	1564		2898			4	34901	50
50.10 PHYSICAL THERAPY LIVING CENTER			225					50.10
50.30 PHYSICAL THERAPY EAST BANK			1375					50.30
51 OCCUPATIONAL THERAPY	140		1002				8649	51
51.10 OCCUPATIONAL THERAPY LIVING CEN			169					51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY	111		693				4000	52
52.10 SPEECH THERAPY LIVING CENTER			153					52.10
54 ELECTROENCEPHALOGRAPHY	4		161			4	193	54
55 MEDICAL SUPPLIES CHARGED TO PAT					363762			55
56 DRUGS CHARGED TO PATIENTS						143235		56
58 ASC (NON-DISTINCT PART)	4758		5852	29577		103	53444	104 58

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	16	17	18
59 CARDIOLOGY	4050		2345	6084		68	23248	59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			332					60
60.10 FAMILY PRACTICE CLINIC								60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	321		668	3378		29		3048 60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC			284	1271				1207 60.40
60.50 SLEEP DISORDERS CLINIC			744	1				60.50
61 EMERGENCY	10332		8605	34072		1100	33720	1088 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)								62
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
95 SUBTOTALS	108797	514374	128931	413571	363762	147277	311657	84848 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
99 NONPAID WORKERS	95		716			22		99
99.10 HEALTH PROPERTIES	9115		1514			8		99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER	1368		329	28				99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER			1798					99.50
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE								99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL			1213	2549				99.91
99.92 CCOP			360	643				99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	119375	514374	134861	416791	363762	147307	311657	84848 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	24.01	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
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
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A	280604					22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24.01 PARAMED ED		856				24.01
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS			5829381		5829381	25
27 CORONARY CARE UNIT			594620		594620	27
31 SUBPROVIDER			697371		697371	31
33 NURSERY			600941		600941	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			946569		946569	37
39 DELIVERY ROOM & LABOR ROOM			1360278		1360278	39
41 RADIOLOGY-DIAGNOSTIC			1548669		1548669	41
44 LABORATORY			245730		245730	44
49 RESPIRATORY THERAPY			290616		290616	49
50 PHYSICAL THERAPY			499507		499507	50
50.10 PHYSICAL THERAPY LIVING CENTER			79487		79487	50.10
50.30 PHYSICAL THERAPY EAST BANK			82719		82719	50.30
51 OCCUPATIONAL THERAPY			201492		201492	51
51.10 OCCUPATIONAL THERAPY LIVING CEN			82044		82044	51.10
51.30 OCCUPATIONAL THERAPY EAST BANK						51.30
52 SPEECH PATHOLOGY			28131		28131	52
52.10 SPEECH THERAPY LIVING CENTER			41480		41480	52.10
54 ELECTROENCEPHALOGRAPHY			26637		26637	54
55 MEDICAL SUPPLIES CHARGED TO PAT			367775		367775	55
56 DRUGS CHARGED TO PATIENTS			190547		190547	56
58 ASC (NON-DISTINCT PART)			1374468		1374468	58

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R SALARY & FRINGES	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	22	24.01	25	26	27	
59 CARDIOLOGY			394526		394526	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			3024		3024	60
60.10 FAMILY PRACTICE CLINIC			330423		330423	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC			42157		42157	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC			6394		6394	60.40
60.50 SLEEP DISORDERS CLINIC			43974		43974	60.50
61 EMERGENCY			1495409		1495409	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS						62
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
95 SUBTOTALS			17404369		17404369	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			125674		125674	96
99 NONPAID WORKERS			1784605		1784605	99
99.10 HEALTH PROPERTIES			33230		33230	99.10
99.11 8 EAST						99.11
99.40 LEIGHTON CENTER			34434		34434	99.40
99.41 PATHWAYS O/P MENTAL HEALTH						99.41
99.50 WELLNESS CENTER			1146186		1146186	99.50
99.60 LUXURY ROOMS						99.60
99.70 IDLE SPACE						99.70
99.80 UNUSED SPACE			3225505		3225505	99.80
99.90 OCCUPATIONAL HEALTH						99.90
99.91 RESEARCH AND PROTOCOL			16323		16323	99.91
99.92 CCOP			4553		4553	99.92
101 CROSS FOOT ADJUSTMENTS	280604	856	281460		281460	101
102 NEGATIVE COST CENTER						102
103 TOTAL	280604	856	24056339		24056339	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	BLDGS + FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		6A	
	1	2	3	4	5			
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	1005819							1
2 OLD CAP REL COSTS-MVBLE EQUIP		1005819						2
3 NEW CAP REL COSTS-BLDG & FIXT			1005819					3
4 NEW CAP REL COSTS-MVBLE EQUIP				1005819				4
5 EMPLOYEE BENEFITS	47444	47444	47444	47444	115035347			5
6 ADMINISTRATIVE & GENERAL	48191	48191	48191	48191	7450001	-38185832	244591000	6
7 MAINTENANCE & REPAIRS	7520	7520	7520	7520	419433		2762589	7
8 OPERATION OF PLANT	107245	107245	107245	107245	1417776		8413150	8
9 LAUNDRY & LINEN SERVICE	9668	9668	9668	9668	763540		1472146	9
10 HOUSEKEEPING	2146	2146	2146	2146	3516084		5138854	10
11 DIETARY	17278	17278	17278	17278	1688144		3069827	11
12 CAFETERIA	4487	4487	4487	4487	913167		525898	12
14 NURSING ADMINISTRATION	13719	13719	13719	13719	2117250		3168110	14
15 CENTRAL SERVICES & SUPPLY	11300	11300	11300	11300	2055658		4802835	15
16 PHARMACY	3342	3342	3342	3342	3030913		4220824	16
17 MEDICAL RECORDS & LIBRARY	10091	10091	10091	10091	1774309		2488765	17
18 SOCIAL SERVICE	2243	2243	2243	2243	1261853		1679408	18
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES	7688	7688	7688	7688	3806306		5615328	22
23 I&R SERVICES-OTHER PRGM COSTS								23
24.01 PARAMED ED					47193		59896	24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	163968	163968	163968	163968	24335065		37477608	25
27 CORONARY CARE UNIT	13807	13807	13807	13807	4692785		7377997	27
31 SUBPROVIDER	21830	21830	21830	21830	1314300		2365618	31
33 NURSERY	14858	14858	14858	14858	6409865		9109169	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	21924	21924	21924	21924	7908887		38125117	37
39 DELIVERY ROOM & LABOR ROOM	44663	44663	44663	44663	4323305		7243903	39
41 RADIOLOGY-DIAGNOSTIC	46860	46860	46860	46860	7908501		15035031	41
44 LABORATORY	4437	4437	4437	4437	1452972		16248718	44
49 RESPIRATORY THERAPY	8693	8693	8693	8693	2816967		4049514	49
50 PHYSICAL THERAPY	15185	15185	15185	15185	2414660		3189051	50
50.10 PHYSICAL THERAPY LIVING CENTE	2761	2761	2761	2761	192296		308182	50.10
50.30 PHYSICAL THERAPY EAST BANK	2354	2354	2354	2354	932552		1150426	50.30
51 OCCUPATIONAL THERAPY	6549	6549	6549	6549	690905		1005792	51
51.10 OCCUPATIONAL THERAPY LIVING C	2903	2903	2903	2903	110798		211891	51.10
51.30 OCCUPATIONAL THERAPY EAST BAN								51.30
52 SPEECH PATHOLOGY	516	516	516	516	566195		712540	52
52.10 SPEECH THERAPY LIVING CENTER	1416	1416	1416	1416	141646		208492	52.10
54 ELECTROENCEPHALOGRAPHY	897	897	897	897	94295		141959	54
55 MEDICAL SUPPLIES CHARGED TO P							800473	55

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	
	BLDGS + FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		6A	
	1	2	3	4	5			
56 DRUGS CHARGED TO PATIENTS							9437807	56
58 ASC (NON-DISTINCT PART)	42884	42884	42884	42884	4324981		9231013	58
59 CARDIOLOGY	9880	9880	9880	9880	1956756		9445311	59
60 OUTPATIENT SERVICE COST CENTERS CLINIC					161821		218564	60
60.10 FAMILY PRACTICE CLINIC	11976	11976	11976	11976			308523	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	868	868	868	868	523028		1140608	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC					196734		337276	60.40
60.50 SLEEP DISORDERS CLINIC	1245	1245	1245	1245	526501		767420	60.50
61 EMERGENCY	45351	45351	45351	45351	7663992		13022096	61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
95 SUBTOTALS	778187	778187	778187	778187	111921434	-38185832	232087729	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	4555	4555	4555	4555			117345	96
99 NONPAID WORKERS	64427	64427	64427	64427	309828		2288699	99
99.10 HEALTH PROPERTIES					855939		2822663	99.10
99.11 8 EAST								99.11
99.40 LEIGHTON CENTER	1063	1063	1063	1063	194275		319630	99.40
99.41 PATHWAYS O/P MENTAL HEALTH								99.41
99.50 WELLNESS CENTER	40680	40680	40680	40680	796327		2613504	99.50
99.60 LUXURY ROOMS								99.60
99.70 IDLE SPACE								99.70
99.80 UNUSED SPACE	116907	116907	116907	116907			3011731	99.80
99.90 OCCUPATIONAL HEALTH								99.90
99.91 RESEARCH AND PROTOCOL					758006		1014125	99.91
99.92 CCOP					199538		315574	99.92
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	1855339		24056339		15439963		38185832	103
104 UNIT COST MULT-WS B PT I								104
104 UNIT COST MULT-WS B PT I	1.844605		23.917165		.134219		.156121	104
105 COST TO BE ALLOC PER B PT II					87515		94562	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000761		.000387	106
107 COST TO BE ALLOC PER B PT III					1134726		1226079	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.009864		.005013	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MAIN- TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	
	SQUARE FEET	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	HOURS OF SERVICE	DIRECT NRSING HRS	COSTED REQUIS.	
	7	8	9	10	11	12	14	15	
56 DRUGS CHARGED TO PATIENTS									56
58 ASC (NON-DISTINCT PART)	42884	42884	163049	434283		13390940	8580540		58
59 CARDIOLOGY	9880	9880	241037	369636		5365580	1764960		59
60 OUTPATIENT SERVICE COST CENTERS CLINIC						760570			60
60.10 FAMILY PRACTICE CLINIC	11976	11976							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	868	868		29344		1529080	979850		60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC						648980	368650		60.40
60.50 SLEEP DISORDERS CLINIC	1245	1245				1701489	370		60.50
61 EMERGENCY	45351	45351	234726	943000		19690760	9884610		61
62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
95 SUBTOTALS	675032	567787	3181760	9930207	414253	295294012	119991171	100	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C	4555	4555							96
99 NONPAID WORKERS	64427	64427		8638		1638690			99
99.10 HEALTH PROPERTIES				832000		3463940			99.10
99.11 8 EAST									99.11
99.40 LEIGHTON CENTER	1063	1063		124830		752610	8030		99.40
99.41 PATHWAYS O/P MENTAL HEALTH									99.41
99.50 WELLNESS CENTER	40680	40680	73249			4113601			99.50
99.60 LUXURY ROOMS									99.60
99.70 IDLE SPACE									99.70
99.80 UNUSED SPACE	116907	116907							99.80
99.90 OCCUPATIONAL HEALTH									99.90
99.91 RESEARCH AND PROTOCOL						2775870	739600		99.91
99.92 CCOP						824820	186400		99.92
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	3193887	10106083	1859022	5975996	4223117	680887	3930690	5993887	103
104 UNIT COST MULT-WS B PT I	3.538290		.571127		10.194536		.032505		104
104 UNIT COST MULT-WS B PT I		12.705358		.548474		.002204	59938.870000		104
105 COST TO BE ALLOC PER B PT II	15259	203973	21627	9210	39673	10403	32148	28061	105
106 UNIT COST MULT-WS B PT II	.016904		.006644		.095770		.000266		106
106 UNIT COST MULT-WS B PT II		.256435		.000845		.000034	280.610000		106
107 COST TO BE ALLOC PER B PT III	197843	2644662	280407	119375	514374	134861	416791	363762	107
108 UNIT COST MULT-WS B PT III	.219177		.086146		1.241690		.003447		108
108 UNIT COST MULT-WS B PT III		3.324867		.010956		.000437	3637.620000		108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED ED	
	COSTED REQUIS. TIME 16	TIME SPENT 17	TIME SPENT 18	ASSIGNED TIME 22	ASSIGNED TIME 24.01	
GENERAL SERVICE COST CENTERS						
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
14						14
15						15
16	970575876					16
17		307712				17
18			815635			18
21						21
22				2625		22
23						23
24.01					100	24.01
INPATIENT ROUTINE SERV COST CENTERS						
25	12471206	43120	548390	1813		25
27	2513345	4015	82645			27
31	454035	1325	65440	23		31
33	625123	2405	56930	36		33
ANCILLARY SERVICE COST CENTERS						
37	503809	20665		293		37
39	870655		9870			39
41	495425	55184		23		41
44	15900	24844				44
49	39886			73		49
50	24598	34459				50
50.10						50.10
50.30						50.30
51		8540				51
51.10						51.10
51.30						51.30
52		3949				52
52.10						52.10
54	26634	191				54
55						55

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED ED	
	COSTED REQUIS. 16	TIME SPENT 17	TIME SPENT 18	ASSIGNED TIME 22	ASSIGNED TIME 24.01	
56 DRUGS CHARGED TO PATIENTS	943780700				16	56
58 ASC (NON-DISTINCT PART)	680091	52768	1000			58
59 CARDIOLOGY	450305	22954			52	59
60 OUTPATIENT SERVICE COST CENTERS CLINIC						60
60.10 FAMILY PRACTICE CLINIC					172	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	188586		29300			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC			11600		4	60.40
60.50 SLEEP DISORDERS CLINIC						60.50
61 EMERGENCY	7234088	33293	10460		64	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)						62
71 HOME HEALTH AGENCY						71
95 SUBTOTALS	970374386	307712	815635	2569	100	95
96 NONREIMBURSABLE COST CENTERS						96
96 GIFT, FLOWER, COFFEE SHOP & C						96
99 NONPAID WORKERS	146040				56	99
99.10 HEALTH PROPERTIES	55450					99.10
99.11 8 EAST						99.11
99.40 LEIGHTON CENTER						99.40
99.41 PATHWAYS O/P MENTAL HEALTH						99.41
99.50 WELLNESS CENTER						99.50
99.60 LUXURY ROOMS						99.60
99.70 IDLE SPACE						99.70
99.80 UNUSED SPACE						99.80
99.90 OCCUPATIONAL HEALTH						99.90
99.91 RESEARCH AND PROTOCOL						99.91
99.92 CCOP						99.92
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 COST TO BE ALLOC PER B PT I	4963271	3096956	2011792	6635981	69702	103
104 UNIT COST MULT-WS B PT I	.005114		2.466535		697.020000	104
104 UNIT COST MULT-WS B PT I		10.064463		2527.992762		104
105 COST TO BE ALLOC PER B PT II	11366	24041	6545	21647	66	105
106 UNIT COST MULT-WS B PT II	.000012		.008024		.660000	106
106 UNIT COST MULT-WS B PT II		.078128		8.246476		106
107 COST TO BE ALLOC PER B PT III	147307	311657	84848	280604	856	107
108 UNIT COST MULT-WS B PT III	.000152		.104027		8.560000	108
108 UNIT COST MULT-WS B PT III		1.012820		106.896762		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	55916489		55916489	7105	55923594	25
27 CORONARY CARE UNIT	10147013		10147013		10147013	27
31 SUBPROVIDER	3967780		3967780		3967780	31
33 NURSERY	11742169		11742169		11742169	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	45181948		45181948	17325	45199273	37
39 DELIVERY ROOM & LABOR ROOM	9742579		9742579		9742579	39
41 RADIOLOGY-DIAGNOSTIC	19708140		19708140	45310	19753450	41
44 LABORATORY	19127553		19127553		19127553	44
49 RESPIRATORY THERAPY	4842319		4842319	13743	4856062	49
50 PHYSICAL THERAPY	4395583		4395583	101497	4497080	50
50.10 PHYSICAL THERAPY LIVING CEN	402277		402277		402277	50.10
50.30 PHYSICAL THERAPY EAST BANK	1386697		1386697		1386697	50.30
51 OCCUPATIONAL THERAPY	1367185		1367185		1367185	51
51.10 OCCUPATIONAL THERAPY LIVING	292982		292982		292982	51.10
51.30 OCCUPATIONAL THERAPY EAST B						51.30
52 SPEECH PATHOLOGY	880950		880950		880950	52
52.10 SPEECH THERAPY LIVING CENTE	264815		264815		264815	52.10
54 ELECTROENCEPHALOGRAPHY	181755		181755		181755	54
55 MEDICAL SUPPLIES CHARGED TO	6919331		6919331		6919331	55
56 DRUGS CHARGED TO PATIENTS	15737487		15737487		15737487	56
58 ASC (NON-DISTINCT PART)	12545527		12545527	17188	12562715	58
59 CARDIOLOGY	11723327		11723327		11723327	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	254362		254362		254362	60
60.10 FAMILY PRACTICE CLINIC	551224		551224		551224	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1457327		1457327		1457327	60.30
60.40 DEVELOPMENTAL PROGRESS CLIN	431957		431957		431957	60.40
60.50 SLEEP DISORDERS CLINIC	911215		911215	731	911946	60.50
61 EMERGENCY	17275324		17275324	150314	17425638	61
62 OBSERVATION BEDS (NON-DISTI	2111946		2111946		2111946	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	259467261		259467261	353213	259820474	101
102 LESS OBSERVATION BEDS	2111946		2111946		2111946	102
103 TOTAL	257355315		257355315	353213	257708528	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	101831078		101831078			25
27 CORONARY CARE UNIT	19676897		19676897			27
31 SUBPROVIDER	6166261		6166261			31
33 NURSERY	23576518		23576518			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	105699160	36416658	142115818	.317923	.317923	.318045 37
39 DELIVERY ROOM & LABOR ROOM	19198092	1219402	20417494	.477168	.477168	.477168 39
41 RADIOLOGY-DIAGNOSTIC	31103022	65954049	97057071	.203057	.203057	.203524 41
44 LABORATORY	34999693	18931560	53931253	.354665	.354665	.354665 44
49 RESPIRATORY THERAPY	20931995	2031127	22963122	.210874	.210874	.211472 49
50 PHYSICAL THERAPY	4182506	3377351	7559857	.581437	.581437	.594863 50
50.10 PHYSICAL THERAPY LIVING CEN	1523	602469	603992	.666030	.666030	.666030 50.10
50.30 PHYSICAL THERAPY EAST BANK	965	2803864	2804829	.494396	.494396	.494396 50.30
51 OCCUPATIONAL THERAPY	2171125	1115184	3286309	.416024	.416024	.416024 51
51.10 OCCUPATIONAL THERAPY LIVING	500	356612	357112	.820420	.820420	.820420 51.10
51.30 OCCUPATIONAL THERAPY EAST B						51.30
52 SPEECH PATHOLOGY	992646	1274581	2267227	.388558	.388558	.388558 52
52.10 SPEECH THERAPY LIVING CENTE	756	366772	367528	.720530	.720530	.720530 52.10
54 ELECTROENCEPHALOGRAPHY	234264	550281	784545	.231669	.231669	.231669 54
55 MEDICAL SUPPLIES CHARGED TO	1597145	19930	1617075	4.278918	4.278918	4.278918 55
56 DRUGS CHARGED TO PATIENTS	69269095	19374224	88643319	.177537	.177537	.177537 56
58 ASC (NON-DISTINCT PART)	5018104	32441783	37459887	.334906	.334906	.335364 58
59 RADIOLOGY	28605974	18209801	46815775	.250414	.250414	.250414 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	37327		37327	6.814424	6.814424	6.814424 60
60.10 FAMILY PRACTICE CLINIC						60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		887430	887430	1.642188	1.642188	1.642188 60.30
60.40 DEVELOPMENTAL PROGRESS CLIN						60.40
60.50 SLEEP DISORDERS CLINIC	4908	2772965	2777873	.328026	.328026	.328289 60.50
61 EMERGENCY	7176127	17448155	24624282	.701556	.701556	.707661 61
62 OBSERVATION BEDS (NON-DISTI		2502178	2502178	.844043	.844043	.844043 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	482475681	228656376	711132057			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	482475681	228656376	711132057			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
25 ADULTS & PEDIATRICS	449513		449513	5829381		5829381	26
26 INTENSIVE CARE UNIT							27
27 CORONARY CARE UNIT	45869		45869	594620		594620	28
28 BURN INTENSIVE CARE UNIT							29
29 SURGICAL INTENSIVE CARE UNIT							30
30 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER	53788		53788	697371		697371	33
33 NURSERY	46361		46361	600941		600941	101
101 TOTAL	595531		595531	7722313		7722313	

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
25 ADULTS & PEDIATRICS	63975	23384	7.03	164390	91.12	2130750	26
26 INTENSIVE CARE UNIT							27
27 CORONARY CARE UNIT	6253	4750	7.34	34865	95.09	451678	28
28 BURN INTENSIVE CARE UNIT							29
29 SURGICAL INTENSIVE CARE UNIT							30
30 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER	3752	2069	14.34	29669	185.87	384565	33
33 NURSERY	16007		2.90		37.54		101
101 TOTAL	89987	30203		228924		2966993	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	72943	946569	142115818	41250412	.000513	21161	.006661	274769	37
39 DELIVERY ROOM & LABOR ROOM	104921	1360278	20417494	51579	.005139	265	.066623	3436	39
41 RADIOLOGY-DIAGNOSTIC	119457	1548669	97057071	14451679	.001231	17790	.015956	230591	41
44 LABORATORY	18961	245730	53931253	15848612	.000352	5579	.004556	72206	44
49 RESPIRATORY THERAPY	22418	290616	22963122	6419045	.000976	6265	.012656	81239	49
50 PHYSICAL THERAPY	38528	499507	7559857	1589302	.005096	8099	.066074	105012	50
50.10 PHYSICAL THERAPY LIVING CENTE	6130	79487	603992	677	.010149	7	.131603	89	50.10
50.30 PHYSICAL THERAPY EAST BANK	6382	82719	2804829	965	.002275	2	.029492	28	50.30
51 OCCUPATIONAL THERAPY	15541	201492	3286309	642154	.004729	3037	.061313	39372	51
51.10 OCCUPATIONAL THERAPY LIVING C	6327	82044	357112	226	.017717	4	.229743	52	51.10
51.30 OCCUPATIONAL THERAPY EAST BAN									51.30
52 SPEECH PATHOLOGY	2172	28131	2267227	252189	.000958	242	.012408	3129	52
52.10 SPEECH THERAPY LIVING CENTER	3200	41480	367528	226	.008707	2	.112862	26	52.10
54 ELECTROENCEPHALOGRAPHY	2055	26637	784545	69680	.002619	182	.033952	2366	54
55 MEDICAL SUPPLIES CHARGED TO P	28371	367775	1617075	485060	.017545	8510	.227432	110318	55
56 DRUGS CHARGED TO PATIENTS	14698	190547	88643319	26789572	.000166	4447	.002150	57598	56
58 ASC (NON-DISTINCT PART)	106015	1374468	37459887	1826948	.002830	5170	.036692	67034	58
59 RADIOLOGY	30432	394526	46815775	14203575	.000650	9232	.008427	119694	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	234	3024	37327		.006269		.081014		60
60.10 FAMILY PRACTICE CLINIC	25483	330423							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	3253	42157	887430		.003666		.047505		60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	494	6394							60.40
60.50 SLEEP DISORDERS CLINIC	3393	43974	2777873	4324	.001221	5	.015830	68	60.50
61 EMERGENCY	115351	1495409	24624282	2704445	.004684	12668	.060729	164238	61
62 OBSERVATION BEDS (NON-DISTINC	16976	220145	2502178		.006784		.087981		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	763735	9902201	559881303	126590670		102667		1331265	101

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
 PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2006.10
 05/30/2008 11:32

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	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT		PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS	DIEM	DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					63975		23384	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT					6253		4750	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER					3752		2069	31
33	NURSERY					16007			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					89987		30203	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] 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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 2	COST 3				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.10 PHYSICAL THERAPY LIVING CENTE							50.10
50.30 PHYSICAL THERAPY EAST BANK							50.30
51 OCCUPATIONAL THERAPY							51
51.10 OCCUPATIONAL THERAPY LIVING C							51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY							52
52.10 SPEECH THERAPY LIVING CENTER							52.10
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC							60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC							60.50
61 EMERGENCY			69702				69702 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL			69702				69702 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] 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	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		142115818			41250412		4087401 37
39 DELIVERY ROOM & LABOR ROOM		20417494			51579		3182 39
41 RADIOLOGY-DIAGNOSTIC		97057071			14451679		20976658 41
44 LABORATORY		53931253			15848612		4519393 44
49 RESPIRATORY THERAPY		22963122			6419045		685415 49
50 PHYSICAL THERAPY		7559857			1589302		210030 50
50.10 PHYSICAL THERAPY LIVING CENTE		603992			677		50.10
50.30 PHYSICAL THERAPY EAST BANK		2804829			965	775	50.30
51 OCCUPATIONAL THERAPY		3286309			642154		51
51.10 OCCUPATIONAL THERAPY LIVING C		357112			226		51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY		2267227			252189	1377	52
52.10 SPEECH THERAPY LIVING CENTER		367528			226		52.10
54 ELECTROENCEPHALOGRAPHY		784545			69680		54
55 MEDICAL SUPPLIES CHARGED TO P		1617075			485060	894603	55
56 DRUGS CHARGED TO PATIENTS		88643319			26789572	5604224	56
58 ASC (NON-DISTINCT PART)		37459887			1826948	9279445	58
59 CARDIOLOGY		46815775			14203575	2821859	59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		37327					60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		887430					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC		2777873			4324		60.50
61 EMERGENCY	69702	24624282	.002831	.002831	2704445	7656	2601448 61
62 OBSERVATION BEDS (NON-DISTINC		2502178					1538881 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	69702	559881303			126590670	7656	53224691 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.10 PHYSICAL THERAPY LIVING CENTE					50.10
50.30 PHYSICAL THERAPY EAST BANK					50.30
51 OCCUPATIONAL THERAPY					51
51.10 OCCUPATIONAL THERAPY LIVING C					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN					51.30
52 SPEECH PATHOLOGY					52
52.10 SPEECH THERAPY LIVING CENTER					52.10
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.10 FAMILY PRACTICE CLINIC					60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC					60.40
60.50 SLEEP DISORDERS CLINIC					60.50
61 EMERGENCY			7365		61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			7365		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0058) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.317923	.317923	.317923			37
39 DELIVERY ROOM & LABOR ROOM	.477168	.477168	.477168			39
41 RADIOLOGY-DIAGNOSTIC	.203057	.203057	.203057			41
44 LABORATORY	.354665	.354665	.354665			44
49 RESPIRATORY THERAPY	.210874	.210874	.210874			49
50 PHYSICAL THERAPY	.581437	.581437	.581437			50
50.10 PHYSICAL THERAPY LIVING CENTER	.666030	.666030	.666030			50.10
50.30 PHYSICAL THERAPY EAST BANK	.494396	.494396	.494396			50.30
51 OCCUPATIONAL THERAPY	.416024	.416024	.416024			51
51.10 OCCUPATIONAL THERAPY LIVING CEN	.820420	.820420	.820420			51.10
51.30 OCCUPATIONAL THERAPY EAST BANK						51.30
52 SPEECH PATHOLOGY	.388558	.388558	.388558			52
52.10 SPEECH THERAPY LIVING CENTER	.720530	.720530	.720530			52.10
54 ELECTROENCEPHALOGRAPHY	.231669	.231669	.231669			54
55 MEDICAL SUPPLIES CHARGED TO PAT	4.278918	4.278918	4.278918			55
56 DRUGS CHARGED TO PATIENTS	.177537	.177537	.177537			56
58 ASC (NON-DISTINCT PART)	.334906	.334906	.334906			58
59 CARDIOLOGY	.250414	.250414	.250414			59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	6.814424	6.814424	6.814424			60
60.10 FAMILY PRACTICE CLINIC						60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1.642188	1.642188	1.642188			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC						60.40
60.50 SLEEP DISORDERS CLINIC	.328026	.328026	.328026			60.50
61 EMERGENCY	.701556	.701556	.701556			61
62 OBSERVATION BEDS (NON-DISTINCT	.844043	.844043	.844043			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
PERIOD FROM 01/01/2007 TO 12/31/2007

KPMG COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2006.10
05/30/2008 11:32

PART VI - VACCINE COST APPORTIONMENT

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

1
.177537 1
2
2.01
3
3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0058) [] 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) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4087401						37
39 DELIVERY ROOM & LABOR ROOM		3182						39
41 RADIOLOGY-DIAGNOSTIC		20976658						41
44 LABORATORY		4519393						44
49 RESPIRATORY THERAPY		685415						49
50 PHYSICAL THERAPY		210030						50
50.10 PHYSICAL THERAPY LIVING CENTER								50.10
50.30 PHYSICAL THERAPY EAST BANK		775						50.30
51 OCCUPATIONAL THERAPY								51
51.10 OCCUPATIONAL THERAPY LIVING CE								51.10
51.30 OCCUPATIONAL THERAPY EAST BANK								51.30
52 SPEECH PATHOLOGY		1377						52
52.10 SPEECH THERAPY LIVING CENTER								52.10
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		894603						55
56 DRUGS CHARGED TO PATIENTS		5604224						56
58 ASC (NON-DISTINCT PART)		9279445						58
59 CARDIOLOGY		2821859						59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.10 FAMILY PRACTICE CLINIC								60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC								60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC								60.40
60.50 SLEEP DISORDERS CLINIC								60.50
61 EMERGENCY		2601448						61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)		1538881						62
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		53224691						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		53224691						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (15-0058) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL I/P PART B CHARGES (INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS (SEE (COLUMNS	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)			PPS SERVICES (COLUMNS 1.01x5.04)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		1299479					37
39 DELIVERY ROOM & LABOR ROOM		1518					39
41 RADIOLOGY-DIAGNOSTIC		4259457					41
44 LABORATORY		1602871					44
49 RESPIRATORY THERAPY		144536					49
50 PHYSICAL THERAPY		122119					50
50.10 PHYSICAL THERAPY LIVING CENTER							50.10
50.30 PHYSICAL THERAPY EAST BANK		383					50.30
51 OCCUPATIONAL THERAPY							51
51.10 OCCUPATIONAL THERAPY LIVING CEN							51.10
51.30 OCCUPATIONAL THERAPY EAST BANK							51.30
52 SPEECH PATHOLOGY		535					52
52.10 SPEECH THERAPY LIVING CENTER							52.10
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		3827933					55
56 DRUGS CHARGED TO PATIENTS		994957					56
58 ASC (NON-DISTINCT PART)		3107742					58
59 CARDIOLOGY		706633					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC							60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC							60.50
61 EMERGENCY		1825061					61
62 OBSERVATION BEDS (NON-DISTINCT		1298882					62
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		19192106					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19192106					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T058) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	CAPITAL	RATIO OF	CAPITAL	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL					
	RELATED	RELATED	CHARGES	PROGRAM	CHARGES	COSTS	CHARGES	CHARGES	CHARGES	CHARGES	COSTS
	1	2	3	4	5	6	7	8			
ANCILLARY SERVICE COST CENTERS											
37 OPERATING ROOM	72943	946569	142115818		.000513		.006661				37
39 DELIVERY ROOM & LABOR ROOM	104921	1360278	20417494		.005139		.066623				39
41 RADIOLOGY-DIAGNOSTIC	119457	1548669	97057071	115518	.001231	142	.015956	1843			41
44 LABORATORY	18961	245730	53931253	126700	.000352	45	.004556	577			44
49 RESPIRATORY THERAPY	22418	290616	22963122	37318	.000976	36	.012656	472			49
50 PHYSICAL THERAPY	38528	499507	7559857	609893	.005096	3108	.066074	40298			50
50.10 PHYSICAL THERAPY LIVING CENTE	6130	79487	603992		.010149		.131603				50.10
50.30 PHYSICAL THERAPY EAST BANK	6382	82719	2804829		.002275		.029492				50.30
51 OCCUPATIONAL THERAPY	15541	201492	3286309	587104	.004729	2776	.061313	35997			51
51.10 OCCUPATIONAL THERAPY LIVING C	6327	82044	357112		.017717		.229743				51.10
51.30 OCCUPATIONAL THERAPY EAST BAN											51.30
52 SPEECH PATHOLOGY	2172	28131	2267227	243985	.000958	234	.012408	3027			52
52.10 SPEECH THERAPY LIVING CENTER	3200	41480	367528		.008707		.112862				52.10
54 ELECTROENCEPHALOGRAPHY	2055	26637	784545	435	.002619	1	.033952	15			54
55 MEDICAL SUPPLIES CHARGED TO P	28371	367775	1617075	62209	.017545	1091	.227432	14148			55
56 DRUGS CHARGED TO PATIENTS	14698	190547	88643319	712749	.000166	118	.002150	1532			56
58 ASC (NON-DISTINCT PART)	106015	1374468	37459887	7730	.002830	22	.036692	284			58
59 CARDIOLOGY	30432	394526	46815775	33882	.000650	22	.008427	286			59
OUTPATIENT SERVICE COST CENTERS											
60 CLINIC	234	3024	37327		.006269		.081014				60
60.10 FAMILY PRACTICE CLINIC	25483	330423									60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	3253	42157	887430		.003666		.047505				60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	494	6394									60.40
60.50 SLEEP DISORDERS CLINIC	3393	43974	2777873		.001221		.015830				60.50
61 EMERGENCY	115351	1495409	24624282		.004684		.060729				61
62 OBSERVATION BEDS (NON-DISTINC	16976	220145	2502178		.006784		.087981				62
OTHER REIMBURSABLE COST CENTERS											
101 TOTAL	763735	9902201	559881303	2537523		7595		98479			101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T058) [] 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
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.10 PHYSICAL THERAPY LIVING CENTE							50.10
50.30 PHYSICAL THERAPY EAST BANK							50.30
51 OCCUPATIONAL THERAPY							51
51.10 OCCUPATIONAL THERAPY LIVING C							51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY							52
52.10 SPEECH THERAPY LIVING CENTER							52.10
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC							60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC							60.50
61 EMERGENCY				69702			69702 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				69702			69702 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (15-T058) [] 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		142115818					37
39 DELIVERY ROOM & LABOR ROOM		20417494					39
41 RADIOLOGY-DIAGNOSTIC		97057071			115518		41
44 LABORATORY		53931253			126700		44
49 RESPIRATORY THERAPY		22963122			37318		49
50 PHYSICAL THERAPY		7559857			609893		50
50.10 PHYSICAL THERAPY LIVING CENTE		603992					50.10
50.30 PHYSICAL THERAPY EAST BANK		2804829					50.30
51 OCCUPATIONAL THERAPY		3286309			587104		51
51.10 OCCUPATIONAL THERAPY LIVING C		357112					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY		2267227			243985		52
52.10 SPEECH THERAPY LIVING CENTER		367528					52.10
54 ELECTROENCEPHALOGRAPHY		784545			435		54
55 MEDICAL SUPPLIES CHARGED TO P		1617075			62209		55
56 DRUGS CHARGED TO PATIENTS		88643319			712749		56
58 ASC (NON-DISTINCT PART)		37459887			7730		58
59 CARDIOLOGY		46815775			33882		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		37327					60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		887430					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC		2777873					60.50
61 EMERGENCY	69702	24624282	.002831	.002831			61
62 OBSERVATION BEDS (NON-DISTINC		2502178					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	69702	559881303			2537523		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (15-T058)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.10 PHYSICAL THERAPY LIVING CENTE					50.10
50.30 PHYSICAL THERAPY EAST BANK					50.30
51 OCCUPATIONAL THERAPY					51
51.10 OCCUPATIONAL THERAPY LIVING C					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN					51.30
52 SPEECH PATHOLOGY					52
52.10 SPEECH THERAPY LIVING CENTER					52.10
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.10 FAMILY PRACTICE CLINIC					60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC					60.40
60.50 SLEEP DISORDERS CLINIC					60.50
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL		NEW CAPITAL				
	CAPITAL RELATED COST	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
25 ADULTS & PEDIATRICS	449513		449513	5829381		5829381	26
26 INTENSIVE CARE UNIT							27
27 CORONARY CARE UNIT	45869		45869	594620		594620	28
28 BURN INTENSIVE CARE UNIT							29
29 SURGICAL INTENSIVE CARE UNIT							30
30 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER	53788		53788	697371		697371	33
33 NURSERY	46361		46361	600941		600941	101
101 TOTAL	595531		595531	7722313		7722313	

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
25 ADULTS & PEDIATRICS	63975	8543	7.03	60057	91.12	778438	26
26 INTENSIVE CARE UNIT							27
27 CORONARY CARE UNIT	6253	665	7.34	4881	95.09	63235	28
28 BURN INTENSIVE CARE UNIT							29
29 SURGICAL INTENSIVE CARE UNIT							30
30 OTHER SPECIAL CARE (SPECIFY)							31
31 SUBPROVIDER	3752	366	14.34	5248	185.87	68028	33
33 NURSERY	16007	2933	2.90	8506	37.54	110105	101
101 TOTAL	89987	12507		78692		1019806	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	CAPITAL
	COST	COST		CHARGES	CHARGES		CHARGES	COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	72943	946569	142115818	5143478	.000513	2639	.006661	34261 37
39 DELIVERY ROOM & LABOR ROOM	104921	1360278	20417494	9054866	.005139	46533	.066623	603262 39
41 RADIOLOGY-DIAGNOSTIC	119457	1548669	97057071	3720813	.001231	4580	.015956	59369 41
44 LABORATORY	18961	245730	53931253	5010334	.000352	1764	.004556	22827 44
49 RESPIRATORY THERAPY	22418	290616	22963122	6442523	.000976	6288	.012656	81537 49
50 PHYSICAL THERAPY	38528	499507	7559857	330814	.005096	1686	.066074	21858 50
50.10 PHYSICAL THERAPY LIVING CENTE	6130	79487	603992	564	.010149	6	.131603	74 50.10
50.30 PHYSICAL THERAPY EAST BANK	6382	82719	2804829		.002275		.029492	50.30
51 OCCUPATIONAL THERAPY	15541	201492	3286309	158257	.004729	748	.061313	9703 51
51.10 OCCUPATIONAL THERAPY LIVING C	6327	82044	357112		.017717		.229743	51.10
51.30 OCCUPATIONAL THERAPY EAST BAN								51.30
52 SPEECH PATHOLOGY	2172	28131	2267227	133245	.000958	128	.012408	1653 52
52.10 SPEECH THERAPY LIVING CENTER	3200	41480	367528	283	.008707	2	.112862	32 52.10
54 ELECTROENCEPHALOGRAPHY	2055	26637	784545	61916	.002619	162	.033952	2102 54
55 MEDICAL SUPPLIES CHARGED TO P	28371	367775	1617075	169056	.017545	2966	.227432	38449 55
56 DRUGS CHARGED TO PATIENTS	14698	190547	88643319	11888122	.000166	1973	.002150	25559 56
58 ASC (NON-DISTINCT PART)	106015	1374468	37459887	347170	.002830	982	.036692	12738 58
59 RADIOLOGY	30432	394526	46815775	1256957	.000650	817	.008427	10592 59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	234	3024	37327	33583	.006269	211	.081014	2721 60
60.10 FAMILY PRACTICE CLINIC	25483	330423						60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	3253	42157	887430		.003666		.047505	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	494	6394						60.40
60.50 SLEEP DISORDERS CLINIC	3393	43974	2777873		.001221		.015830	60.50
61 EMERGENCY	115351	1495409	24624282	1143504	.004684	5356	.060729	69444 61
62 OBSERVATION BEDS (NON-DISTINC	16976	220145	2502178		.006784		.087981	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	763735	9902201	559881303	44895485		76841		996181 101

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
 PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2006.10
 05/30/2008 11:32

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	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
		COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					63975		8543	25
26	INTENSIVE CARE UNIT								26
27	CORONARY CARE UNIT					6253		665	27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER					3752		366	31
33	NURSERY					16007		2933	33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					89987		12507	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.10 PHYSICAL THERAPY LIVING CENTE							50.10
50.30 PHYSICAL THERAPY EAST BANK							50.30
51 OCCUPATIONAL THERAPY							51
51.10 OCCUPATIONAL THERAPY LIVING C							51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY							52
52.10 SPEECH THERAPY LIVING CENTER							52.10
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC							60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC							60.50
61 EMERGENCY				69702			69702 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				69702			69702 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (15-0058) [] 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		142115818			5143478		37
39 DELIVERY ROOM & LABOR ROOM		20417494			9054866		39
41 RADIOLOGY-DIAGNOSTIC		97057071			3720813		41
44 LABORATORY		53931253			5010334		44
49 RESPIRATORY THERAPY		22963122			6442523		49
50 PHYSICAL THERAPY		7559857			330814		50
50.10 PHYSICAL THERAPY LIVING CENTE		603992			564		50.10
50.30 PHYSICAL THERAPY EAST BANK		2804829					50.30
51 OCCUPATIONAL THERAPY		3286309			158257		51
51.10 OCCUPATIONAL THERAPY LIVING C		357112					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY		2267227			133245		52
52.10 SPEECH THERAPY LIVING CENTER		367528			283		52.10
54 ELECTROENCEPHALOGRAPHY		784545			61916		54
55 MEDICAL SUPPLIES CHARGED TO P		1617075			169056		55
56 DRUGS CHARGED TO PATIENTS		88643319			11888122		56
58 ASC (NON-DISTINCT PART)		37459887			347170		58
59 RADIOLOGY		46815775			1256957		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		37327			33583		60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		887430					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC		2777873					60.50
61 EMERGENCY	69702	24624282	.002831	.002831	1143504	3237	61
62 OBSERVATION BEDS (NON-DISTINC		2502178					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	69702	559881303			44895485	3237	101

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
 PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2006.10
 05/30/2008 11:32

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (15-0058)	[]	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
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.10 PHYSICAL THERAPY LIVING CENTE					50.10
50.30 PHYSICAL THERAPY EAST BANK					50.30
51 OCCUPATIONAL THERAPY					51
51.10 OCCUPATIONAL THERAPY LIVING C					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN					51.30
52 SPEECH PATHOLOGY					52
52.10 SPEECH THERAPY LIVING CENTER					52.10
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.10 FAMILY PRACTICE CLINIC					60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC					60.40
60.50 SLEEP DISORDERS CLINIC					60.50
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (15-T058) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	----	CAPITAL	RATIO OF	CAPITAL
	CAPITAL	CAPITAL			OLD CAPITAL	NEW CAPITAL			
	RELATED	RELATED	CHARGES	PROGRAM	TO	COSTS	COSTS	TO	COSTS
	COST	COST		CHARGES	CHARGES			CHARGES	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	72943	946569	142115818	72349	.000513	37	.006661	482	37
39 DELIVERY ROOM & LABOR ROOM	104921	1360278	20417494		.005139		.066623		39
41 RADIOLOGY-DIAGNOSTIC	119457	1548669	97057071	53653	.001231	66	.015956	856	41
44 LABORATORY	18961	245730	53931253	10673	.000352	4	.004556	49	44
49 RESPIRATORY THERAPY	22418	290616	22963122		.000976		.012656		49
50 PHYSICAL THERAPY	38528	499507	7559857	64308	.005096	328	.066074	4249	50
50.10 PHYSICAL THERAPY LIVING CENTE	6130	79487	603992		.010149		.131603		50.10
50.30 PHYSICAL THERAPY EAST BANK	6382	82719	2804829		.002275		.029492		50.30
51 OCCUPATIONAL THERAPY	15541	201492	3286309	61875	.004729	293	.061313	3794	51
51.10 OCCUPATIONAL THERAPY LIVING C	6327	82044	357112		.017717		.229743		51.10
51.30 OCCUPATIONAL THERAPY EAST BAN									51.30
52 SPEECH PATHOLOGY	2172	28131	2267227	65039	.000958	62	.012408	807	52
52.10 SPEECH THERAPY LIVING CENTER	3200	41480	367528		.008707		.112862		52.10
54 ELECTROENCEPHALOGRAPHY	2055	26637	784545		.002619		.033952		54
55 MEDICAL SUPPLIES CHARGED TO P	28371	367775	1617075		.017545		.227432		55
56 DRUGS CHARGED TO PATIENTS	14698	190547	88643319		.000166		.002150		56
58 ASC (NON-DISTINCT PART)	106015	1374468	37459887		.002830		.036692		58
59 RADIOLOGY	30432	394526	46815775	1864	.000650	1	.008427	16	59
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	234	3024	37327		.006269		.081014		60
60.10 FAMILY PRACTICE CLINIC	25483	330423							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	3253	42157	887430		.003666		.047505		60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	494	6394							60.40
60.50 SLEEP DISORDERS CLINIC	3393	43974	2777873		.001221		.015830		60.50
61 EMERGENCY	115351	1495409	24624282		.004684		.060729		61
62 OBSERVATION BEDS (NON-DISTINC	16976	220145	2502178		.006784		.087981		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	763735	9902201	559881303	329761		791		10253	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (15-T058)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
50.10 PHYSICAL THERAPY LIVING CENTE							50.10
50.30 PHYSICAL THERAPY EAST BANK							50.30
51 OCCUPATIONAL THERAPY							51
51.10 OCCUPATIONAL THERAPY LIVING C							51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY							52
52.10 SPEECH THERAPY LIVING CENTER							52.10
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58 ASC (NON-DISTINCT PART)							58
59 CARDIOLOGY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC							60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC							60.50
61 EMERGENCY				69702			69702 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				69702			69702 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (15-T058) [] 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		142115818			72349		37
39 DELIVERY ROOM & LABOR ROOM		20417494					39
41 RADIOLOGY-DIAGNOSTIC		97057071			53653		41
44 LABORATORY		53931253			10673		44
49 RESPIRATORY THERAPY		22963122					49
50 PHYSICAL THERAPY		7559857			64308		50
50.10 PHYSICAL THERAPY LIVING CENTE		603992					50.10
50.30 PHYSICAL THERAPY EAST BANK		2804829					50.30
51 OCCUPATIONAL THERAPY		3286309			61875		51
51.10 OCCUPATIONAL THERAPY LIVING C		357112					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN							51.30
52 SPEECH PATHOLOGY		2267227			65039		52
52.10 SPEECH THERAPY LIVING CENTER		367528					52.10
54 ELECTROENCEPHALOGRAPHY		784545					54
55 MEDICAL SUPPLIES CHARGED TO P		1617075					55
56 DRUGS CHARGED TO PATIENTS		88643319					56
58 ASC (NON-DISTINCT PART)		37459887					58
59 RADIOLOGY		46815775			1864		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		37327					60
60.10 FAMILY PRACTICE CLINIC							60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC		887430					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC							60.40
60.50 SLEEP DISORDERS CLINIC		2777873					60.50
61 EMERGENCY	69702	24624282	.002831	.002831			61
62 OBSERVATION BEDS (NON-DISTINC		2502178					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	69702	559881303			329761		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[XX]	SUB I (15-T058)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
50.10 PHYSICAL THERAPY LIVING CENTE					50.10
50.30 PHYSICAL THERAPY EAST BANK					50.30
51 OCCUPATIONAL THERAPY					51
51.10 OCCUPATIONAL THERAPY LIVING C					51.10
51.30 OCCUPATIONAL THERAPY EAST BAN					51.30
52 SPEECH PATHOLOGY					52
52.10 SPEECH THERAPY LIVING CENTER					52.10
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.10 FAMILY PRACTICE CLINIC					60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC					60.40
60.50 SLEEP DISORDERS CLINIC					60.50
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0058)	SUB I (PPS) (15-T058)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	63975	3752					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	63975	3752					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27491	1153					3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36484	2599					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)	23384	2069					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) (15-0058)	SUB I (PPS) (15-T058)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	55923594	3967780					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	55923594	3967780					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	122932713	3492870					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	70463824	2004184					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52468889	1488686					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.454912	1.135966					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2563.16	1738.23					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1438.13	572.79					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1125.03	1165.44					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	511.79	1323.90					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	14069619	1526457					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	41853975	2441323					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) (15-0058)	SUB I (PPS) (15-T058)	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	874.15	1057.51				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20441124	2187988				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20441124	2187988				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT	10147013	6253	1622.74	4750	7708015	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0058)	SUB I (PPS) (15-T058)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	37308125	1182097				48
49 TOTAL PROGRAM INPATIENT COSTS	65457264	3370085				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2781683	414234				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1441588	106074				51
52 TOTAL PROGRAM EXCLUDABLE COST	4223271	520308				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	61233993	2849777				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) (15-0058)	SUB I (PPS) (15-T058)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
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
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)

PROGRAM INPATIENT ROUTINE SWING BED COST

60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	60
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	61
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	62
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	63
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	64
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

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

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(15-0058)	(15-T058)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	2416	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	874.15	84
85 OBSERVATION BED COST	2111946	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		TOTAL		OBSERVATION BED	
ROUTINE		OBSERVATION		OBSERVATION BED	
COST		BED COST		PASS-THROUGH COST	
1	(FROM LINE 27)	COLUMN 1	(FROM LINE 85)	COL 3	COL 4
	2	DIVIDED BY		TIMES	
		COLUMN 2		COL 5	
		3			
86 OLD CAPITAL-RELATED COST	449513	.008038	2111946	16976	86
87 NEW CAPITAL-RELATED COST	5829381	.104238	2111946	220145	87
88 NON PHYSICIAN ANESTHETIST			2111946		88
89 MEDICAL EDUCATION			2111946		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) (15-0058)	SUB I (PPS) (15-T058)	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)	63975	3752				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	63975	3752				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	27491	1153				3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36484	2599				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)	8543	366				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	16007					15
16 TITLE V OR XIX NURSERY DAYS	2933					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) (15-0058)	SUB I (PPS) (15-T058)	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	55923594	3967780					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	55923594	3967780					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	122932713	3492870					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	70463824	2004184					29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	52468889	1488686					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.454912	1.135966					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	2563.16	1738.23					32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1438.13	572.79					33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1125.03	1165.44					34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	511.79	1323.90					35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	14069619	1526457					36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	41853975	2441323					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) (15-0058)	SUB I (PPS) (15-T058)	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	874.15	1057.51				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7467863	387049				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7467863	387049				41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	11742169	16007	733.56	2933	2151531	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT	10147013	6253	1622.74	665	1079122	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (15-0058)	SUB I (PPS) (15-T058)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	14485761	127448				48
49 TOTAL PROGRAM INPATIENT COSTS	25184277	514497				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1025222	73276				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1076259	11044				51
52 TOTAL PROGRAM EXCLUDABLE COST	2101481	84320				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	23082796	430177				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) (15-0058)	SUB I (PPS) (15-T058)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	16	1	1	54
55						55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

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

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(15-0058)	(15-T058)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BEDS	2416							83
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	874.15							84
85	OBSERVATION BED COST	2111946							85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	DIVIDED BY		TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST		
			COLUMN 1 COLUMN 2	COLUMN 3		COL 3	TIMES COL 4	
	1	2	3	4	5	5	5	
86	OLD CAPITAL-RELATED COST	449513	55923594	.008038	2111946		16976	86
87	NEW CAPITAL-RELATED COST	5829381	55923594	.104238	2111946		220145	87
88	NON PHYSICIAN ANESTHETIST		55923594		2111946			88
89	MEDICAL EDUCATION		55923594		2111946			89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (15-0058) [] 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		47712057		25
27 CORONARY CARE UNIT		6951648		27
31 SUBPROVIDER				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.318045	41250412	13119487	37
39 DELIVERY ROOM & LABOR ROOM	.477168	51579	24612	39
41 RADIOLOGY-DIAGNOSTIC	.203524	14451679	2941264	41
44 LABORATORY	.354665	15848612	5620948	44
49 RESPIRATORY THERAPY	.211472	6419045	1357448	49
50 PHYSICAL THERAPY	.594863	1589302	945417	50
50.10 PHYSICAL THERAPY LIVING CENTER	.666030	677	451	50.10
50.30 PHYSICAL THERAPY EAST BANK	.494396	965	477	50.30
51 OCCUPATIONAL THERAPY	.416024	642154	267151	51
51.10 OCCUPATIONAL THERAPY LIVING CEN	.820420	226	185	51.10
51.30 OCCUPATIONAL THERAPY EAST BANK				51.30
52 SPEECH PATHOLOGY	.388558	252189	97990	52
52.10 SPEECH THERAPY LIVING CENTER	.720530	226	163	52.10
54 ELECTROENCEPHALOGRAPHY	.231669	69680	16143	54
55 MEDICAL SUPPLIES CHARGED TO PAT	4.278918	485060	2075532	55
56 DRUGS CHARGED TO PATIENTS	.177537	26789572	4756140	56
58 ASC (NON-DISTINCT PART)	.335364	1826948	612693	58
59 CARDIOLOGY	.250414	14203575	3556774	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6.814424			60
60.10 FAMILY PRACTICE CLINIC				60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1.642188			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				60.40
60.50 SLEEP DISORDERS CLINIC	.328289	4324	1420	60.50
61 EMERGENCY	.707661	2704445	1913830	61
62 OBSERVATION BEDS (NON-DISTINCT	.844043			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		126590670	37308125	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		126590670		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T058)	<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
27 CORONARY CARE UNIT				27
31 SUBPROVIDER		3377352		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.318045			37
39 DELIVERY ROOM & LABOR ROOM	.477168			39
41 RADIOLOGY-DIAGNOSTIC	.203524	115518	23511	41
44 LABORATORY	.354665	126700	44936	44
49 RESPIRATORY THERAPY	.211472	37318	7892	49
50 PHYSICAL THERAPY	.594863	609893	362803	50
50.10 PHYSICAL THERAPY LIVING CENTER	.666030			50.10
50.30 PHYSICAL THERAPY EAST BANK	.494396			50.30
51 OCCUPATIONAL THERAPY	.416024	587104	244249	51
51.10 OCCUPATIONAL THERAPY LIVING CEN	.820420			51.10
51.30 OCCUPATIONAL THERAPY EAST BANK				51.30
52 SPEECH PATHOLOGY	.388558	243985	94802	52
52.10 SPEECH THERAPY LIVING CENTER	.720530			52.10
54 ELECTROENCEPHALOGRAPHY	.231669	435	101	54
55 MEDICAL SUPPLIES CHARGED TO PAT	4.278918	62209	266187	55
56 DRUGS CHARGED TO PATIENTS	.177537	712749	126539	56
58 ASC (NON-DISTINCT PART)	.335364	7730	2592	58
59 CARDIOLOGY	.250414	33882	8485	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6.814424			60
60.10 FAMILY PRACTICE CLINIC				60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1.642188			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				60.40
60.50 SLEEP DISORDERS CLINIC	.328289			60.50
61 EMERGENCY	.707661			61
62 OBSERVATION BEDS (NON-DISTINCT	.844043			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		2537523	1182097	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2537523		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (15-0058) [] 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		12519442		25
27 CORONARY CARE UNIT		4615928		27
31 SUBPROVIDER				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.318045	5143478	1635857	37
39 DELIVERY ROOM & LABOR ROOM	.477168	9054866	4320692	39
41 RADIOLOGY-DIAGNOSTIC	.203524	3720813	757275	41
44 LABORATORY	.354665	5010334	1776990	44
49 RESPIRATORY THERAPY	.211472	6442523	1362413	49
50 PHYSICAL THERAPY	.594863	330814	196789	50
50.10 PHYSICAL THERAPY LIVING CENTER	.666030	564	376	50.10
50.30 PHYSICAL THERAPY EAST BANK	.494396			50.30
51 OCCUPATIONAL THERAPY	.416024	158257	65839	51
51.10 OCCUPATIONAL THERAPY LIVING CEN	.820420			51.10
51.30 OCCUPATIONAL THERAPY EAST BANK				51.30
52 SPEECH PATHOLOGY	.388558	133245	51773	52
52.10 SPEECH THERAPY LIVING CENTER	.720530	283	204	52.10
54 ELECTROENCEPHALOGRAPHY	.231669	61916	14344	54
55 MEDICAL SUPPLIES CHARGED TO PAT	4.278918	169056	723377	55
56 DRUGS CHARGED TO PATIENTS	.177537	11888122	2110582	56
58 ASC (NON-DISTINCT PART)	.335364	347170	116428	58
59 CARDIOLOGY	.250414	1256957	314760	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6.814424	33583	228849	60
60.10 FAMILY PRACTICE CLINIC				60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1.642188			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				60.40
60.50 SLEEP DISORDERS CLINIC	.328289			60.50
61 EMERGENCY	.707661	1143504	809213	61
62 OBSERVATION BEDS (NON-DISTINCT	.844043			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		44895485	14485761	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		44895485		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (15-T058)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
27 CORONARY CARE UNIT				27
31 SUBPROVIDER		443753		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.318045	72349	23010	37
39 DELIVERY ROOM & LABOR ROOM	.477168			39
41 RADIOLOGY-DIAGNOSTIC	.203524	53653	10920	41
44 LABORATORY	.354665	10673	3785	44
49 RESPIRATORY THERAPY	.211472			49
50 PHYSICAL THERAPY	.594863	64308	38254	50
50.10 PHYSICAL THERAPY LIVING CENTER	.666030			50.10
50.30 PHYSICAL THERAPY EAST BANK	.494396			50.30
51 OCCUPATIONAL THERAPY	.416024	61875	25741	51
51.10 OCCUPATIONAL THERAPY LIVING CEN	.820420			51.10
51.30 OCCUPATIONAL THERAPY EAST BANK				51.30
52 SPEECH PATHOLOGY	.388558	65039	25271	52
52.10 SPEECH THERAPY LIVING CENTER	.720530			52.10
54 ELECTROENCEPHALOGRAPHY	.231669			54
55 MEDICAL SUPPLIES CHARGED TO PAT	4.278918			55
56 DRUGS CHARGED TO PATIENTS	.177537			56
58 ASC (NON-DISTINCT PART)	.335364			58
59 CARDIOLOGY	.250414	1864	467	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	6.814424			60
60.10 FAMILY PRACTICE CLINIC				60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1.642188			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC				60.40
60.50 SLEEP DISORDERS CLINIC	.328289			60.50
61 EMERGENCY	.707661			61
62 OBSERVATION BEDS (NON-DISTINCT	.844043			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		329761	127448	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		329761		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0058)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	38013245					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9844726					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	2111269					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	334.36					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	16.76					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	26.25					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	16.76					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	16.76					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	16.76					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	16.76				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0058)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.050126				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.063208				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.050126				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	1003854				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	265886				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]					3.23
3.24	SUM OF LINES 3.21-3.23	1269740	0			3.24
	DISPROPORTIONATE SHARE ADJUSTMENT					
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0229				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2576				4.01
4.02	SUM OF 4 AND 4.01	0.2805				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1183				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT	5661598				4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	56900578				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	56900578				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4392802				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	742943				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	7656				15
16	TOTAL	62043979				16
17	PRIMARY PAYER PAYMENTS	185482				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	61858497				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4378765				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	98929				20
21	REIMBURSABLE BAD DEBTS	653842				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	457689				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	372969				21.02
22	SUBTOTAL	57838492				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (15-0058)	SUB I	SUB II	SUB III	SUB IV	
23						23
						TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
24						24
						OTHER ADJUSTMENTS
25						25
						AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
26	57838492					26
						AMOUNT DUE PROVIDER
27						27
						SEQUESTRATION ADJUSTMENT
28	58530376					28
						INTERIM PAYMENTS
28.01						28.01
						TENTATIVE SETTLEMENT (FOR FI USE ONLY)
29	-691884					29
						BALANCE DUE PROVIDER (PROGRAM)
30	518936					30
						PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2
						TO BE COMPLETED BY INTERMEDIARY
50						50
						ORIGINAL OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01
51						51
						OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52						52
						THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
53						53
						TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0058) 1	HOSPITAL (15-0058) 1.01	HOSPITAL (15-0058) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19184741			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13951123			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	7365			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	13958488			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (15-0058) 1	HOSPITAL (15-0058) 1.01	HOSPITAL (15-0058) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3428785		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	10529703		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	207725		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10737428		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	10737428		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	279141		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	195399		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	178114		27.02
28 SUBTOTAL	10932827		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	10932827		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10514983		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	417844		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T058)	SUB I (15-T058)	SUB I (15-T058)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (15-T058)	SUB I (15-T058)	SUB I (15-T058)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
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			27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING			29
FROM PROVIDER TERMINATION OR A DECREASE IN			
PROGRAM UTILIZATION			
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION			30.99
AMOUNT)			
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING			31
PERIODS RESULTING FROM DISPOSITION OF			
DEPRECIABLE ASSETS			
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			36
REPORT ITEMS) IN ACCORDANCE WITH CMS PUB			
15-II, SECTION 115.2			

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(15-0058)
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
(15-0058)
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
(15-0058)
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 (15-0058)

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		58477636		10514983	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03			NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04	52740			3.04
	TO .05				3.05
	PROVIDER .50				3.50
	TO .51				3.51
	PROVIDER .52	NONE		NONE	3.52
	TO .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99	52740			3.99
4 TOTAL INTERIM PAYMENTS		58530376		10514983	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (15-T058)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2816868		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE		3.03
	TO .04		NONE	3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROVIDER .53		NONE	3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2816868		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02			5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51			5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				7
NAME OF INTERMEDIARY:	_____			
SIGNATURE OF AUTHORIZED PERSON:	_____			
	INTERMEDIARY NUMBER:		_____	
	DATE (MO/DAY/YR):		_____	

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T058)	SUB II	SUB III	SUB IV
1	INPATIENT HOSPITAL SERVICES				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)	2315504			1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	0.0034			1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)	142950			1.04
1.05	OUTLIER PAYMENTS	423198			1.05
1.06	TOTAL PPS PAYMENTS	2881652			1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT				1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)				
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS				1.09
1.10	NET IPF PPS ECT PAYMENTS				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)				1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS				1.19
1.20	STOP LESS PAYMENT FLOOR				1.20
1.21	ADJUSTED NET PAYMENT FLOOR				1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS				1.23
	INPATIENT REHABILITATION FACILITY (IRF)				
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)				1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)				1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)				1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)	10.279452			1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.41
1.42	MEDICAL EDUCATION ADJUSTMENT				1.42
2	ORGAN ACQUISITION				2
3	COST OF TEACHING PHYSICIANS				3
4	SUBTOTAL	2881652			4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	2881652			6
7	DEDUCTIBLES	8888			7
8	SUBTOTAL	2872764			8
9	COINSURANCE	3472			9
10	SUBTOTAL	2869292			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				11
11.01	REDUCED REIMBURSABLE BAD DEBTS				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				11.02
12	SUBTOTAL	2869292			12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				13

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
PERIOD FROM 01/01/2007 TO 12/31/2007

KPMG COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/1999)

VERSION: 2006.10
05/30/2008 11:32

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (15-T058)	SUB II	SUB III	SUB IV
13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15 OTHER ADJUSTMENTS					15
16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17 TOTAL AMOUNT PAYABLE TO THE PROVIDER		2869292			17
18 SEQUESTRATION ADJUSTMENT					18
19 INTERIM PAYMENTS		2816868			19
19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20 BALANCE DUE PROVIDER/PROGRAM		52424			20
21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21

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 (15-0058) (PPS)	SUB I (15-T058) (PPS)	SUB II	SUB III
			SUB IV	NF I
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS			
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O			
6	COST OF TEACHING PHYSICIANS			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
11	COMPUTATION OF LESSER OF COST OR CHARGES			
12	ROUTINE SERVICE CHARGES			
13	ANCILLARY SERVICE CHARGES	44895485	329761	
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES	44895485	329761	
19	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
23	ACCORDANCE WITH 42 CFR 413.13(E)			
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES	44895485	329761	
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	44895485	329761	
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
28	COST OF COVERED SERVICES			
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	3237		
36	SUBTOTAL	3237		
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED			
38	LESSER OF LINES 30 OR 31			
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (15-0058) (PPS)	SUB I (15-T058) (PPS)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
34	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM 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 UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)					59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	24.76 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	24.76 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	26.25 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	24.76 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	21.01 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	21.01 3.09
3.10	SEE INSTRUCTIONS	19.82 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	92295.97 3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		24.76	3.19
3.20	SEE INSTRUCTIONS		24.76	3.20
3.21	SEE INSTRUCTIONS		23.11	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		23.11	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		97470.47	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		2252543	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		2252543	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		30203	4
5	TOTAL INPATIENT DAYS		71564	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.422042	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 950668	0	950668	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		71564	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0		6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
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DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	68827349	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	185482	15
16	TOTAL PART A REASONABLE COST	68641867	16
	PART B REASONABLE COST		
17	REASONABLE COST	19192106	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	19192106	19
20	TOTAL REASONABLE COST	87833973	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.781496	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.218504	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	950668	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	742943	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	207725	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00		3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00		3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		9574	4
5	TOTAL INPATIENT DAYS		71564	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.133782	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		71564	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	24639124			1
2	TEMPORARY INVESTMENTS	4006623			2
3	NOTES RECEIVABLE	16321609			3
4	ACCOUNTS RECEIVABLE	71967827			4
5	OTHER RECEIVABLES	909750			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10031250			6
7	INVENTORY	9974486			7
8	PREPAID EXPENSES	714724			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS	295392	8768375		10
11	TOTAL CURRENT ASSETS	118798285	8768375		11
FIXED ASSETS					
12	LAND	18964553			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	212052046			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	167704548			18
18.01	ACCUMULATED DEPRECIATION	-195872975			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	202848172			21
OTHER ASSETS					
22	INVESTMENTS	257527070			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	50220855			25
26	TOTAL OTHER ASSETS	307747925			26
27	TOTAL ASSETS	629394382	8768375		27

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	338590065	8963466		1
2 NET INCOME (LOSS)	42671259			2
3 TOTAL	381261324	8963466		3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET ASSETS RELEASED FROM RESTR	690000			5
6 CHANGE IN NET UNREAL GAINS ON INVES				6
7 DONOR RESTRICTED CONTRIBUTIONS				7
8				8
9				9
10 TOTAL ADDITIONS	690000			10
11 SUBTOTAL	381951324	8963466		11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFERED TO MHS	16338514			13
14 UNREALIZED LOSS ON INVESTMENT		195091		14
15 DONOR RESTRICTED FUNDS				15
16				16
17				17
18 TOTAL DEDUCTIONS	16338514	195091		18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	365612810	8768375		19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	134765549		134765549	1
4 SUBPROVIDER I	6166261		6166261	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	140931810		140931810	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT				10
13 CORONARY CARE UNIT	20043589		20043589	11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	20043589		20043589	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	160975399		160975399	16
19 ANCILLARY SERVICES	339926745		339926745	17
20 OUTPATIENT SERVICES		236809436	236809436	18
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
TOTAL PATIENT REVENUES	500902144	236809436	737711580	24
				25

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		345956134	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		345956134	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	737711580	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	378878151	2
3	NET PATIENT REVENUES	358833429	3
4	LESS - TOTAL OPERATING EXPENSES	345956134	4
5	NET INCOME FROM SERVICE TO PATIENTS	12877295	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	44948	10
11	REBATES AND REFUNDS OF EXPENSES	387791	11
12	PARKING LOT RECEIPTS	155798	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1112891	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	1156546	23
24	OTHER INCOME	6790020	24
24.01	GAIN ON INVESTMENT	14129736	24.01
25	TOTAL OTHER INCOME	23777730	25
26	TOTAL	36655025	26
27	UNREALIZED LOSS ON INVESTMENT	-6016234	27
28			28
29			29
30	TOTAL OTHER EXPENSES	-6016234	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	42671259	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0058)	SUB I (15-T058)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3866791				3
3.01	201974				3.01
4	188.82				4
4.01	16.76				4.01
4.02	2.54				4.02
4.03	98216				4.03
5	0.0229				5
5.01	0.2576				5.01
5.02	0.2805				5.02
5.03	0.0584				5.03
5.04	225821				5.04
6	4392802				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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (15-0058)	SUB I (15-T058)	SUB II	SUB III	SUB IV
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0058)	SUB I (15-T058)	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (15-0058)	SUB I (15-T058)	SUB II	SUB III	SUB IV
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1	OLD CAP REL COSTS-BLDG & FIXT				1
2	OLD CAP REL COSTS-MVBLE EQUIP				2
3	NEW CAP REL COSTS-BLDG & FIXT				3
4	NEW CAP REL COSTS-MVBLE EQUIP				4
5	EMPLOYEE BENEFITS				5
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
14	NURSING ADMINISTRATION				14
15	CENTRAL SERVICES & SUPPLY				15
16	PHARMACY				16
17	MEDICAL RECORDS & LIBRARY				17
18	SOCIAL SERVICE				18
21	NURSING SCHOOL				21
22	I&R SERVICES-SALARY & FRINGES A				22
23	I&R SERVICES-OTHER PRGM COSTS A				23
24.01	PARAMED ED				24.01
INPATIENT ROUTINE SERV COST CENTERS					
25	ADULTS & PEDIATRICS				25
27	CORONARY CARE UNIT				27
31	SUBPROVIDER				31
33	NURSERY				33
ANCILLARY SERVICE COST CENTERS					
37	OPERATING ROOM				37
39	DELIVERY ROOM & LABOR ROOM				39
41	RADIOLOGY-DIAGNOSTIC				41
44	LABORATORY				44
49	RESPIRATORY THERAPY				49
50	PHYSICAL THERAPY				50
50.10	PHYSICAL THERAPY LIVING CENTER				50.10
50.30	PHYSICAL THERAPY EAST BANK				50.30
51	OCCUPATIONAL THERAPY				51
51.10	OCCUPATIONAL THERAPY LIVING CEN				51.10
51.30	OCCUPATIONAL THERAPY EAST BANK				51.30
52	SPEECH PATHOLOGY				52
52.10	SPEECH THERAPY LIVING CENTER				52.10
54	ELECTROENCEPHALOGRAPHY				54
55	MEDICAL SUPPLIES CHARGED TO PAT				55
56	DRUGS CHARGED TO PATIENTS				56
58	ASC (NON-DISTINCT PART)				58

PROVIDER NO. 15-0058 MEMORIAL HOSPT. OF SOUTH BEND, INC.
 PERIOD FROM 01/01/2007 TO 12/31/2007

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

VERSION: 2006.10
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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
59 CARDIOLOGY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.10 FAMILY PRACTICE CLINIC					60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC					60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC					60.40
60.50 SLEEP DISORDERS CLINIC					60.50
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
99 NONPAID WORKERS					99
99.10 HEALTH PROPERTIES					99.10
99.11 8 EAST					99.11
99.40 LEIGHTON CENTER					99.40
99.41 PATHWAYS O/P MENTAL HEALTH					99.41
99.50 WELLNESS CENTER					99.50
99.60 LUXURY ROOMS					99.60
99.70 IDLE SPACE					99.70
99.80 UNUSED SPACE					99.80
99.90 OCCUPATIONAL HEALTH					99.90
99.91 RESEARCH AND PROTOCOL					99.91
99.92 CCOP					99.92
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	36.55		13.35				49.90 25
27 CORONARY CARE UNIT	75.96		10.63				86.59 27
33 NURSERY			18.32				18.32 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	29.03	2.88	3.62				35.53 37
39 DELIVERY ROOM & LABOR ROOM	0.25	0.02	44.35				44.62 39
41 RADIOLOGY-DIAGNOSTIC	14.89	21.61	3.83				40.33 41
44 LABORATORY	29.39	8.38	9.29				47.06 44
49 RESPIRATORY THERAPY	27.95	2.98	28.06				58.99 49
50 PHYSICAL THERAPY	21.02	2.78	4.38				28.18 50
50.10 PHYSICAL THERAPY LIVING CENTER	0.11		0.09				0.20 50.10
50.30 PHYSICAL THERAPY EAST BANK	0.03	0.03					0.06 50.30
51 OCCUPATIONAL THERAPY	19.54		4.82				24.36 51
51.10 OCCUPATIONAL THERAPY LIVING CEN	0.06						0.06 51.10
52 SPEECH PATHOLOGY	11.12	0.06	5.88				17.06 52
52.10 SPEECH THERAPY LIVING CENTER	0.06		0.08				0.14 52.10
54 ELECTROENCEPHALOGRAPHY	8.88		7.89				16.77 54
55 MEDICAL SUPPLIES CHARGED TO PAT	30.00	55.32	10.45				95.77 55
56 DRUGS CHARGED TO PATIENTS	30.22	6.32	13.41				49.95 56
58 ASC (NON-DISTINCT PART)	4.88	24.77	0.93				30.58 58
59 CARDIOLOGY	30.34	6.03	2.68				39.05 59
60 CLINIC			89.97				89.97 60
60.50 SLEEP DISORDERS CLINIC	0.16						0.16 60.50
61 EMERGENCY	10.98	10.56	4.64				26.18 61
62 OBSERVATION BEDS (NON-DISTINCT		61.50					61.50 62
101 TOTAL CHARGES	17.80	7.48	6.31				31.59 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER	55.14		9.75				64.89 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM			0.05				0.05 37
41 RADIOLOGY-DIAGNOSTIC	0.12		0.06				0.18 41
44 LABORATORY	0.23		0.02				0.25 44
49 RESPIRATORY THERAPY	0.16						0.16 49
50 PHYSICAL THERAPY	8.07		0.85				8.92 50
51 OCCUPATIONAL THERAPY	17.87		1.88				19.75 51
52 SPEECH PATHOLOGY	10.76		2.87				13.63 52
54 ELECTROENCEPHALOGRAPHY	0.06						0.06 54
55 MEDICAL SUPPLIES CHARGED TO PAT	3.85						3.85 55
56 DRUGS CHARGED TO PATIENTS	0.80						0.80 56
58 ASC (NON-DISTINCT PART)	0.02						0.02 58
59 CARDIOLOGY	0.07						0.07 59
101 TOTAL CHARGES	0.36		0.05				0.41 101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	1855339	.66	-1855339	-1.67		1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	24056339	8.51	-24056339	-21.60		3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS	14217722	5.03	-14217722	-12.77		5
6	ADMINISTRATIVE & GENERAL	35944415	12.71	-35944415	-32.28		6
7	MAINTENANCE & REPAIRS	2512565	.89	-2512565	-2.26		7
8	OPERATION OF PLANT	5460037	1.93	-5460037	-4.90		8
9	LAUNDRY & LINEN SERVICE	1120599	.40	-1120599	-1.01		9
10	HOUSEKEEPING	4611644	1.63	-4611644	-4.14		10
11	DIETARY	2398134	.85	-2398134	-2.15		11
12	CAFETERIA	287741	.10	-287741	-.26		12
14	NURSING ADMINISTRATION	2530509	.89	-2530509	-2.27		14
15	CENTRAL SERVICES & SUPPLY	4235819	1.50	-4235819	-3.80		15
16	PHARMACY	3727922	1.32	-3727922	-3.35		16
17	MEDICAL RECORDS & LIBRARY	1990657	.70	-1990657	-1.79		17
18	SOCIAL SERVICE	1452260	.51	-1452260	-1.30		18
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	4906393	1.74	-4906393	-4.41		22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24.01	PARAMED ED	53562	.02	-53562	-.05		24.01
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	29987237	10.60	30512501	27.40	60499738	21.39
27	CORONARY CARE UNIT	6392444	2.26	3754569	3.37	10147013	3.59
31	SUBPROVIDER	1626834	.58	2399090	2.15	4025924	1.42
33	NURSERY	7866075	2.78	3967102	3.56	11833177	4.18
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	36498793	12.91	9423857	8.46	45922650	16.24
39	DELIVERY ROOM & LABOR ROOM	5513035	1.95	4229544	3.80	9742579	3.45
41	RADIOLOGY-DIAGNOSTIC	12766364	4.51	6999920	6.29	19766284	6.99
44	LABORATORY	15939397	5.64	3188156	2.86	19127553	6.76
49	RESPIRATORY THERAPY	3447477	1.22	1579385	1.42	5026862	1.78
50	PHYSICAL THERAPY	2473766	.87	1921817	1.73	4395583	1.55
50.10	PHYSICAL THERAPY LIVING CENTER	211244	.07	191033	.17	402277	.14
50.30	PHYSICAL THERAPY EAST BANK	964617	.34	422080	.38	1386697	.49
51	OCCUPATIONAL THERAPY	744345	.26	622840	.56	1367185	.48
51.10	OCCUPATIONAL THERAPY LIVING CEN	122233	.04	170749	.15	292982	.10
51.30	OCCUPATIONAL THERAPY EAST BANK						
52	SPEECH PATHOLOGY	623253	.22	257697	.23	880950	.31
52.10	SPEECH THERAPY LIVING CENTER	153001	.05	111814	.10	264815	.09
54	ELECTROENCEPHALOGRAPHY	106194	.04	75561	.07	181755	.06
55	MEDICAL SUPPLIES CHARGED TO PAT	800473	.28	6118858	5.49	6919331	2.45
56	DRUGS CHARGED TO PATIENTS	9437807	3.34	6340128	5.69	15777935	5.58
58	ASC (NON-DISTINCT PART)	7545750	2.67	4999777	4.49	12545527	4.44
59	CARDIOLOGY	8928150	3.16	2926633	2.63	11854783	4.19
60	CLINIC	196845	.07	57517	.05	254362	.09

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
60.10 FAMILY PRACTICE CLINIC			986039	.89	986039	.35	60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	1048047	.37	409280	.37	1457327	.52	60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	310871	.11	131198	.12	442069	.16	60.40
60.50 SLEEP DISORDERS CLINIC	664680	.24	246535	.22	911215	.32	60.50
61 EMERGENCY	10825121	3.83	6611995	5.94	17437116	6.17	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS							71
96 GIFT, FLOWER, COFFEE SHOP & CAN			209655	.19	209655	.07	96
99 NONPAID WORKERS	587361	.21	3255846	2.92	3843207	1.36	99
99.10 HEALTH PROPERTIES	2707780	.96	1019809	.92	3727589	1.32	99.10
99.11 8 EAST							99.11
99.40 LEIGHTON CENTER	266170	.09	191014	.17	457184	.16	99.40
99.41 PATHWAYS O/P MENTAL HEALTH							99.41
99.50 WELLNESS CENTER	1458633	.52	2274586	2.04	3733219	1.32	99.50
99.60 LUXURY ROOMS							99.60
99.70 IDLE SPACE							99.70
99.80 UNUSED SPACE			5380921	4.83	5380921	1.90	99.80
99.90 OCCUPATIONAL HEALTH							99.90
99.91 RESEARCH AND PROTOCOL	912386	.32	290224	.26	1202610	.43	99.91
99.92 CCOP	288792	.10	83927	.08	372719	.13	99.92
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	282776832	100.00	0	.00	282776832	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1019512	142115818	.007174	41250412	295930	37
39 DELIVERY ROOM & LABOR ROOM	1465199	20417494	.071762	51579	3701	39
41 RADIOLOGY-DIAGNOSTIC	1668126	97057071	.017187	14451679	248381	41
44 LABORATORY	264691	53931253	.004908	15848612	77785	44
49 RESPIRATORY THERAPY	313034	22963122	.013632	6419045	87504	49
50 PHYSICAL THERAPY	538035	7559857	.071170	1589302	113111	50
50.10 PHYSICAL THERAPY LIVING CENTER	85617	603992	.141752	677	96	50.10
50.30 PHYSICAL THERAPY EAST BANK	89101	2804829	.031767	965	30	50.30
51 OCCUPATIONAL THERAPY	217033	3286309	.066042	642154	42409	51
51.10 OCCUPATIONAL THERAPY LIVING CEN	88371	357112	.247460	226	56	51.10
51.30 OCCUPATIONAL THERAPY EAST BANK						51.30
52 SPEECH PATHOLOGY	30303	2267227	.013366	252189	3371	52
52.10 SPEECH THERAPY LIVING CENTER	44680	367528	.121569	226	28	52.10
54 ELECTROENCEPHALOGRAPHY	28692	784545	.036571	69680	2548	54
55 MEDICAL SUPPLIES CHARGED TO PAT	396146	1617075	.244977	485060	118828	55
56 DRUGS CHARGED TO PATIENTS	205245	88643319	.002316	26789572	62045	56
58 ASC (NON-DISTINCT PART)	1480483	37459887	.039522	1826948	72204	58
59 CARDIOLOGY	424958	46815775	.009077	14203575	128926	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3258	37327	.087283			60
60.10 FAMILY PRACTICE CLINIC	355906					60.10
60.30 HEMATOLOGY ONCOLOGY CLINIC	45410	887430	.051171			60.30
60.40 DEVELOPMENTAL PROGRESS CLINIC	6888					60.40
60.50 SLEEP DISORDERS CLINIC	47367	2777873	.017051	4324	73	60.50
61 EMERGENCY	1610760	24624282	.065413	2704445	176906	61
62 OBSERVATION BEDS (NON-DISTINCT	237121	2502178	.094765			62
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL	10665936	559881303		126590670	1433932	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	6278894		6278894	63975	98.15	23384	2295140 25
27	CORONARY CARE UNIT	640489		640489	6253	102.43	4750	486543 27
101	TOTAL	6919383		6919383			28134	2781683 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							2781683	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							1433932	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							4215615	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						5796		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						28134		
PER DISCHARGE CAPITAL COSTS							727.33	
PER DIEM CAPITAL COSTS							149.84	

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)	61233993
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	181254375
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.338

COST TO CHARGE RATIO FOR REHAB SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	3370085
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	5937839
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.568

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)	4215615
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPSS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	17762825
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPSS. (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)	53012509
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.335