

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY THE MIRIAM HOSPITAL (41-0012) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	-945910	98664	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	-945910	98664	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 164 SUMMIT AVENUE  
 1.01 CITY: PROVIDENCE

STATE: RI

P.O.BOX:  
 ZIP CODE: 02906

COUNTY: PROVIDENCE

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			N	P	N	2
3	SUBPROVIDER I						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	THE MIRIAM HOSPITAL DIALYSIS UNIT	41-2301	08/31/1977			16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/01/2008	TO: 09/30/2009			17
18	TYPE OF CONTROL		1	2			18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL		1				19
20	SUBPROVIDER I						20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.						21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.						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.						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.						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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.						21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).						21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? ENTER IN COLUMN 1, 1 IF IT IS BASED ON DATE OF ADMISSION, 2 IF IT IS BASED ON CENSUS DAYS, OR 3 IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO.						21.08
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?						22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW						23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	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
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	NO	28.03
28.04	RECRUITMENT	0.00	NO	28.04
28.05	RETENTION OF EMPLOYEES	0.00	NO	28.05
28.06	TRAINING	0.00	NO	28.06
28.07	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES				38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO				38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO				38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO				38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO				38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.	YES	048900			40
40.01	NAME: LIFESPAN CORPORATION				FI/CONTRACTOR'S NAME: PINNACLE MEDICARE SERVICES FI/CONTRACTOR'S NUMBER: 00021	40.01
40.02	STREET: 167 POINT STREET				P.O.BOX:	40.02
40.03	CITY: PROVIDENCE				STATE: RI ZIP CODE: 02903	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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.					46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N	N	N	49
50	HOME HEALTH AGENCY	N	N	N	N	50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?					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.					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.					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.					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		NO			57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO			58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO			60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)					60.01
MULTICAMPUS						
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO			61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS	
	1	2	3	4	5	
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)		YES	01/20/2010		63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & Peds, EXCL. SWING BED, OBSERV & HOSPICE DAYS		5387	359	16135	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		5387	359	16135	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	122616589		122616589	4071579.20	30.12		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	299413		299413	2333.50	128.31	T & E RECORDS	4
4.01 TEACHING PHYSICIAN SALARIES	423888		423888	4449.30	95.27	T & E RECORDS	4.01
5 PHYSICIAN - PART B	2611062		2611062	29077.30	89.80	T & E RECORDS	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	7004058		7004058	17534.40	399.45	GENERAL LEDGER	6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL						HOME OFFICE COST REPT	7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	11148320		11148320	403062.40	27.66	WORKSHEET A(GEN'L LEDGER	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	916108		916108	18736.25	48.89	A & P INVOICES	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							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	14254016		14254016	290590.00	49.05	HOME OFFICE CR	11
12 HOME OFFICE: PHYSICIAN PART A	2426369		2426369	30827.90	78.71	T & E RECORDS	12
12.01 TEACHING PHYSICIAN SALARIES	2420270		2420270	28270.20	85.61	T & E RECORDS	12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	29259406		29259406			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	3053152		3053152			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	79691		79691			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	112820		112820			CMS 339	18.01
19 PHYSICIAN PART B	694950		694950			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	225558		225558			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	1801272		1801272	7675.20	234.69		21
22 ADMINISTRATIVE & GENERAL	15383014		15383014	314724.80	48.88		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	447112		447112	1921.74	232.66		22.01
23 MAINTENANCE & REPAIRS	1237529		1237529	38438.40	32.20		23
24 OPERATION OF PLANT	1957972		1957972	53435.20	36.64		24
25 LAUNDRY & LINEN SERVICE	553356		553356	145.60	3800.52		25
26 HOUSEKEEPING	2294970		2294970	181979.20	12.61		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2663951		2663951	88878.40	29.97		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA				30680.00			28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	2821668		2821668	122491.20	23.04		30
31 CENTRAL SERVICES AND SUPPLY	842202		842202				31
32 PHARMACY	2583806		2583806	66872.00	38.64		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1785407		1785407	53060.80	33.65		33
34 SOCIAL SERVICE	765367		765367	40518.40	18.89		34
35 OTHER GENERAL SERVICE	4778973		4778973	91291.20	52.35		35

HOSPITAL WAGE INDEX INFORMATION

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)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	113024693		113024693	4022439.94	28.10	1
2 EXCLUDED AREA SALARIES	11148320		11148320	403062.40	27.66	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	101876373		101876373	3619377.54	28.15	3
4 SUBTOTAL OTHER WAGES & REL COSTS	20016763		20016763	368424.35	54.33	4
5 SUBTOTAL WAGE-RELATED COSTS	29339097		29339097		28.80%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	151232233		151232233	3987801.89	37.92	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	39916599		39916599	1092112.14	36.55	13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 41-2301

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- OUTPATIENT ---		---- TRAINING ----		----- HOME -----			
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6		
1	NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD						247	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						3.00	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						366	5
6	NUMBER OF STATIONS						4	6
7	TREATMENT CAPACITY PER DAY PER STATION						2	7
8	UTILIZATION						.63	8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							11
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							12
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							13
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							14
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP	X	INITIAL METHOD					15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							16
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							18
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

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	50292038 17
17.01	GROSS MEDICAID REVENUES	21471389 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	71763427 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	57409777 23
24	COST TO CHARGE RATIO	0.220438 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	12655296 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	29867850 28
29	TOTAL GROSS MEDICAID COST	6584009 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	50292038 30
31	UNCOMPENSATED CARE COST	11086276 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	19239305 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT		11442040	11442040	-11442040				1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7236103	7236103	-1023727	6212376	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		170420	170420	5990312	6160732		6160732	4
5	0500 EMPLOYEE BENEFITS	1801272	24563484	26364756	1357577	27722333		27722333	5
6.01	0661 OTHER ADMINISTRATION & GEN	15383014	63466908	78849922	-4258100	74591822	-888464	73703358	6.01
6.02	0660 TELEPHONE								6.02
7	0700 MAINTENANCE & REPAIRS	1237529	563628	1801157		1801157		1801157	7
8	0800 OPERATION OF PLANT	1957972	3362288	5320260		5320260	-7053	5313207	8
9	0900 LAUNDRY & LINEN SERVICE	553356	521644	1075000		1075000		1075000	9
10	1000 HOUSEKEEPING	2294970	654422	2949392		2949392		2949392	10
11	1100 DIETARY	2663951	1617326	4281277	-1098002	3183275	-173237	3010038	11
12	1200 CAFETERIA				1098002	1098002	-788474	309528	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	2821668	141164	2962832	169200	3132032		3132032	14
15	1500 CENTRAL SERVICES & SUPPLY	842202	882813	1725015	-155897	1569118		1569118	15
16	1600 PHARMACY	2583806	10231608	12815414	-756811	12058603	-260823	11797780	16
17	1700 MEDICAL RECORDS & LIBRARY	1785407	607221	2392628		2392628	-122677	2269951	17
18	1800 SOCIAL SERVICE	765367	35658	801025		801025		801025	18
19	1950 DEPARTMENT OF SURGERY	2508817	724936	3233753	-216999	3016754	-485274	2531480	19
19.01	1951 DEPARTMENT OF MEDICINE	1795553	755366	2550919	2107183	4658102		4658102	19.01
19.02	1952 DEPARTMENT OF CARDIOLOGY	474603	88705	563308	826912	1390220		1390220	19.02
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	7004058		7004058	216999	7221057		7221057	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A		1600342	1600342	528641	2128983		2128983	23
24	2400 PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS								24
25	2500 ADULTS & PEDIATRICS	20455327	3633877	24089204	-1147301	22941903		22941903	25
26	2600 INTENSIVE CARE UNIT	4013673	644708	4658381	-114797	4543584		4543584	26
27	2700 CORONARY CARE UNIT	2264423	172276	2436699	-14498	2422201		2422201	27
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	7359875	20871382	28231257	-8775957	19455300		19455300	37
37.01	3330 ENDOSCOPY	600050	327570	927620	-35809	891811		891811	37.01
38	3800 RECOVERY ROOM								38
41	4100 RADIOLOGY-DIAGNOSTIC	3178525	4718383	7896908	682631	8579539	-29930	8549609	41
41.01	3630 ULTRASOUND	216285	63957	280242	52323	332565		332565	41.01
41.02	4101 MRI								41.02
43	4300 RADIOISOTOPE	833057	736496	1569553	-5914	1563639		1563639	43
44	4400 LABORATORY	7852824	3208539	11061363	198432	11259795	-734689	10525106	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	1088028	4710334	5798362	-209768	5588594		5588594	47
49	4900 RESPIRATORY THERAPY	2468152	1208273	3676425	-558146	3118279	-12772	3105507	49
50	5000 PHYSICAL THERAPY	1094267	321376	1415643	-37	1415606		1415606	50
53	5300 ELECTROCARDIOLOGY	3056597	7632225	10688822	-9063	10679759		10679759	53
54	5400 ELECTROENCEPHALOGRAPHY	220433	33924	254357		254357		254357	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				10929575	10929575		10929575	55
56	5600 DRUGS CHARGED TO PATIENTS				1997462	1997462		1997462	56
56.01	3950 NON INVASIVE VASCULAR LAB	314164	606901	921065		921065	-305833	615232	56.01
57	5700 RENAL DIALYSIS	381390	178293	559683	-25129	534554		534554	57
58	5800 ASC (NON-DISTINCT PART)	3110826	2890488	6001314	-1230602	4770712		4770712	58
59.01	3951 APPLIANCE SHOP OUTPATIENT SERVICE COST CENTERS								59.01
60	6000 CLINIC	3271420	1646927	4918347	40928	4959275		4959275	60
60.01	6001 CLINIC B								60.01
60.02	6002 CLINIC C								60.02
60.03	6003 CLINIC D								60.03
60.04	6004 CLINIC E								60.04
61	6100 EMERGENCY	3215408	740604	3956012	591846	4547858	-40245	4507613	61
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		1833290	1833290	-1833290				88
95	SUBTOTALS	111468269	177609796	289078065	2135966	291214031	-4873198	286340833	95
NONREIMBURSABLE COST CENTERS									

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
97	9700 RESEARCH	9282864	8465955	17748819	-1038617	16710202		16710202	97
97.01	9701 RESEARCH FINANCE								97.01
98	9800 PHYSICIANS' PRIVATE OFFICES	755906	127007	882913	-426328	456585		456585	98
100	7950 OTHER NONREIMBURSABLE (SPECIFY)	338843	18526	357369		357369		357369	100
100.01	7951 REIMBURSED SALARIES								100.01
100.02	7952 OUTSIDE VENTURES	28375	11553	39928		39928		39928	100.02
100.03	7953 VACANT SPACE								100.03
100.04	7954 HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05	7955 SCREENING PROGRAMS	27444	48651	76095		76095		76095	100.05
100.06	7956 PSYCHOLOGY								100.06
100.07	7957 OPTIFAST								100.07
100.08	7958 N MAIN IMAGING	714888	842	715730	-671021	44709	2033	46742	100.08
100.09	7959 INVESTMENT PROPERTY								100.09
100.10	7960 SNF RESPIRATORY CARE								100.10
100.11	7961 BROWN TEACHING								100.11
100.12	7962 REHAB SATELLITE								100.12
100.13	7964 OTHER NONREIMBURSABLE COST CENT								100.13
101	TOTAL	122616589	186282330	308898919		308898919	-4871165	304027754	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 RECLASS MAJOR MOV	A				1
2 RECLASS MAJOR MOV	A	NEW CAP REL COSTS-BLDG & FIXT	3		7236103 2
3 RECLASS MAJOR MOV	A	NEW CAP REL COSTS-MVBLE EQUIP	4		5990312 3
4 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		1357577 4
5 RECLASS ADMIN & GEN	A				5
6 RECLASS DIETARY	A				6
7 RECLASS DIETARY	A	CAFETERIA	12		1098002 7
8 RECLASS NURSING ADMIN	A	NURSING ADMINISTRATION	14		169200 8
9 RECLASS CSR	A				9
10 RECLASS PHARMACY	A				10
11 RECLASS SURGERY	A				11
12 RECLASS MEDICINE	A	DEPARTMENT OF MEDICINE	19.01		2107183 12
13 RECLASS RADIOLOGY	A	DEPARTMENT OF RADIOLOGY	19.02		826912 13
14 RECLASS I/R	A	I&R SERVICES-SALARY & FRINGES	22		216999 14
15 RECLASS I/R OTHER	A	I&R SERVICES-OTHER PRGM COSTS	23		528641 15
16 RECLASS ADULT & PEDI	A				16
17 RECLASS ICU	A				17
18 RECLASS CCU	A				18
19 RECLASS OPER RM	A				19
20 RECLASS ENDOSCOPY	A				20
21 RECLASS RADIOLOGY	A	RADIOLOGY-DIAGNOSTIC	41		682631 21
22 RECLASS ULTRASOUND	A	ULTRASOUND	41.01		52323 22
23 RECLASS RADIOISOTOPE	A				23
24 RECLASS LABORATORY	A	LABORATORY	44		198432 24
25 RECLASS BLOOD STORING	A				25
26 RECLASS RESPIRATORY	A				26
27 RECLASS PHYSICAL THERAPY	A				27
28 RECLASS EKG	A				28
29 RECLASS MED SURG	A	MEDICAL SUPPLIES CHARGED TO P	55		10929575 29
30 RECLASS DRUGS	A	DRUGS CHARGED TO PATIENTS	56		1997462 30
31 RECLASS DIAYSIS	A				31
32 RECLASS AMB SURG	A				32
33 RECLASS CLINIC	A	CLINIC	60		40928 33
34 RECLASS EMER ROOM	A	EMERGENCY	61		591846 34
35 RECLASS INTEREST EXPENSE	A				35
36 SUBTOTAL					34024126 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 RECLASS MAJOR MOV	A	OLD CAP REL COSTS-BLDG & FIXT	1		11442040	9 1
2 RECLASS MAJOR MOV	A					9 2
3 RECLASS MAJOR MOV	A					9 3
4 RECLASS EMPLOYEE BENEFITS	A					4
5 RECLASS ADMIN & GEN	A	OTHER ADMINISTRATION & GEN	6.01		4258100	5
6 RECLASS DIETARY	A	DIETARY	11		1098002	6
7 RECLASS DIETARY	A					7
8 RECLASS NURSING ADMIN	A					8
9 RECLASS CSR	A	CENTRAL SERVICES & SUPPLY	15		155897	9
10 RECLASS PHARMACY	A	PHARMACY	16		756811	10
11 RECLASS SURGERY	A	DEPARTMENT OF SURGERY	19		216999	11
12 RECLASS MEDICINE	A					12
13 RECLASS RADIOLOGY	A					13
14 RECLASS I/R	A					14
15 RECLASS I/R OTHER	A					15
16 RECLASS ADULT & PEDI	A	ADULTS & PEDIATRICS	25		1147301	16
17 RECLASS ICU	A	INTENSIVE CARE UNIT	26		114797	17
18 RECLASS CCU	A	CORONARY CARE UNIT	27		14498	18
19 RECLASS OPER RM	A	OPERATING ROOM	37		8775957	19
20 RECLASS ENDOSCOPY	A	ENDOSCOPY	37.01		35809	20
21 RECLASS RADIOLOGY	A					21
22 RECLASS ULTRASOUND	A					22
23 RECLASS RADIOISOTOPE	A	RADIOISOTOPE	43		5914	23
24 RECLASS LABORATORY	A					24
25 RECLASS BLOOD STORING	A	BLOOD STORING, PROCESSING & T	47		209768	25
26 RECLASS RESPIRATORY	A	RESPIRATORY THERAPY	49		558146	26
27 RECLASS PHYSICAL THERAPY	A	PHYSICAL THERAPY	50		37	27
28 RECLASS EKG	A	ELECTROCARDIOLOGY	53		9063	28
29 RECLASS MED SURG	A					29
30 RECLASS DRUGS	A					30
31 RECLASS DIAYSIS	A	RENAL DIALYSIS	57		25129	31
32 RECLASS AMB SURG	A	ASC (NON-DISTINCT PART)	58		1230602	32
33 RECLASS CLINIC	A					33
34 RECLASS EMER ROOM	A					34
35 RECLASS INTEREST EXPENSE	A	INTEREST EXPENSE	88		1833290	35
36 SUBTOTAL					31888160	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
			COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	RECLASS RESEARCH	A				1
2	RECLASS PPO	A				2
3	RECLASS N. MAIN IMAGE	A				3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS					34024126 36



RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
				LINE # 7	SALARY 8	OTHER 9	
1	RECLASS RESEARCH	A	RESEARCH	97		1038617	1
2	RECLASS PPO	A	PHYSICIANS' PRIVATE OFFICES	98		426328	2
3	RECLASS N. MAIN IMAGE	A	N MAIN IMAGING	100.08		671021	3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS					34024126	36

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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND					10000	-10000		1
2 LAND IMPROVEMENTS	1151000					1151000		2
3 BUILDINGS AND FIXTURES	168485000	2458000		2458000		170943000		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	85619000	2083000		2083000		87702000		5
6 MOVABLE EQUIPMENT	363000					363000		6
7 SUBTOTAL	255618000	4541000		4541000	10000	260149000		7
8 RECONCILING ITEMS								8
9 TOTAL	255618000	4541000		4541000	10000	260149000		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	175303000		175303000	.665620				3
4 NEW CAP REL COSTS-MVBLE EQUIP	88065000		88065000	.334380				4
5 TOTAL	263368000		263368000	1.000000				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	-991042						-991042	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	6212376						6212376	3
4 NEW CAP REL COSTS-MVBLE EQUIP	5990312						5990312	4
5 TOTAL	11211646						11211646	5

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	10450998						10450998	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	10450998						10450998	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1			OLD CAP REL COSTS-BLDG & FIXT	1	1
2			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3			NEW CAP REL COSTS-BLDG & FIXT	3	3
4			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT				
	WKST				
	A-8-2				12
13	SALE OF SCRAP, WASTE, ETC.				13
14	RELATED ORGANIZATION TRANSACTIONS				
	WKST				
	A-8-1				14
15	LAUNDRY AND LINEN SERVICE				15
16	CAFETERIA - EMPLOYEES AND GUESTS				16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS				17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS				18
19	SALE OF DRUGS TO OTHER THAN PATIENTS				19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS				20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)				21
22	VENDING MACHINES				22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES				23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT				24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST 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
37	MAJOR MOVABLE	A	NEW CAP REL COSTS-BLDG & FIXT	3	9
38	ADMIN & GENERAL	A	OTHER ADMINISTRATION & GEN	6.01	38
39	OPERATION OF PLANT	A	OPERATION OF PLANT	8	39
40	DIETARY	A	DIETARY	11	40
41	CAFETERIA	A	CAFETERIA	12	41
42	PHARMACY	A	PHARMACY	16	42
43	MEDICAL RECORDS	A	MEDICAL RECORDS & LIBRARY	17	43
44	DEPARTMENT OF SURGERY	A	DEPARTMENT OF SURGERY	19	44
45	DIAGNOSTIC RADIOLOGY	A	RADIOLOGY-DIAGNOSTIC	41	45
46	LABORATORY	A	LABORATORY	44	46
47	RESPIRATORY	A	RESPIRATORY THERAPY	49	47
48	NON INVASIVE LAB	A	NON INVASIVE VASCULAR LAB	56.01	48
49	EMERGENCY ROOM	A	EMERGENCY	61	49
49.01	N. MAIN IMAGING	A	N MAIN IMAGING	100.08	49.01
50	TOTAL				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
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

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

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/09/2010 10:46

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.		2	3	4	5	6	7	8	9
101		TOTAL							

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/09/2010 10:46

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.		12	13	14	15	16	17	18
10	11							
101	TOTAL							

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS		
	0	3	4	5	5A	6.01	7	8	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	6212376	6212376							3
4 NEW CAP REL COSTS-MVBLE EQUIP	6160732		6160732						4
5 EMPLOYEE BENEFITS	27722333	21966	4736	27749035					5
6.01 OTHER ADMINISTRATION & GEN	73703358	276948	551455	3564275	78096036	78096036			6.01
6.02 TELEPHONE									6.02
7 MAINTENANCE & REPAIRS	1801157	33633	187778	286738	2309306	798239	3107545		7
8 OPERATION OF PLANT	5313207	2945748	88212	453666	8800833	3042114	1556856	13399803	8
9 LAUNDRY & LINEN SERVICE	1075000	39496	12324	128214	1255034	433818	20874	180378	9
10 HOUSEKEEPING	2949392	55951	21739	531749	3558831	1230153	29571	255524	10
11 DIETARY	3010038	103151	22646	617243	3753078	1297296	54516	471087	11
12 CAFETERIA	309528	43972	49202		402702	139199	23240	200818	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	3132032	43650	121253	653786	3950721	1365614	23070	199349	14
15 CENTRAL SERVICES & SUPPLY	1569118		3116	195140	1767374	610914			15
16 PHARMACY	11797780	41548	26277	598673	12464278	4308427	21959	189749	16
17 MEDICAL RECORDS & LIBRARY	2269951	63001	83789	413682	2830423	978370	33297	287723	17
18 SOCIAL SERVICE	801025	20206	4150	177337	1002718	346602	10679	92279	18
19 DEPARTMENT OF SURGERY	2531480	52330	52224	581298	3217332	1121209	27657	238989	19
19.01 DEPARTMENT OF MEDICINE	4658102	34236	25046	416033	5133417	1774427	18094	156355	19.01
19.02 DEPARTMENT OF CARDIOLOGY	1390220	31672	169199	109966	1701057	587991	16739	144643	19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	7221057		704	1622854	8844615	3057247			22
23 I&R SERVICES-OTHER PRGM COSTS A	2128983	9203	6151		2144337	741216	4864	42029	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22941903	505015	193453	4739575	28379946	9809896	266905	2306377	25
26 INTENSIVE CARE UNIT	4543584	66783	75406	929976	5615749	1941151	35295	304994	26
27 CORONARY CARE UNIT	2422201	103996	26658	524671	3077526	1063784	54963	474946	27
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	19455300	251944	619370	1705298	22031912	7615595	133155	1150618	37
37.01 ENDOSCOPY	891811	24792	22055	139033	1077691	372517	13103	113224	37.01
38 RECOVERY ROOM									38
41 RADIOLOGY-DIAGNOSTIC	8549609	178825	1144062	736471	10608967	3667117	94511	816686	41
41.01 ULTRASOUND	3323565		252292	50114	634971	219485			41.01
41.02 MRI									41.02
43 RADIOISOTOPE	1563639	114728	150344	193021	2021732	698836	60635	523956	43
44 LABORATORY	10525106	183653	308108	1819515	12836382	4437049	97062	838734	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	5588594	23384	12472	252098	5876548	2031299	12359	106794	47
49 RESPIRATORY THERAPY	3105507	19512	103221	571876	3800116	1313556	10312	89110	49
50 PHYSICAL THERAPY	1415606	48408	12512	253544	1730070	598019	25584	221075	50
53 ELECTROCARDIOLOGY	10679759	341146	564009	708220	12293134	4249269	180299	1557996	53
54 ELECTROENCEPHALOGRAPHY	254357	2967	24027	51075	332426	114907	1568	13550	54
55 MEDICAL SUPPLIES CHARGED TO PAT	10929575				10929575	3777939			55
56 DRUGS CHARGED TO PATIENTS	1997462				1997462	690447			56
56.01 NON INVASIVE VASCULAR LAB	615232	12723	78144	72792	778891	269233	6724	58105	56.01
57 RENAL DIALYSIS	534554	6608	305	88369	629836	217710	3492	30178	57
58 ASC (NON-DISTINCT PART)	4770712	116307	108275	720785	5716079	1975831	61469	531167	58
59.01 APPLIANCE SHOP									59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4959275			757995	5717270	1976243			60
60.01 CLINIC B									60.01
60.02 CLINIC C									60.02
60.03 CLINIC D									60.03
60.04 CLINIC E									60.04
61 EMERGENCY	4507613	94985	206981	745016	5554595	1920012	50200	433790	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	286340833	5912487	5331695	25410098	282872970	70783631	2949052	12030223	95
NONREIMBURSABLE COST CENTERS									



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	MAIN-	OPERATION	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	TENANCE &	OF PLANT	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL	REPAIRS		
	0	3	4	5	5A	6.01	7	8	
97 RESEARCH	16710202	274111	306602	2150858	19441773	6720282	144870	1251854	97
97.01 RESEARCH FINANCE									97.01
98 PHYSICIANS' PRIVATE OFFICES	456585	20729	4246	175145	656705	226998	10955	94668	98
100 OTHER NONREIMBURSABLE (SPECIFY)	357369				357369	123529			100
100.01REIMBURSED SALARIES									100.01
100.02OUTSIDE VENTURES	39928	1177	5325	6575	53005	18322	622	5374	100.02
100.03VACANT SPACE									100.03
100.04HEALTH CENTERS THIRD FLOOR CIP									100.04
100.05SCREENING PROGRAMS	76095	3872	512864	6359	599190	207117	2046	17684	100.05
100.06PSYCHOLOGY									100.06
100.07OPTIFAST									100.07
100.08N MAIN IMAGING	46742				46742	16157			100.08
100.09INVESTMENT PROPERTY									100.09
100.10SNF RESPIRATORY CARE									100.10
100.11BROWN TEACHING									100.11
100.12REHAB SATELLITE									100.12
100.13OTHER NONREIMBURSABLE COST CENT									100.13
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	304027754	6212376	6160732	27749035	304027754	78096036	3107545	13399803	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
6.01 OTHER ADMINISTRATION & GEN									6.01
6.02 TELEPHONE									6.02
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1890104								9
10 HOUSEKEEPING	33918	5107997							10
11 DIETARY		185616	5761593						11
12 CAFETERIA		79126		845085					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		78547		33353	5650654				14
15 CENTRAL SERVICES & SUPPLY						2378288			15
16 PHARMACY		74764		18209		2401	17079787		16
17 MEDICAL RECORDS & LIBRARY		113368		14448		11		4257640	17
18 SOCIAL SERVICE		36360		11033	142763	27			18
19 DEPARTMENT OF SURGERY	25	94166		9566					19
19.01 DEPARTMENT OF MEDICINE	88	61607		13157	25944	2			19.01
19.02 DEPARTMENT OF CARDIOLOGY		56992		2135					19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A				4774					22
23 I&R SERVICES-OTHER PRGM COSTS A		16560		3834					23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	1104104	908748	5047225	211559	2743062	73114		264583	25
26 INTENSIVE CARE UNIT	129991	120173	500836	43615	554857	32181		70936	26
27 CORONARY CARE UNIT	58429	187137	174474	15830	201686	6579		24711	27
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	72733	453363		45870	571713	86865		253449	37
37.01 ENDOSCOPY	14696	44612		5380	69623	6093		33103	37.01
38 RECOVERY ROOM									38
41 RADIOLOGY-DIAGNOSTIC	60790	321788		44499		17113		421519	41
41.01 ULTRASOUND	20299			10149		2635		23524	41.01
41.02 MRI									41.02
43 RADIOISOTOPE	14147	206448		3795		600		42671	43
44 LABORATORY		330475		102642		214080		867631	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		42079		2843		135334		30007	47
49 RESPIRATORY THERAPY		35111		18214	235691	18167		96609	49
50 PHYSICAL THERAPY	15411	87107		15139	195896	293		36390	50
53 ELECTROCARDIOLOGY	45948	613877		38892		151181		399041	53
54 ELECTROENCEPHALOGRAPHY	171	5339		2016		145		8820	54
55 MEDICAL SUPPLIES CHARGED TO PAT						1564292		528623	55
56 DRUGS CHARGED TO PATIENTS							17079787	485479	56
56.01 NON INVASIVE VASCULAR LAB	8332	22894		3630		403		40333	56.01
57 RENAL DIALYSIS	5400	11891				891		4522	57
58 ASC (NON-DISTINCT PART)	79022	209289		20610	271895	17301		178554	58
59.01 APPLIANCE SHOP									59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC								23032	60
60.01 CLINIC B									60.01
60.02 CLINIC C									60.02
60.03 CLINIC D									60.03
60.04 CLINIC E									60.04
61 EMERGENCY	225648	170921	39058	47059	637524	39280		424103	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1889152	4568358	5761593	742251	5650654	2368988	17079787	4257640	95
NONREIMBURSABLE COST CENTERS									

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
97 RESEARCH	952	493252		94180		8582		97
97.01 RESEARCH FINANCE								97.01
98 PHYSICIANS' PRIVATE OFFICES		37301		6304		228		98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES		2118				490		100.02
100.03VACANT SPACE								100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS		6968		2350				100.05
100.06PSYCHOLOGY								100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING								100.08
100.09INVESTMENT PROPERTY								100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING								100.11
100.12REHAB SATELLITE								100.12
100.13OTHER NONREIMBURSABLE COST CENT								100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1890104	5107997	5761593	845085	5650654	2378288	17079787	4257640 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	DEPARTMENT OF SURGERY	DEPARTMENT OF MEDICINE	DEPARTMENT OF RADIOLOGY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	18	19	19.01	19.02	22	23	25	26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 OTHER ADMINISTRATION & GEN								6.01
6.02 TELEPHONE								6.02
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
11 DIETARY								11
12 CAFETERIA								12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
18 SOCIAL SERVICE	1642461							18
19 DEPARTMENT OF SURGERY		4699844						19
19.01 DEPARTMENT OF MEDICINE			7183091					19.01
19.02 DEPARTMENT OF RADIOLOGY				2509557				19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					11906636			22
23 I&R SERVICES-OTHER PRGM COSTS A		2502702	4013407			9468949		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1032262	1898238	2617660		10001574	7953918	74619171	-17955492 25
26 INTENSIVE CARE UNIT	388578	188548	259477		1071597	852205	12110183	-1923802 26
27 CORONARY CARE UNIT	135296	65437	90732				5631530	27
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM							32415273	37
37.01 ENDOSCOPY							1750042	37.01
38 RECOVERY ROOM								38
41 RADIOLOGY-DIAGNOSTIC							16052990	41
41.01 ULTRASOUND							911063	41.01
41.02 MRI								41.02
43 RADIOISOTOPE							3572820	43
44 LABORATORY					238133	189379	20151567	-427512 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA							8237263	47
49 RESPIRATORY THERAPY							5616886	49
50 PHYSICAL THERAPY							2924984	50
53 ELECTROCARDIOLOGY				2509557			22039194	53
54 ELECTROENCEPHALOGRAPHY					119066	94689	692697	-213755 54
55 MEDICAL SUPPLIES CHARGED TO PAT							16800429	55
56 DRUGS CHARGED TO PATIENTS							20253175	56
56.01 NON INVASIVE VASCULAR LAB							1188545	56.01
57 RENAL DIALYSIS	85642				238133	189379	1417074	-427512 57
58 ASC (NON-DISTINCT PART)							9061217	58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC							7716545	60
60.01 CLINIC B								60.01
60.02 CLINIC C								60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY	683				238133	189379	9970385	-427512 61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	1642461	4654925	6981276	2509557	11906636	9468949	273133033	-21375585 95
NONREIMBURSABLE COST CENTERS								

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
 PERIOD FROM 10/01/2008 TO 09/30/2009

KPMG LLP COMPU-MAX MICRO SYSTEM  
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2010.02  
 04/09/2010 10:46

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	DEPARTMENT OF SURGERY	DEPARTMENT OF MEDICINE	DEPARTMENT OF RADIOLOGY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	18	19	19.01	19.02	22	23	25	26
97 RESEARCH		44919	201815				28402479	97
97.01 RESEARCH FINANCE								97.01
98 PHYSICIANS' PRIVATE OFFICES							1033159	98
100 OTHER NONREIMBURSABLE (SPECIFY)							480898	100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES							79931	100.02
100.03VACANT SPACE								100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS							835355	100.05
100.06PSYCHOLOGY								100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING							62899	100.08
100.09INVESTMENT PROPERTY								100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING								100.11
100.12REHAB SATELLITE								100.12
100.13OTHER NONREIMBURSABLE COST CENT								100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1642461	4699844	7183091	2509557	11906636	9468949	304027754	-21375585 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	OTHER ADMINISTRATION & GEN		6.01
6.02	TELEPHONE		6.02
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
19	DEPARTMENT OF SURGERY		19
19.01	DEPARTMENT OF MEDICINE		19.01
19.02	DEPARTMENT OF CARDIOLOGY		19.02
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	56663679	25
26	INTENSIVE CARE UNIT	10186381	26
27	CORONARY CARE UNIT	5631530	27
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	32415273	37
37.01	ENDOSCOPY	1750042	37.01
38	RECOVERY ROOM		38
41	RADIOLOGY-DIAGNOSTIC	16052990	41
41.01	ULTRASOUND	911063	41.01
41.02	MRI		41.02
43	RADIOISOTOPE	3572820	43
44	LABORATORY	19724055	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	8237263	47
49	RESPIRATORY THERAPY	5616886	49
50	PHYSICAL THERAPY	2924984	50
53	ELECTROCARDIOLOGY	22039194	53
54	ELECTROENCEPHALOGRAPHY	478942	54
55	MEDICAL SUPPLIES CHARGED TO PAT	16800429	55
56	DRUGS CHARGED TO PATIENTS	20253175	56
56.01	NON INVASIVE VASCULAR LAB	1188545	56.01
57	RENAL DIALYSIS	989562	57
58	ASC (NON-DISTINCT PART)	9061217	58
59.01	APPLIANCE SHOP		59.01
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	7716545	60
60.01	CLINIC B		60.01
60.02	CLINIC C		60.02
60.03	CLINIC D		60.03
60.04	CLINIC E		60.04
61	EMERGENCY	9542873	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	251757448	95
NONREIMBURSABLE COST CENTERS			

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
97 RESEARCH	28402479	97
97.01 RESEARCH FINANCE		97.01
98 PHYSICIANS' PRIVATE OFFICES	1033159	98
100 OTHER NONREIMBURSABLE (SPECIFY)	480898	100
100.01REIMBURSED SALARIES		100.01
100.02OUTSIDE VENTURES	79931	100.02
100.03VACANT SPACE		100.03
100.04HEALTH CENTERS THIRD FLOOR CIP		100.04
100.05SCREENING PROGRAMS	835355	100.05
100.06PSYCHOLOGY		100.06
100.07OPTIFAST		100.07
100.08N MAIN IMAGING	62899	100.08
100.09INVESTMENT PROPERTY		100.09
100.10SNF RESPIRATORY CARE		100.10
100.11BROWN TEACHING		100.11
100.12REHAB SATELLITE		100.12
100.13OTHER NONREIMBURSABLE COST CENT		100.13
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	282652169	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6.01	TELEPHONES 6.02	MAIN- TENANCE & REPAIRS 7	
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	520	21966	4736	27222	27222				5
6.01 OTHER ADMINISTRATION & GEN	339433	276948	551455	1167836	3492	1171328			6.01
6.02 TELEPHONE	426			426			426		6.02
7 MAINTENANCE & REPAIRS	1789	33633	187778	223200	281	11971	426	235878	7
8 OPERATION OF PLANT	1944	2945748	88212	3035904	444	45624		118174	8
9 LAUNDRY & LINEN SERVICE	3954	39496	12324	55774	126	6506		1584	9
10 HOUSEKEEPING	27428	55951	21739	105118	521	18449		2245	10
11 DIETARY	892	103151	22646	126689	605	19456		4138	11
12 CAFETERIA	1938	43972	49202	95112		2088		1764	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	8628	43650	121253	173531	641	20481		1751	14
15 CENTRAL SERVICES & SUPPLY			3116	3116	191	9162			15
16 PHARMACY	11346	41548	26277	79171	587	64615		1667	16
17 MEDICAL RECORDS & LIBRARY	10945	63001	83789	157735	405	14673		2527	17
18 SOCIAL SERVICE	321	20206	4150	24677	174	5198		811	18
19 DEPARTMENT OF SURGERY	5175	52330	52224	109729	570	16679		2099	19
19.01 DEPARTMENT OF MEDICINE	4481	34236	25046	63763	408	26612		1373	19.01
19.02 DEPARTMENT OF CARDIOLOGY	186420	31672	169199	387291	108	8818		1271	19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	420		704	1124	1590	45850			22
23 I&R SERVICES-OTHER PRGM COSTS A	4148	9203	6151	19502		11116		369	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	453375	505015	193453	1151843	4677	147218		20259	25
26 INTENSIVE CARE UNIT	145785	66783	75406	287974	911	29112		2679	26
27 CORONARY CARE UNIT	20793	103996	26658	151447	514	15954		4172	27
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	71313	251944	619370	942627	1671	114213		10107	37
37.01 ENDOSCOPY	6838	24792	22055	53685	136	5587		995	37.01
38 RECOVERY ROOM	16170			16170					38
41 RADIOLOGY-DIAGNOSTIC	25132	178825	1144062	1348019	722	54997		7174	41
41.01 ULTRASOUND	4373		252292	256665	49	3292			41.01
41.02 MRI									41.02
43 RADIOISOTOPE	1841	114728	150344	266913	189	10481		4602	43
44 LABORATORY	265196	183653	308108	756957	1783	66544		7368	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		23384	12472	35856	247	30464		938	47
49 RESPIRATORY THERAPY	18615	19512	103221	141348	560	19700		783	49
50 PHYSICAL THERAPY	2730	48408	12512	63650	248	8969		1942	50
53 ELECTROCARDIOLOGY	21217	341146	564009	926372	694	63728		13686	53
54 ELECTROENCEPHALOGRAPHY	2010	2967	24027	29004	50	1723		119	54
55 MEDICAL SUPPLIES CHARGED TO PAT						56559			55
56 DRUGS CHARGED TO PATIENTS						10355			56
56.01 NON INVASIVE VASCULAR LAB		12723	78144	90867	71	4038		510	56.01
57 RENAL DIALYSIS		6608	305	6913	87	3265		265	57
58 ASC (NON-DISTINCT PART)	48903	116307	108275	273485	706	29632		4666	58
59.01 APPLIANCE SHOP									59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC					743	29638			60
60.01 CLINIC B	21574			21574					60.01
60.02 CLINIC C	321			321					60.02
60.03 CLINIC D									60.03
60.04 CLINIC E									60.04
61 EMERGENCY	34096	94985	206981	336062	730	28795		3810	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1770490	5912487	5331695	13014672	24931	1061662	426	223848	95
NONREIMBURSABLE COST CENTERS									



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	ADMINIS-	TELEPHONES	MAIN-
	CAP-REL	BLDGS &	MOVABLE	COST TO	BENEFITS	TRATIVE &		TENANCE &
	COSTS	FIXTURES	EQUIPMENT	BE ALLOC		GENERAL		REPAIRS
	0	3	4	4A	5	6.01	6.02	7
97 RESEARCH	23050	274111	306602	603763	2107	100786		10996 97
97.01 RESEARCH FINANCE								97.01
98 PHYSICIANS' PRIVATE OFFICES	1547	20729	4246	26522	172	3404		832 98
100 OTHER NONREIMBURSABLE (SPECIFY)						1853		100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES	47602	1177	5325	54104	6	275		47 100.02
100.03VACANT SPACE								100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS	3975	3872	512864	520711	6	3106		155 100.05
100.06PSYCHOLOGY	342			342				100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING						242		100.08
100.09INVESTMENT PROPERTY								100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING								100.11
100.12REHAB SATELLITE								100.12
100.13OTHER NONREIMBURSABLE COST CENT								100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1847006	6212376	6160732	14220114	27222	1171328	426	235878 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	15	16
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 OTHER ADMINISTRATION & GEN								6.01
6.02 TELEPHONE								6.02
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	3200146							8
9 LAUNDRY & LINEN SERVICE	43078	107068						9
10 HOUSEKEEPING	61024	1921	189278					10
11 DIETARY	112505		6878	270271				11
12 CAFETERIA	47960		2932		149856			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	47608		2911		5914	252837		14
15 CENTRAL SERVICES & SUPPLY							12469	15
16 PHARMACY	45316		2770		3229		13	16
17 MEDICAL RECORDS & LIBRARY	68714		4201		2562			17
18 SOCIAL SERVICE	22038		1347		1956	6388		18
19 DEPARTMENT OF SURGERY	57075	1	3489		1696			19
19.01 DEPARTMENT OF MEDICINE	37341	5	2283		2333	1161		19.01
19.02 DEPARTMENT OF CARDIOLOGY	34544		2112		379			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					847			22
23 I&R SERVICES-OTHER PRGM COSTS A	10037		614		680			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	550811	62543	33676	236761	37512	122738	383	25
26 INTENSIVE CARE UNIT	72839	7364	4453	23494	7734	24827	169	26
27 CORONARY CARE UNIT	113427	3310	6934	8184	2807	9024	34	27
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	274791	4120	16799		8134	25581	455	37
37.01 ENDOSCOPY	27040	833	1653		954	3115	32	37.01
38 RECOVERY ROOM								38
41 RADIOLOGY-DIAGNOSTIC	195041	3444	11924		7891		90	41
41.01 ULTRASOUND		1150			1800		14	41.01
41.02 MRI								41.02
43 RADIOISOTOPE	125131	801	7650		673		3	43
44 LABORATORY	200307		12246		18201		1121	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	25505		1559		504		709	47
49 RESPIRATORY THERAPY	21281		1301		3230	10546	95	49
50 PHYSICAL THERAPY	52797	873	3228		2685	8765	2	50
53 ELECTROCARDIOLOGY	372081	2603	22747		6897		792	53
54 ELECTROENCEPHALOGRAPHY	3236	10	198		358		1	54
55 MEDICAL SUPPLIES CHARGED TO PAT							8203	55
56 DRUGS CHARGED TO PATIENTS								56
56.01 NON INVASIVE VASCULAR LAB	13877	472	848		644		2	56.01
57 RENAL DIALYSIS	7207	306	441				5	57
58 ASC (NON-DISTINCT PART)	126854	4476	7755		3655	12166	91	58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC B								60.01
60.02 CLINIC C								60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY	103598	12782	6333	1832	8345	28526	206	61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	2873063	107014	169282	270271	131620	252837	12420	197368
NONREIMBURSABLE COST CENTERS								

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	8	9	10	11	12	TRATION	SUPPLY	16
						14	15	
97 RESEARCH	298968	54	18278		16701		45	97
97.01 RESEARCH FINANCE								97.01
98 PHYSICIANS' PRIVATE OFFICES	22609		1382		1118		1	98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES	1283		78				3	100.02
100.03VACANT SPACE								100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS	4223		258		417			100.05
100.06PSYCHOLOGY								100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING								100.08
100.09INVESTMENT PROPERTY								100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING								100.11
100.12REHAB SATELLITE								100.12
100.13OTHER NONREIMBURSABLE COST CENT								100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3200146	107068	189278	270271	149856	252837	12469	197368 103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF SURGERY	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	SUBTOTAL
	17	18	19	19.01	19.02	22	23	25
97 RESEARCH			1829	3801				1057328 97
97.01 RESEARCH FINANCE								97.01
98 PHYSICIANS' PRIVATE OFFICES								56040 98
100 OTHER NONREIMBURSABLE (SPECIFY)								1853 100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES								55796 100.02
100.03VACANT SPACE								100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS								528876 100.05
100.06PSYCHOLOGY								342 100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING								242 100.08
100.09INVESTMENT PROPERTY								100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING								100.11
100.12REHAB SATELLITE								100.12
100.13OTHER NONREIMBURSABLE COST CENT								100.13
101 CROSS FOOT ADJUSTMENTS						49411	219791	269202 101
102 NEGATIVE COST CENTER								102
103 TOTAL	250817	62589	191338	135279	434523	49411	219791	14220114 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
GENERAL SERVICE COST CENTERS			
1 OLD CAP REL COSTS-BLDG & FIXT			1
2 OLD CAP REL COSTS-MVBLE EQUIP			2
3 NEW CAP REL COSTS-BLDG & FIXT			3
4 NEW CAP REL COSTS-MVBLE EQUIP			4
5 EMPLOYEE BENEFITS			5
6.01 OTHER ADMINISTRATION & GEN			6.01
6.02 TELEPHONE			6.02
7 MAINTENANCE & REPAIRS			7
8 OPERATION OF PLANT			8
9 LAUNDRY & LINEN SERVICE			9
10 HOUSEKEEPING			10
11 DIETARY			11
12 CAFETERIA			12
13 MAINTENANCE OF PERSONNEL			13
14 NURSING ADMINISTRATION			14
15 CENTRAL SERVICES & SUPPLY			15
16 PHARMACY			16
17 MEDICAL RECORDS & LIBRARY			17
18 SOCIAL SERVICE			18
19 DEPARTMENT OF SURGERY			19
19.01 DEPARTMENT OF MEDICINE			19.01
19.02 DEPARTMENT OF CARDIOLOGY			19.02
20 NONPHYSICIAN ANESTHETISTS			20
21 NURSING SCHOOL			21
22 I&R SERVICES-SALARY & FRINGES A			22
23 I&R SERVICES-OTHER PRGM COSTS A			23
24 PARAMED ED PRGM-(SPECIFY)			24
INPATIENT ROUTINE SERV COST CENTERS			
25 ADULTS & PEDIATRICS	2549940		25
26 INTENSIVE CARE UNIT	493110		26
27 CORONARY CARE UNIT	326793		27
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	1413446		37
37.01 ENDOSCOPY	95982		37.01
38 RECOVERY ROOM	16170		38
41 RADIOLOGY-DIAGNOSTIC	1654162		41
41.01 ULTRASOUND	264357		41.01
41.02 MRI			41.02
43 RADIOISOTOPE	418960		43
44 LABORATORY	1115407		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	97552		47
49 RESPIRATORY THERAPY	204542		49
50 PHYSICAL THERAPY	145305		50
53 ELECTROCARDIOLOGY	1867658		53
54 ELECTROENCEPHALOGRAPHY	35219		54
55 MEDICAL SUPPLIES CHARGED TO PAT	96039		55
56 DRUGS CHARGED TO PATIENTS	236356		56
56.01 NON INVASIVE VASCULAR LAB	113708		56.01
57 RENAL DIALYSIS	22020		57
58 ASC (NON-DISTINCT PART)	474017		58
59.01 APPLIANCE SHOP			59.01
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	31739		60
60.01 CLINIC B	21574		60.01
60.02 CLINIC C	321		60.02
60.03 CLINIC D			60.03
60.04 CLINIC E			60.04
61 EMERGENCY	556058		61
62 OBSERVATION BEDS (NON-DISTINCT			62
63.50 RHC			63.50
63.60 FQHC			63.60
OTHER REIMBURSABLE COST CENTERS			
69.10 CMHC			69.10
69.20 OUTPATIENT PHYSICAL THERAPY			69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY			69.30
69.40 OUTPATIENT SPEECH PATHOLOGY			69.40
71 HOME HEALTH AGENCY			71
SPECIAL PURPOSE COST CENTERS			
85.01 PANCREAS ACQUISITION			85.01
85.02 INTESTINAL ACQUISITION			85.02
85.03 ISLET CELL ACQUISITION			85.03
95 SUBTOTALS	12250435		95
NONREIMBURSABLE COST CENTERS			

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/09/2010 10:46

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
97 RESEARCH		1057328	97
97.01 RESEARCH FINANCE			97.01
98 PHYSICIANS' PRIVATE OFFICES		56040	98
100 OTHER NONREIMBURSABLE (SPECIFY)		1853	100
100.01REIMBURSED SALARIES			100.01
100.02OUTSIDE VENTURES		55796	100.02
100.03VACANT SPACE			100.03
100.04HEALTH CENTERS THIRD FLOOR CIP			100.04
100.05SCREENING PROGRAMS		528876	100.05
100.06PSYCHOLOGY		342	100.06
100.07OPTIFAST			100.07
100.08N MAIN IMAGING		242	100.08
100.09INVESTMENT PROPERTY			100.09
100.10SNF RESPIRATORY CARE			100.10
100.11BROWN TEACHING			100.11
100.12REHAB SATELLITE			100.12
100.13OTHER NONREIMBURSABLE COST CENT			100.13
101 CROSS FOOT ADJUSTMENTS		269202	101
102 NEGATIVE COST CENTER			102
103 TOTAL		14220114	103





COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	MAIN-	OPERATION	
	BLDGS & FIXTURES SQ FT	MOVABLE EQUIPMENT \$VALUE	BENEFITS GROSS SALARIES		CILIAATION	TRATIVE & GENERAL ACCUM COST	TENANCE & REPAIRS SQUARE FEET	
	3	4	5	6A.01	6.01	7	8	
95 SUBTOTALS	587859	3447290	109666997	-78096036	204776934	554795	261909	95
NONREIMBURSABLE COST CENTERS								
97 RESEARCH	27254	198238	9282864		19441773	27254	27254	97
97.01 RESEARCH FINANCE								97.01
98 PHYSICIANS' PRIVATE OFFICES	2061	2745	755906		656705	2061	2061	98
100 OTHER NONREIMBURSABLE (SPECIF					357369			100
100.01 REIMBURSED SALARIES								100.01
100.02 OUTSIDE VENTURES	117	3443	28375		53005	117	117	100.02
100.03 VACANT SPACE								100.03
100.04 HEALTH CENTERS THIRD FLOOR CI								100.04
100.05 SCREENING PROGRAMS	385	331600	27444		599190	385	385	100.05
100.06 PSYCHOLOGY								100.06
100.07 OPTIFAST								100.07
100.08 N MAIN IMAGING					46742			100.08
100.09 INVESTMENT PROPERTY								100.09
100.10 SNF RESPIRATORY CARE								100.10
100.11 BROWN TEACHING								100.11
100.12 REHAB SATELLITE								100.12
100.13 OTHER NONREIMBURSABLE COST CE								100.13
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	6212376	6160732	27749035		78096036	3107545	13399803	103
104 UNIT COST MULT-WS B PT I		1.546634				5.315568		104
104 UNIT COST MULT-WS B PT I	10.057661		.231702		.345662		45.932838	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			27222		1171328	235878	3200146	107
108 UNIT COST MULT-WS B PT III						.403478		108
108 UNIT COST MULT-WS B PT III			.000227		.005184		10.969698	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS	CAFETERIA FTE 'S	NURSING ADMINIS-TRATION NURS HRS	CENTRAL SERVICES & SUPPLY CSS REQS	PHARMACY RX REQS	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
95 SUBTOTALS	2093478	252419	358164	131056	77103	46831106	23179288	1120983726	95
NONREIMBURSABLE COST CENTERS									
97 RESEARCH	1055	27254		16629		169657			97
97.01 RESEARCH FINANCE									97.01
98 PHYSICIANS' PRIVATE OFFICES		2061		1113		4512			98
100 OTHER NONREIMBURSABLE (SPECIF									100
100.01 REIMBURSED SALARIES									100.01
100.02 OUTSIDE VENTURES		117				9693			100.02
100.03 VACANT SPACE									100.03
100.04 HEALTH CENTERS THIRD FLOOR CI									100.04
100.05 SCREENING PROGRAMS		385		415					100.05
100.06 PSYCHOLOGY									100.06
100.07 OPTIFAST									100.07
100.08 N MAIN IMAGING									100.08
100.09 INVESTMENT PROPERTY									100.09
100.10 SNF RESPIRATORY CARE									100.10
100.11 BROWN TEACHING									100.11
100.12 REHAB SATELLITE									100.12
100.13 OTHER NONREIMBURSABLE COST CE									100.13
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1890104	5107997	5761593	845085	5650654	2378288	17079787	4257640	103
104 UNIT COST MULT-WS B PT I	.902399		16.086466		73.287084		.736856		104
104 UNIT COST MULT-WS B PT I		18.098318		5.663615		.050586		.003798	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	107068	189278	270271	149856	252837	12469	197368	250817	107
108 UNIT COST MULT-WS B PT III	.051118		.754601		3.279211		.008515		108
108 UNIT COST MULT-WS B PT III		.670637		1.004309		.000265		.000224	108



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	DEPARTMENT OF SURGERY	DEPARTMENT OF MEDICINE	DEPARTMENT OF CARDIOLOGY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	
	S/S TIME	SURG TIME	MED TIME	CARD TIME	I/R TIME	I/R TIME	
	18	19	19.01	19.02	22	23	
95 SUBTOTALS	7211	8394	8233	10000	10000	10000	95
NONREIMBURSABLE COST CENTERS							
97 RESEARCH		81	238				97
97.01 RESEARCH FINANCE							97.01
98 PHYSICIANS' PRIVATE OFFICES							98
100 OTHER NONREIMBURSABLE (SPECIF							100
100.01 REIMBURSED SALARIES							100.01
100.02 OUTSIDE VENTURES							100.02
100.03 VACANT SPACE							100.03
100.04 HEALTH CENTERS THIRD FLOOR CI							100.04
100.05 SCREENING PROGRAMS							100.05
100.06 PSYCHOLOGY							100.06
100.07 OPTIFAST							100.07
100.08 N MAIN IMAGING							100.08
100.09 INVESTMENT PROPERTY							100.09
100.10 SNF RESPIRATORY CARE							100.10
100.11 BROWN TEACHING							100.11
100.12 REHAB SATELLITE							100.12
100.13 OTHER NONREIMBURSABLE COST CE							100.13
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1642461	4699844	7183091	2509557	11906636	9468949	103
104 UNIT COST MULT-WS B PT I	227.771599		847.962578		1190.663600		104
104 UNIT COST MULT-WS B PT I		554.553864		250.955700		946.894900	104
105 COST TO BE ALLOC PER B PT II							105
106 UNIT COST MULT-WS B PT II							106
106 UNIT COST MULT-WS B PT II							106
107 COST TO BE ALLOC PER B PT III	62589	191338	135279	434523	49411	219791	107
108 UNIT COST MULT-WS B PT III	8.679656		15.969661		4.941100		108
108 UNIT COST MULT-WS B PT III		22.576755		43.452300		21.979100	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	56663679		56663679		56663679	25
26 INTENSIVE CARE UNIT	10186381		10186381		10186381	26
27 CORONARY CARE UNIT	5631530		5631530		5631530	27
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	32415273		32415273		32415273	37
37.01 ENDOSCOPY	1750042		1750042		1750042	37.01
38 RECOVERY ROOM						38
41 RADIOLOGY-DIAGNOSTIC	16052990		16052990		16052990	41
41.01 ULTRASOUND	911063		911063		911063	41.01
41.02 MRI						41.02
43 RADIOISOTOPE	3572820		3572820		3572820	43
44 LABORATORY	19724055		19724055		19724055	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	8237263		8237263		8237263	47
49 RESPIRATORY THERAPY	5616886		5616886		5616886	49
50 PHYSICAL THERAPY	2924984		2924984		2924984	50
53 ELECTROCARDIOLOGY	22039194		22039194		22039194	53
54 ELECTROENCEPHALOGRAPHY	478942		478942		478942	54
55 MEDICAL SUPPLIES CHARGED TO	16800429		16800429		16800429	55
56 DRUGS CHARGED TO PATIENTS	20253175		20253175		20253175	56
56.01 NON INVASIVE VASCULAR LAB	1188545		1188545		1188545	56.01
57 RENAL DIALYSIS	989562		989562		989562	57
58 ASC (NON-DISTINCT PART)	9061217		9061217		9061217	58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	7716545		7716545		7716545	60
60.01 CLINIC B						60.01
60.02 CLINIC C						60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY	9542873		9542873		9542873	61
62 OBSERVATION BEDS (NON-DISTI	5348295		5348295		5348295	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	257105743		257105743		257105743	101
102 LESS OBSERVATION BEDS	5348295		5348295		5348295	102
103 TOTAL	251757448		251757448		251757448	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	69663678		69663678			25
26 INTENSIVE CARE UNIT	18677208		18677208			26
27 CORONARY CARE UNIT	6506357		6506357			27
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	66732170		66732170	.485752	.485752	.485752 37
37.01 ENDOSCOPY	3024140	5691634	8715774	.200790	.200790	.200790 37.01
38 RECOVERY ROOM						38
41 RADIOLOGY-DIAGNOSTIC	37233979	73750382	110984361	.144642	.144642	.144642 41
41.01 ULTRASOUND	1579135	4614626	6193761	.147094	.147094	.147094 41.01
41.02 MRI						41.02
43 RADIOISOTOPE	2412502	8822612	11235114	.318005	.318005	.318005 43
44 LABORATORY	63173036	165233768	228406804	.086355	.086355	.086355 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5750382	2150312	7900694	1.042600	1.042600	1.042600 47
49 RESPIRATORY THERAPY	18743639	6693062	25436701	.220818	.220818	.220818 49
50 PHYSICAL THERAPY	5366553	4214784	9581337	.305279	.305279	.305279 50
53 ELECTROCARDIOLOGY	73570089	31496131	105066220	.209765	.209765	.209765 53
54 ELECTROENCEPHALOGRAPHY	555276	1766966	2322242	.206241	.206241	.206241 54
55 MEDICAL SUPPLIES CHARGED TO	103422277	35762308	139184585	.120706	.120706	.120706 55
56 DRUGS CHARGED TO PATIENTS	55138835	72686094	127824929	.158445	.158445	.158445 56
56.01 NON INVASIVE VASCULAR LAB	4293803	6325719	10619522	.111921	.111921	.111921 56.01
57 RENAL DIALYSIS	1045399	145202	1190601	.831145	.831145	.831145 57
58 ASC (NON-DISTINCT PART)		47012729	47012729	.192740	.192740	.192740 58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		6064237	6064237	1.272468	1.272468	1.272468 60
60.01 CLINIC B						60.01
60.02 CLINIC C						60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY		111664705	111664705	.085460	.085460	.085460 61
62 OBSERVATION BEDS (NON-DISTI		21097090	21097090	.253509	.253509	.253509 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	536888458	605192361	1142080819			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	536888458	605192361	1142080819			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2549940		2549940
26 INTENSIVE CARE UNIT				493110		493110
27 CORONARY CARE UNIT				326793		326793
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL				3369843		3369843

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	71663	24868			35.58	884803
26 INTENSIVE CARE UNIT	6438	2605			76.59	199517
27 CORONARY CARE UNIT	2244	652			145.63	94951
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
101 TOTAL	80345	28125				1179271



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (41-0012) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1413446	66732170	18204013			.021181	385579 37
37.01 ENDOSCOPY		95982	8715774	1172079			.011012	12907 37.01
38 RECOVERY ROOM		16170		1883229				38
41 RADIOLOGY-DIAGNOSTIC		1654162	110984361	12606657			.014904	187890 41
41.01 ULTRASOUND		264357	6193761	583083			.042681	24887 41.01
41.02 MRI				2109862				41.02
43 RADIOISOTOPE		418960	11235114	779631			.037290	29072 43
44 LABORATORY		1115407	228406804	24670196			.004883	120465 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		97552	7900694	2317534			.012347	28615 47
49 RESPIRATORY THERAPY		204542	25436701	7609246			.008041	61186 49
50 PHYSICAL THERAPY		145305	9581337	2268160			.015165	34397 50
53 ELECTROCARDIOLOGY		1867658	105066220	21779388			.017776	387150 53
54 ELECTROENCEPHALOGRAPHY		35219	2322242	234781			.015166	3561 54
55 MEDICAL SUPPLIES CHARGED TO P		96039	139184585	31670768			.000690	21853 55
56 DRUGS CHARGED TO PATIENTS		236356	127824929	23479757			.001849	43414 56
56.01 NON INVASIVE VASCULAR LAB		113708	10619522	1360323			.010707	14565 56.01
57 RENAL DIALYSIS		22020	1190601	511386			.018495	9458 57
58 ASC (NON-DISTINCT PART)		474017	47012729				.010083	58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		31739	6064237				.005234	60
60.01 CLINIC B		21574						60.01
60.02 CLINIC C		321						60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY		556058	111664705	16008778			.004980	79724 61
62 OBSERVATION BEDS (NON-DISTINC		240679	21097090	1302292			.011408	14857 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		9121271	1047233576	170551163				1459580 101

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 04/09/2010 10:46

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 COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
25 INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					71663		24868	25
26 INTENSIVE CARE UNIT					6438		2605	26
27 CORONARY CARE UNIT					2244		652	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I								31
33 NURSERY								33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					80345		28125	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-0012) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY							37.01
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 MRI							41.02
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 NON INVASIVE VASCULAR LAB							56.01
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59.01 APPLIANCE SHOP							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CLINIC B							60.01
60.02 CLINIC C							60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (41-0012) [ ] 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		66732170			18204013		37
37.01 ENDOSCOPY		8715774			1172079	1181487	37.01
38 RECOVERY ROOM					1883229		38
41 RADIOLOGY-DIAGNOSTIC		110984361			12606657	13064698	41
41.01 ULTRASOUND		6193761			583083	735110	41.01
41.02 MRI					2109862		41.02
43 RADIOISOTOPE		11235114			779631	1936106	43
44 LABORATORY		228406804			24670196	2381157	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7900694			2317534	446945	47
49 RESPIRATORY THERAPY		25436701			7609246	1265714	49
50 PHYSICAL THERAPY		9581337			2268160		50
53 ELECTROCARDIOLOGY		105066220			21779388	10945845	53
54 ELECTROENCEPHALOGRAPHY		2322242			234781	91544	54
55 MEDICAL SUPPLIES CHARGED TO P		139184585			31670768	11054835	55
56 DRUGS CHARGED TO PATIENTS		127824929			23479757	18278168	56
56.01 NON INVASIVE VASCULAR LAB		10619522			1360323	1445750	56.01
57 RENAL DIALYSIS		1190601			511386	25422	57
58 ASC (NON-DISTINCT PART)		47012729				8949619	58
59.01 APPLIANCE SHOP							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		6064237					60
60.01 CLINIC B							60.01
60.02 CLINIC C							60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY		111664705			16008778	12176427	61
62 OBSERVATION BEDS (NON-DISTINC		21097090			1302292	6415227	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1047233576			170551163	90394054	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (41-0012)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[ ]	TITLE XIX	[ ]	SUB II	[ ]	NF		
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 MRI					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 NON INVASIVE VASCULAR LAB					56.01
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.01 APPLIANCE SHOP					59.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CLINIC B					60.01
60.02 CLINIC C					60.02
60.03 CLINIC D					60.03
60.04 CLINIC E					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0012) [ ] 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	.485752	.485752	.485752				37
37.01 ENDOSCOPY	.200790	.200790	.200790				37.01
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC	.144642	.144642	.144642				41
41.01 ULTRASOUND	.147094	.147094	.147094				41.01
41.02 MRI							41.02
43 RADIOISOTOPE	.318005	.318005	.318005				43
44 LABORATORY	.086355	.086355	.086355				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	1.042600	1.042600	1.042600				47
49 RESPIRATORY THERAPY	.220818	.220818	.220818				49
50 PHYSICAL THERAPY	.305279	.305279	.305279				50
53 ELECTROCARDIOLOGY	.209765	.209765	.209765				53
54 ELECTROENCEPHALOGRAPHY	.206241	.206241	.206241				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.120706	.120706	.120706				55
56 DRUGS CHARGED TO PATIENTS	.158445	.158445	.158445				56
56.01 NON INVASIVE VASCULAR LAB	.111921	.111921	.111921				56.01
57 RENAL DIALYSIS	.831145	.831145	.831145				57
58 ASC (NON-DISTINCT PART)	.192740	.192740	.192740				58
59.01 APPLIANCE SHOP							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	1.272468	1.272468	1.272468				60
60.01 CLINIC B							60.01
60.02 CLINIC C							60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY	.085460	.085460	.085460				61
62 OBSERVATION BEDS (NON-DISTINCT	.253509	.253509	.253509				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.158445	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0012) [ ] 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	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.01 ENDOSCOPY		1181487						37.01
38 RECOVERY ROOM								38
41 RADIOLOGY-DIAGNOSTIC		13064698						41
41.01 ULTRASOUND		735110						41.01
41.02 MRI		2652264						41.02
43 RADIOISOTOPE		1936106						43
44 LABORATORY		2381157						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		446945						47
49 RESPIRATORY THERAPY		1265714						49
50 PHYSICAL THERAPY								50
53 ELECTROCARDIOLOGY		10945845						53
54 ELECTROENCEPHALOGRAPHY		91544						54
55 MEDICAL SUPPLIES CHARGED TO PA		11054835						55
56 DRUGS CHARGED TO PATIENTS		18278168						56
56.01 NON INVASIVE VASCULAR LAB		1445750						56.01
57 RENAL DIALYSIS		25422						57
58 ASC (NON-DISTINCT PART)		8949619						58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC B		508085						60.01
60.02 CLINIC C								60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY		12176427						61
62 OBSERVATION BEDS (NON-DISTINCT		6415227						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		93554403						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		93554403						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (41-0012) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B I/P PART B CHARGES (SEE INSTRU.) COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
37.01 ENDOSCOPY		237231				37.01
38 RECOVERY ROOM						38
41 RADIOLOGY-DIAGNOSTIC		1889704				41
41.01 ULTRASOUND		108130				41.01
41.02 MRI						41.02
43 RADIOISOTOPE		615691				43
44 LABORATORY		205625				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA		465985				47
49 RESPIRATORY THERAPY		279492				49
50 PHYSICAL THERAPY						50
53 ELECTROCARDIOLOGY		2296055				53
54 ELECTROENCEPHALOGRAPHY		18880				54
55 MEDICAL SUPPLIES CHARGED TO PAT		1334385				55
56 DRUGS CHARGED TO PATIENTS		2896084				56
56.01 NON INVASIVE VASCULAR LAB		161810				56.01
57 RENAL DIALYSIS		21129				57
58 ASC (NON-DISTINCT PART)		1724950				58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CLINIC B						60.01
60.02 CLINIC C						60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY		1040597				61
62 OBSERVATION BEDS (NON-DISTINCT)		1626318				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		14922066				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		14922066				104



COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (41-0012)	SUB I	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)	71663						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	71663						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2705						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	68958						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)	24868						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) (41-0012)	SUB I	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	56663679						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	56663679						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75257962						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2753176						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	72504786						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.752926						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	1017.81						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1051.43						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	56663679						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) (41-0012)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	790.70					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19663128					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	19663128					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10186381	6438	1582.23	2605	4121709	43
45 CORONARY CARE UNIT	5631530	2244	2509.59	652	1636253	44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (41-0012)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	32590075					48
49 TOTAL PROGRAM INPATIENT COSTS	58011165					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1179271					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1459580					51
52 TOTAL PROGRAM EXCLUDABLE COST	2638851					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	55372314					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) (41-0012)	SUB I	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
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/09/2010 10:46

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

	HOSPITAL (PPS) (41-0012)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	6764					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	790.70					84
85 OBSERVATION BED COST	5348295					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL		ROUTINE COST		TOTAL OBSERVATION BED COST		OBSERVATION BED PASS-THROUGH COST	
	COST	(FROM LINE 27)	COLUMN 1 DIVIDED BY	COLUMN 2	(FROM LINE 85)	COL 3 TIMES COL 4	
	1	2	3	4	5		
86 OLD CAPITAL-RELATED COST		56663679		5348295			86
87 NEW CAPITAL-RELATED COST	2549940	56663679	.045001	5348295	240679		87
88 NON PHYSICIAN ANESTHETIST		56663679		5348295			88
89 MEDICAL EDUCATION		56663679		5348295			89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (41-0012)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		24954996		25
26 INTENSIVE CARE UNIT		7613099		26
27 CORONARY CARE UNIT		2417476		27
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.485752	18204013	8842636	37
37.01 ENDOSCOPY	.200790	1172079	235342	37.01
38 RECOVERY ROOM		1883229		38
41 RADIOLOGY-DIAGNOSTIC	.144642	12606657	1823452	41
41.01 ULTRASOUND	.147094	583083	85768	41.01
41.02 MRI		2109862		41.02
43 RADIOISOTOPE	.318005	779631	247927	43
44 LABORATORY	.086355	24670196	2130395	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	1.042600	2317534	2416261	47
49 RESPIRATORY THERAPY	.220818	7609246	1680258	49
50 PHYSICAL THERAPY	.305279	2268160	692422	50
53 ELECTROCARDIOLOGY	.209765	21779388	4568553	53
54 ELECTROENCEPHALOGRAPHY	.206241	234781	48421	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.120706	31670768	3822852	55
56 DRUGS CHARGED TO PATIENTS	.158445	23479757	3720250	56
56.01 NON INVASIVE VASCULAR LAB	.111921	1360323	152249	56.01
57 RENAL DIALYSIS	.831145	511386	425036	57
58 ASC (NON-DISTINCT PART)	.192740			58
59.01 APPLIANCE SHOP				59.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.272468			60
60.01 CLINIC B				60.01
60.02 CLINIC C				60.02
60.03 CLINIC D				60.03
60.04 CLINIC E				60.04
61 EMERGENCY	.085460	16008778	1368110	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.253509	1302292	330143	62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		170551163	32590075	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		170551163		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (41-0012)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1						1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	12118072					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	35936531					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	7921955					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	24325233					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1566172					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	230.82					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	71.71					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]	-15.00					3.06
3.07 SUM OF LINES 3.04-3.06	0.00			-15.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	56.71					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	56.71					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	57.47					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	58.71					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0012)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.249675				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.246082				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	0.246082				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1					3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2521216				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 ]	7581472				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	10102688 0	10102688			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS					4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS					4.01
4.02	SUM OF 4 AND 4.01					4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES					4.04
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, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					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	59723463				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	59723463				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4414001				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	2000250				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					15
16	TOTAL	66137714				16
17	PRIMARY PAYER PAYMENTS	45263				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	66092451				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3781036				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	309229				20
21	REIMBURSABLE BAD DEBTS	722105				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	505474				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	545275				21.02
22	SUBTOTAL	62507660				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (41-0012)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	62507660				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	63453570				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-945910				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	3038736				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0012)	HOSPITAL (41-0012)	HOSPITAL (41-0012)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	14922066			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	17211207			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.909			1.03
1.04 LINE 1.01 TIMES LINE 1.03	13564158			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	17211207			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0012)	HOSPITAL (41-0012)	HOSPITAL (41-0012)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3799267		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	13411940		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	514662		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	13926602		23
24 PRIMARY PAYER PAYMENTS	7559		24
25 SUBTOTAL	13919043		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	822363		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	575654		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	713036		27.02
28 SUBTOTAL	14494697		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	14494697		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	14396033		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	98664		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	104087		36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (41-0012)

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		63453570		14396033	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		63453570		14396033	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			98664	6.01
	PROVIDER TO .02	-945910			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		62507660		14494697	7

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

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

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	76.15 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]	-18.00 3.03
3.04	FTE ADJUSTMENT CAP -18.00	58.15 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	56.71 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	56.71 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	21.82 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	26.80 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	48.62 3.09
3.10	SEE INSTRUCTIONS	48.62 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	26.80 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	27.32 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	27.25 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	27.12 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	27.12 3.16
3.17	SEE INSTRUCTIONS	83090.05 3.17
3.18	SEE INSTRUCTIONS	2253402 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		23.19	3.19
3.20	SEE INSTRUCTIONS		23.76	3.20
3.21	SEE INSTRUCTIONS		22.92	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		22.92	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		85530.18	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		1960352	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		4213754	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		28125	4
5	TOTAL INPATIENT DAYS		73581	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.382232	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1610632	0	1610632	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		18389	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		73581	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		904280	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		1190601	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES		2444	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/09/2010 10:46

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	58011165	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	45263	15
16	TOTAL PART A REASONABLE COST	57965902	16
PART B REASONABLE COST			
17	REASONABLE COST	14922066	17
18	PRIMARY PAYER PAYMENTS	7559	18
19	TOTAL PART B REASONABLE COST	14914507	19
20	TOTAL REASONABLE COST	72880409	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.795356	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.204644	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	2514912	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	2000250	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	514662	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	20555000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	45419000			4
5	OTHER RECEIVABLES	3574000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10618000			6
7	INVENTORY	3705000			7
8	PREPAID EXPENSES	407000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	63042000			11
FIXED ASSETS					
12	LAND	3209000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1151000			13
13.01	ACCUMULATED DEPRECIATION	-1096000			13.01
14	BUILDINGS	170943000			14
14.01	ACCUMULATED DEPRECIATION	-56616000			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	87701000			16
16.01	ACCUMULATED DEPRECIATION	-57674000			16.01
17	AUTOMOBILES AND TRUCKS	363000			17
17.01	ACCUMULATED DEPRECIATION	-279000			17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	147702000			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	144133486			25
26	TOTAL OTHER ASSETS	144133486			26
27	TOTAL ASSETS	354877486			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	10473000			28
29	SALARIES, WAGES & FEES PAYABLE	15840000			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	16048000			35
36	TOTAL CURRENT LIABILITIES	42361000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	68197000			37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	25435000			41
42	TOTAL LONG TERM LIABILITIES	93632000			42
43	TOTAL LIABILITIES	135993000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	218884486			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	218884486			51
52	TOTAL LIABILITIES AND FUND BALANCES	354877486			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1 FUND BALANCES AT BEGINNING OF PERIOD	232390000				1
2 NET INCOME (LOSS)	36415383				2
3 TOTAL	268805383				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5 EQUIPMENT PURCHASED	3001000				5
6 GIFTS, GRANTS AND BEQUESTS	21015000				6
7 RESTRICTED INVESTMENTS	719000				7
8					8
9					9
10 TOTAL ADDITIONS	24735000				10
11 SUBTOTAL	293540383				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13 GAINS/LOSSES ON INVESTMENTS	976000				13
14 POSTRETIREMENT PLANS	11567000				14
15 NET ASSETS RELEASED FROM RESTRICTIO	25341000				15
16 TRANSFERS/CHANGE IN INTEREST - TMHF	1114000				16
17					17
18 TOTAL DEDUCTIONS	38998000				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	254542383				19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	72682570		72682570	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	72682570		72682570	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	20291133		20291133	12
13 CORONARY CARE UNIT	6622144		6622144	13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	26913277		26913277	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	99595847		99595847	18
19 ANCILLARY SERVICES	485596971		485596971	19
20 OUTPATIENT SERVICES		537097796	537097796	20
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
26 TOTAL PATIENT REVENUES	585192818	537097796	1122290614	26

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		308898919	26
27 PROVISION FOR BAD DEBT	17086869		27
28 INDIRECT GRANT	3622253		28
29 COMMUNITY SERVICE	324785		29
30 REIMBURSED SALARIES	-753148		30
31			31
32			32
33 TOTAL ADDITIONS		20280759	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		329179678	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1122290614	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	796253242	2
3	NET PATIENT REVENUES	326037372	3
4	LESS - TOTAL OPERATING EXPENSES	329179678	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3142306	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-1896196	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	33644	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1108603	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	576946	22
23	GOVERNMENTAL APPROPRIATIONS	8534180	23
24	SALE OF FIXED ASSETS	10000	24
24.01	PHYSICIAN OVERHEAD RECOVERY	1200	24.01
24.02	INVESTMENT INCOME SELF INS. TRUST	1275043	24.02
24.03	MISCELLANEOUS REVENUE	2458066	24.03
24.04	DIRECT REVENUE FROM SPF	1855883	24.04
24.05	RESEARCH REVENUE	20484213	24.05
24.06	INDIRECT REVENUE FROM GRANTS	4122255	24.06
24.07	SERVICES RENDERED	993852	24.07
25	TOTAL OTHER INCOME	39557689	25
26	TOTAL	36415383	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	36415383	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 41-2301

WORKSHEET I-1

CHECK APPLICABLE BOX:                     [ XX ] RENAL DIALYSIS DEPARTMENT                     [ ] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTE PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	446247	HRS OF SERVICE	7280.00	3.50	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS		HRS OF SERVICE			4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY		ACCUMULATED COST			8
9 SUBTOTAL	446247				9
10 EMPLOYEE BENEFITS		SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	19356	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL	465603				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	6608	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	305	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS	88369	SALARY			22
23 ADMINISTRATIVE AND GENERAL	217710	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	45561	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	891	REQUISITIONS			26
27 PHARMACY		REQUISITIONS			27
28 OTHER ALLOCATED COSTS	95564	ACCUMULATED COST			28
29 SUBTOTAL	920611				29
30 LABORATORY		CHARGES			30
31 RESPIRATORY THERAPY		CHARGES			31
32 OTHER ANCILLARY (SPECIFY)		CHARGES			32
32.01 APPLIANCE SHOP		CHARGES			32.01
33 TOTAL COSTS	920611				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 41-2301

WORKSHEET I-2

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- DIRECT PATIENT					ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	DRUGS	MEDICAL	ANCILLARY	TOTAL				
	BUILDING	EQUIPMENT	RNS	OTHER	BENEFITS	SUPPLIES	SERVICES					
	1	2	3	4	5	6	7	8	9	10	11	
1 TOTAL RENAL DEPT COSTS	52169	305	446247		88369		20247		607337	313274	920611	1
2 MAINTENANCE												
3 HEMODIALYSIS	6432	38	58426				2500		67396	40683	108079	2
4 INTERMITTENT PERITONEAL TRAINING												3
5 HEMODIALYSIS												4
6 INTERMITTENT PERITONEAL												5
7 CAPD												6
8 CCPD												7
9 HOME												
10 HEMODIALYSIS												8
11 INTERMITTENT PERITONEAL												9
12 CAPD												10
13 CCPD												11
14 OTHER BILLABLE SERVICES												
15 INPATIENT DIALYSIS	45737	267	387821				17747		451572	272591	724163	12
16 METHOD II HOME PATIENT												13
17 EPO (INCL IN RENAL DEPT)												14
18 ARANESP (INCL IN RENAL DEPT)												14.01
19 OTHER												15
20 TOTAL	52169	305	446247				20247		518968	313274	832242	16
21 MEDICAL EDUC PGM COSTS												17
22 TOTAL RENAL COSTS											832242	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -  
 STATISTICAL BASIS

COMPONENT NO: 41-2301

WORKSHEET I-3

CHECK APPLICABLE BOX:

[  ] RENAL DIALYSIS DEPARTMENT

[  ] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT PATIENT- CARE SALARY RNS OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10
1	TOTAL RENAL DEPT COSTS	52169	305	446247	88369		20247	607337	313274	1
	MAINTENANCE									
2	HEMODIALYSIS	81	85.00	196.00			2388			2
3	INTERMITTENT PERITONEAL TRAINING									3
4	HEMODIALYSIS									4
5	INTERMITTENT PERITONEAL									5
6	CAPD									6
7	CCPD									7
	HOME									
8	HEMODIALYSIS									8
9	INTERMITTENT PERITONEAL									9
10	CAPD									10
11	CCPD									11
	OTHER BILLABLE SERVICES									
12	INPT DIAL TRTMNTS 1301	576	604.00	1301.00			16949			
13	METHOD II HOME PATIENT									13
14	EPO									14
14.01	ARANESP									14.01
15	OTHER									15
16	TOTAL STATISTICAL BASIS	657	689.00	1497.00			19337		518968	16
17	UNIT COST MULTIPLIER	79.404871		298.094188			1.047060			
			.442671						.603648	17

PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
 PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
 04/09/2010 10:46

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 41-2301  
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX:                     RENAL DIALYSIS DEPARTMENT                     HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	196	108079	551.42	15	8271	146.61	2199	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	196	108079		15	8271		2199	11



PROVIDER NO. 41-0012 \*\*\*NOT APPROVED FOR SUBMISSION  
PERIOD FROM 10/01/2008 TO 09/30/2009

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

VERSION: 2010.02  
04/09/2010 10:46

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 41-2301

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	8271 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2199 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1027 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	1027 6
7	PROGRAM PAYMENT	1759 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (41-0012)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	3961454				3
3.01					3.01
4	11241				
4	201.59				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	4414001				6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	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
6.01 OTHER ADMINISTRATION & GEN					6.01
6.02 TELEPHONE					6.02
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
19 DEPARTMENT OF SURGERY					19
19.01 DEPARTMENT OF MEDICINE					19.01
19.02 DEPARTMENT OF CARDIOLOGY					19.02
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES					22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 ENDOSCOPY					37.01
38 RECOVERY ROOM					38
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 MRI					41.02
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN C					46.30
47 BLOOD STORING, PROCESSING & TR					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PA					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 NON INVASIVE VASCULAR LAB					56.01
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59.01 APPLIANCE SHOP					59.01
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 CLINIC B					60.01
60.02 CLINIC C					60.02
60.03 CLINIC D					60.03
60.04 CLINIC E					60.04
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAP					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					

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
97 RESEARCH					97
97.01 RESEARCH FINANCE					97.01
98 PHYSICIANS' PRIVATE OFFICES					98
100 OTHER NONREIMBURSABLE (SPECIFY					100
100.01 REIMBURSED SALARIES					100.01
100.02 OUTSIDE VENTURES					100.02
100.03 VACANT SPACE					100.03
100.04 HEALTH CENTERS THIRD FLOOR CIP					100.04
100.05 SCREENING PROGRAMS					100.05
100.06 PSYCHOLOGY					100.06
100.07 OPTIFAST					100.07
100.08 N MAIN IMAGING					100.08
100.09 INVESTMENT PROPERTY					100.09
100.10 SNF RESPIRATORY CARE					100.10
100.11 BROWN TEACHING					100.11
100.12 REHAB SATELLITE					100.12
100.13 OTHER NONREIMBURSABLE COST CEN					100.13
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	34.70						34.70 25
26 INTENSIVE CARE UNIT	40.46						40.46 26
27 CORONARY CARE UNIT	29.06						29.06 27
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	27.28						27.28 37
37.01 ENDOSCOPY	13.45	13.56					27.01 37.01
41 RADIOLOGY-DIAGNOSTIC	11.36	11.77					23.13 41
41.01 ULTRASOUND	9.41	11.87					21.28 41.01
43 RADIOISOTOPE	6.94	17.23					24.17 43
44 LABORATORY	10.80	1.04					11.84 44
47 BLOOD STORING, PROCESSING & TRA	29.33	5.66					34.99 47
49 RESPIRATORY THERAPY	29.91	4.98					34.89 49
50 PHYSICAL THERAPY	23.67						23.67 50
53 ELECTROCARDIOLOGY	20.73	10.42					31.15 53
54 ELECTROENCEPHALOGRAPHY	10.11	3.94					14.05 54
55 MEDICAL SUPPLIES CHARGED TO PAT	22.75	7.94					30.69 55
56 DRUGS CHARGED TO PATIENTS	18.37	14.30					32.67 56
56.01 NON INVASIVE VASCULAR LAB	12.81	13.61					26.42 56.01
57 RENAL DIALYSIS	42.95	2.14					45.09 57
58 ASC (NON-DISTINCT PART)		19.04					19.04 58
61 EMERGENCY	14.34	10.90					25.24 61
62 OBSERVATION BEDS (NON-DISTINCT	6.17	30.41					36.58 62
101 TOTAL CHARGES	14.93	8.19					23.12 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	6212376	2.04	-6212376	-3.75		3
4	NEW CAP REL COSTS-MVBLE EQUIP	6160732	2.03	-6160732	-3.72		4
5	EMPLOYEE BENEFITS	27722333	9.12	-27722333	-16.72		5
6.01	OTHER ADMINISTRATION & GEN	73703358	24.24	-73703358	-44.46		6.01
6.02	TELEPHONE						6.02
7	MAINTENANCE & REPAIRS	1801157	.59	-1801157	-1.09		7
8	OPERATION OF PLANT	5313207	1.75	-5313207	-3.21		8
9	LAUNDRY & LINEN SERVICE	1075000	.35	-1075000	-.65		9
10	HOUSEKEEPING	2949392	.97	-2949392	-1.78		10
11	DIETARY	3010038	.99	-3010038	-1.82		11
12	CAFETERIA	309528	.10	-309528	-.19		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	3132032	1.03	-3132032	-1.89		14
15	CENTRAL SERVICES & SUPPLY	1569118	.52	-1569118	-.95		15
16	PHARMACY	11797780	3.88	-11797780	-7.12		16
17	MEDICAL RECORDS & LIBRARY	2269951	.75	-2269951	-1.37		17
18	SOCIAL SERVICE	801025	.26	-801025	-.48		18
19	DEPARTMENT OF SURGERY	2531480	.83	-2531480	-1.53		19
19.01	DEPARTMENT OF MEDICINE	4658102	1.53	-4658102	-2.81		19.01
19.02	DEPARTMENT OF RADIOLOGY	1390220	.46	-1390220	-.84		19.02
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	7221057	2.38	-7221057	-4.36		22
23	I&R SERVICES-OTHER PRGM COSTS A	2128983	.70	-2128983	-1.28		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	22941903	7.55	51677268	31.18	74619171	24.54
26	INTENSIVE CARE UNIT	4543584	1.49	7566599	4.56	12110183	3.98
27	CORONARY CARE UNIT	2422201	.80	3209329	1.94	5631530	1.85
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	19455300	6.40	12959973	7.82	32415273	10.66
37.01	ENDOSCOPY	891811	.29	858231	.52	1750042	.58
38	RECOVERY ROOM						38
41	RADIOLOGY-DIAGNOSTIC	8549609	2.81	7503381	4.53	16052990	5.28
41.01	ULTRASOUND	332565	.11	578498	.35	911063	.30
41.02	MRI						41.02
43	RADIOISOTOPE	1563639	.51	2009181	1.21	3572820	1.18
44	LABORATORY	10525106	3.46	9626461	5.81	20151567	6.63
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	5588594	1.84	2648669	1.60	8237263	2.71
49	RESPIRATORY THERAPY	3105507	1.02	2511379	1.52	5616886	1.85
50	PHYSICAL THERAPY	1415606	.47	1509378	.91	2924984	.96
53	ELECTROCARDIOLOGY	10679759	3.51	11359435	6.85	22039194	7.25
54	ELECTROENCEPHALOGRAPHY	254357	.08	438340	.26	692697	.23

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	10929575	3.59	5870854	3.54	16800429	5.53	55
56 DRUGS CHARGED TO PATIENTS	1997462	.66	18255713	11.01	20253175	6.66	56
56.01 NON INVASIVE VASCULAR LAB	615232	.20	573313	.35	1188545	.39	56.01
57 RENAL DIALYSIS	534554	.18	882520	.53	1417074	.47	57
58 ASC (NON-DISTINCT PART)	4770712	1.57	4290505	2.59	9061217	2.98	58
59.01 APPLIANCE SHOP							59.01
60 CLINIC	4959275	1.63	2757270	1.66	7716545	2.54	60
60.01 CLINIC B							60.01
60.02 CLINIC C							60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY	4507613	1.48	5462772	3.30	9970385	3.28	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
97 RESEARCH	16710202	5.50	11692277	7.05	28402479	9.34	97
97.01 RESEARCH FINANCE							97.01
98 PHYSICIANS' PRIVATE OFFICES	456585	.15	576574	.35	1033159	.34	98
100 OTHER NONREIMBURSABLE (SPECIFY)	357369	.12	123529	.07	480898	.16	100
100.01 REIMBURSED SALARIES							100.01
100.02 OUTSIDE VENTURES	39928	.01	40003	.02	79931	.03	100.02
100.03 VACANT SPACE							100.03
100.04 HEALTH CENTERS THIRD FLOOR CIP							100.04
100.05 SCREENING PROGRAMS	76095	.03	759260	.46	835355	.27	100.05
100.06 PSYCHOLOGY							100.06
100.07 OPTIFAST							100.07
100.08 N MAIN IMAGING	46742	.02	16157	.01	62899	.02	100.08
100.09 INVESTMENT PROPERTY							100.09
100.10 SNF RESPIRATORY CARE							100.10
100.11 BROWN TEACHING							100.11
100.12 REHAB SATELLITE							100.12
100.13 OTHER NONREIMBURSABLE COST CENT							100.13
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	304027754	100.00	0	.00	304027754	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1413446	66732170	.021181	18204013	385579	37
37.01 ENDOSCOPY	95982	8715774	.011012	1172079	12907	37.01
38 RECOVERY ROOM	16170			1883229		38
41 RADIOLOGY-DIAGNOSTIC	1654162	110984361	.014904	12606657	187890	41
41.01 ULTRASOUND	264357	6193761	.042681	583083	24887	41.01
41.02 MRI				2109862		41.02
43 RADIOISOTOPE	418960	11235114	.037290	779631	29072	43
44 LABORATORY	1115407	228406804	.004883	24670196	120465	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	97552	7900694	.012347	2317534	28615	47
49 RESPIRATORY THERAPY	204542	25436701	.008041	7609246	61186	49
50 PHYSICAL THERAPY	145305	9581337	.015165	2268160	34397	50
53 ELECTROCARDIOLOGY	1867658	105066220	.017776	21779388	387150	53
54 ELECTROENCEPHALOGRAPHY	35219	2322242	.015166	234781	3561	54
55 MEDICAL SUPPLIES CHARGED TO PAT	96039	139184585	.000690	31670768	21853	55
56 DRUGS CHARGED TO PATIENTS	236356	127824929	.001849	23479757	43414	56
56.01 NON INVASIVE VASCULAR LAB	113708	10619522	.010707	1360323	14565	56.01
57 RENAL DIALYSIS	22020	1190601	.018495	511386	9458	57
58 ASC (NON-DISTINCT PART)	474017	47012729	.010083			58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	31739	6064237	.005234			60
60.01 CLINIC B	21574					60.01
60.02 CLINIC C	321					60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY	556058	111664705	.004980	16008778	79724	61
62 OBSERVATION BEDS (NON-DISTINCT	240679	21097090	.011408	1302292	14857	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	9121271	1047233576		170551163	1459580	101



APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
						6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2549940		2549940	71663	35.58	24868	884803 25
26 INTENSIVE CARE UNIT	493110		493110	6438	76.59	2605	199517 26
27 CORONARY CARE UNIT	326793		326793	2244	145.63	652	94951 27
101 TOTAL	3369843		3369843			28125	1179271 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1179271	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						1459580	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						2638851	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13)						5387	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4)						28125	
PER DISCHARGE CAPITAL COSTS						489.86	
PER DIEM CAPITAL COSTS						93.83	

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)	55372314
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	205536734
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.269

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)	2638851
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.013

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 COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	14900937
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)	93528981
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.159