

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

WORKSHEET S
PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY THE MIRIAM HOSPITAL (41-0012) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2006 AND ENDING 09/30/2007, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL	1719526	131815		1
2	SUBPROVIDER I				2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	1719526	131815		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 P.O.BOX: 1
 1.01 CITY: PROVIDENCE STATE: RI ZIP CODE: 02906 COUNTY: PROVIDENCE 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: 10/01/2006	TO: 09/30/2007			17
18	TYPE OF CONTROL		1	2			18
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?		YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N 14484	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy)						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy)						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2						24
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO		NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO		NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? NO 60
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)

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT 60.01
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.)

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		4976	849	14036	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		4976	849	14036	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	2	3	4	5	6	7	8	9
1	SALARIES							
1	TOTAL SALARIES	110869194		110869194	3671617.00	30.20		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A	974922		974922	5368.00	181.62	T & E RECORDS	4
4.01	TEACHING PHYSICIAN SALARIES	165390		165390	1691.50	97.78	T & E RECORDS	4.01
5	PHYSICIAN - PART B	577483		577483	8219.50	70.26	T & E RECORDS	5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)	1149968		1149968	18562.00	61.95	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	12198597		12198597	435913.00	27.98	WORKSHEET A(GEN'L LEDGER	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	2947011		2947011	44796.75	65.79	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	13073399		13073399	261105.00	50.07	HOME OFFICE CR	11
12	HOME OFFICE: PHYSICIAN PART A	512179		512179	17181.00	29.81	T & E RECORDS	12
12.01	TEACHING PHYSICIAN SALARIES	906333		906333	17893.00	50.65	T & E RECORDS	12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	21019054		21019054			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	2562457		2562457			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	215721		215721			CMS 339	18
18.01	PART A TEACHING PHYSICIANS	36596		36596			CMS 339	18.01
19	PHYSICIAN PART B	468038		468038			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)	254453		254453			CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	233609		233609	15876.00	14.71		21
22	ADMINISTRATIVE & GENERAL	7528469	32964	7561433	234965.00	32.18		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	989751		989751	40358.00	24.52		23
24	OPERATION OF PLANT	1276667		1276667	53929.00	23.67		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2254269		2254269	157957.00	14.27		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1526906	-259974	1266932	78181.00	16.21		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		259974	259974	17056.00	15.24		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	4267882	-32964	4234918	113485.00	37.32		30
31	CENTRAL SERVICES AND SUPPLY							31
32	PHARMACY	2172486		2172486	67717.00	32.08		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	660815		660815	43763.00	15.10		33
34	SOCIAL SERVICE	841460		841460	33326.00	25.25		34
35	OTHER GENERAL SERVICE	5087183		5087183	100240.00	50.75		35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
1	2	3	4	5	6	7	8
1	NET SALARIES	108976353		108976353	3643144.00	29.91	1
2	EXCLUDED AREA SALARIES	12198597		12198597	435913.00	27.98	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	96777756		96777756	3207231.00	30.17	3
4	SUBTOTAL OTHER WAGES & REL COSTS	17438922		17438922	340975.75	51.14	4
5	SUBTOTAL WAGE-RELATED COSTS	21234775		21234775		21.94%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	135451453		135451453	3548206.75	38.17	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	26839497		26839497	956853.00	28.05	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	

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	39498299 17
17.01	GROSS MEDICAID REVENUES	18213887 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	57712186 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	24833330 23
24	COST TO CHARGE RATIO	0.254443 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	6318667 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	45453009 28
29	TOTAL GROSS MEDICAID COST	11565200 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	39498299 30
31	UNCOMPENSATED CARE COST	10050066 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	17883867 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER			SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
			1	2	3	4	5	6	7
97	9700	RESEARCH	10642354	8464401	19106755	-3986034	15120721	450856	15571577 97
97.01	9701	RESEARCH FINANCE	128133	41292	169425	1765750	1935175	-79853	1855322 97.01
98	9800	PHYSICIANS' PRIVATE OFFICES	651653	860116	1511769	-197795	1313974		1313974 98
100	7950	OTHER NONREIMBURSABLE (SPECIFY)							100
100.01	7951	REIMBURSED SALARIES				3406062	3406062		3406062 100.01
100.02	7952	OUTSIDE VENTURES							100.02
100.03	7953	VACANT SPACE							100.03
100.04	7954	HEALTH CENTERS THIRD FLOOR CIP							100.04
100.05	7955	SCREENING PROGRAMS	216922	579054	795976	-5641	790335		790335 100.05
100.06	7956	PSYCHOLOGY	559535	312459	871994	-392624	479370		479370 100.06
100.07	7957	OPTIFAST							100.07
100.08	7958	N MAIN IMAGING							100.08
100.09	7959	INVESTMENT PROPERTY							100.09
100.10	7960	SNF RESPIRATORY CARE							100.10
100.11	7961	BROWN TEACHING				476720	476720		476720 100.11
100.12	7962	REHAB SATELLITE							100.12
100.13	7964	OTHER NONREIMBURSABLE COST CENT							100.13
101		TOTAL	110869194	179536399	290405593		290405593	-12676483	277729110 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
1	1	2	3	4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		445197 1
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		39317 2
3	A	OTHER ADMINISTRATION & GEN	6.01		1967123 3
4 NURSING FLOAT	B	CORONARY CARE UNIT	27	9234	4
5	B	INTENSIVE CARE UNIT	26	28821	5
6	B				6
7 IV NURSING	C	CORONARY CARE UNIT	27	14793	10288 7
8	C	INTENSIVE CARE UNIT	26	46171	3277 8
9	C				9
10 NURSING PAYROLL	D	OTHER ADMINISTRATION & GEN	6.01	32964	10
11 PAT EXPENSES	E	RADIOLOGY-DIAGNOSTIC	41	261626	5848 11
12	E	LABORATORY	44	323426	7229 12
13	E	BLOOD STORING, PROCESSING & T	47	104173	2328 13
14	E	ELECTROCARDIOLOGY	53	47754	1067 14
15	E				15
16 BLOOD BANK	F	LABORATORY	44	222874	118055 16
17	G	MEDICAL SUPPLIES CHARGED TO P	55		19621187 17
18	G				18
19	G				19
20	G				20
21	G				21
22	G				22
23	G				23
24	G				24
25	G				25
26	G				26
27	G				27
28	G				28
29	G				29
30	G				30
31	G				31
32	G				32
33	G				33
34	G				34
35	G				35
36 SUBTOTAL				1091836	22220916 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 INTEREST EXPENSE	A	INTEREST EXPENSE	88		2451637	11 1
2	A					11 2
3	A					11 3
4 NURSING FLOAT	B					4
5	B					5
6	B	ADULTS & PEDIATRICS	25	38055		6
7 IV NURSING	C					7
8	C					8
9	C	ADULTS & PEDIATRICS	25	60963	13506	9
10 NURSING PAYROLL	D	NURSING ADMINISTRATION	14	32964		10
11 PAT EXPENSES	E					11
12	E					12
13	E					13
14	E					14
15	E	CLINIC	60	736980	16473	15
16 BLOOD BANK	F	BLOOD STORING, PROCESSING & T	47	222874	118055	16
17	G	EMPLOYEE BENEFITS	5		571	17
18	G					18
19	G	MAINTENANCE & REPAIRS	7		360	19
20	G	SOCIAL SERVICE	18		498	20
21	G	I&R SERVICES-SALARY & FRINGES	22		94	21
22	G	ADULTS & PEDIATRICS	25		198909	22
23	G	INTENSIVE CARE UNIT	26		84356	23
24	G	CORONARY CARE UNIT	27		14834	24
25	G	OPERATING ROOM	37		10617594	25
26	G	ENDOSCOPY	37.01		213542	26
27	G	RECOVERY ROOM	38		6595	27
28	G	RADIOLOGY-DIAGNOSTIC	41		699882	28
29	G	ULTRASOUND	41.01		37542	29
30	G	MRI	41.02		790	30
31	G	RADIOISOTOPE	43		5802	31
32	G	LABORATORY	44		3399	32
33	G	BLOOD STORING, PROCESSING & T	47		1021	33
34	G	RESPIRATORY THERAPY	49		23939	34
35	G	PHYSICAL THERAPY	50		26000	35
36 SUBTOTAL				1091836	14535399	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	G				1
2	G				2
3	G				3
4	G				4
5	G				5
6	G				6
7	G				7
8	G				8
9	G				9
10	G				10
11	G				11
12 PHARMACY	H	DRUGS CHARGED TO PATIENTS	56		20754943 12
13	H				13
14	H				14
15	H				15
16	H				16
17	H				17
18	H				18
19	H				19
20	H				20
21	H				21
22	H				22
23	H				23
24	H				24
25	H				25
26	H				26
27	H				27
28	H				28
29	H				29
30	H				30
31	H				31
32	H				32
33	H				33
34	H				34
35	H				35
36 SUBTOTAL				1091836	42975859 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	G	ELECTROCARDIOLOGY	53		5484605	1
2	G	NON INVASIVE VASCULAR LAB	56.01		73	2
3	G	RENAL DIALYSIS	57		2517	3
4	G	ASC (NON-DISTINCT PART)	58		2092131	4
5	G	APPLIANCE SHOP	59.01		40799	5
6	G	CLINIC	60		1287	6
7	G	CLINIC B	60.01		3255	7
8	G	CLINIC C	60.02		374	8
9	G	EMERGENCY	61		57946	9
10	G	PHYSICIANS' PRIVATE OFFICES	98		2438	10
11	G	PSYCHOLOGY	100.06		94	11
12	H	EMPLOYEE BENEFITS	5		39876	12
13	H	HOUSEKEEPING	10		3	13
14	H	DIETARY	11		10	14
15	H	PHARMACY	16		7981962	15
16	H	SOCIAL SERVICE	18		11754	16
17	H	DEPARTMENT OF CARDIOLOGY	19.02		7	17
18	H	ADULTS & PEDIATRICS	25		147544	18
19	H	INTENSIVE CARE UNIT	26		78995	19
20	H	CORONARY CARE UNIT	27		16872	20
21	H	OPERATING ROOM	37		121490	21
22	H	ENDOSCOPY	37.01		2819	22
23	H	RECOVERY ROOM	38		16195	23
24	H	RADIOLOGY-DIAGNOSTIC	41		139331	24
25	H	ULTRASOUND	41.01		1467	25
26	H	MRI	41.02		85929	26
27	H	RADIOISOTOPE	43		392762	27
28	H	LABORATORY	44		1255	28
29	H					29
30	H	RESPIRATORY THERAPY	49		2397	30
31	H	PHYSICAL THERAPY	50		2318	31
32	H	ELECTROCARDIOLOGY	53		376553	32
33	H					33
34	H	RENAL DIALYSIS	57		2198	34
35	H	ASC (NON-DISTINCT PART)	58		102169	35
36		SUBTOTAL		1091836	31744824	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	H				1
2	H				2
3	H				3
4	H				4
5	I	EMPLOYEE BENEFITS	5		2246459 5
6	J	ULTRASOUND	41.01	13833	5115 6
7	K	NEW CAP REL COSTS-BLDG & FIXT	3		3140465 7
8	K	NEW CAP REL COSTS-MVBLE EQUIP	4		4651299 8
9	L	CAFETERIA	12	259974	563783 9
10	M	MEDICAL RECORDS & LIBRARY	17		156 10
11	M	OTHER ADMINISTRATION & GEN	6.01		395697 11
12	M	LAUNDRY & LINEN SERVICE	9		1231403 12
13	M				13
14	M	DIETARY	11		552290 14
15	M				15
16	M				16
17	M				17
18	M				18
19	M				19
20	M				20
21	M				21
22	M				22
23	M				23
24	M				24
25	M				25
26	M				26
27	M				27
28	M				28
29	M				29
30	M				30
31	M				31
32	M				32
33	M				33
34	M				34
35	M				35
36	M	SUBTOTAL		1365643	55762526 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	H	CLINIC B	60.01		11144439	1
2	H	CLINIC C	60.02		12177	2
3	H	EMERGENCY	61		63164	3
4	H	RESEARCH	97		11257	4
5 RESEARCH FRINGE	I	RESEARCH	97		2246459	5
6 ELECTROCARDIOGRAM	J	ELECTROCARDIOLOGY	53	13833	5115	6
7 DEPRECIATION RECLASS	K	OLD CAP REL COSTS-BLDG & FIXT	1		7791764	9 7
8	K					9 8
9 DIETARY RECLASS	L	DIETARY	11	259974	563783	9
10 TRANSFERS	M	EMPLOYEE BENEFITS	5		2899	10
11	M	OTHER ADMINISTRATION & GEN	6.01		158483	11
12	M	TELEPHONE	6.02		4360	12
13	M	MAINTENANCE & REPAIRS	7		495	13
14	M	OPERATION OF PLANT	8		3384	14
15	M	LAUNDRY & LINEN SERVICE	9		12	15
16	M	HOUSEKEEPING	10		12129	16
17	M	DIETARY	11		3410	17
18	M	NURSING ADMINISTRATION	14		55268	18
19	M	PHARMACY	16		389	19
20	M	MEDICAL RECORDS & LIBRARY	17		5405	20
21	M	SOCIAL SERVICE	18		1161	21
22	M	DEPARTMENT OF SURGERY	19		16374	22
23	M	DEPARTMENT OF MEDICINE	19.01		28241	23
24	M	DEPARTMENT OF CARDIOLOGY	19.02		3219	24
25	M	I&R SERVICES-SALARY & FRINGES	22		1883	25
26	M	I&R SERVICES-OTHER PRGM COSTS	23		43961	26
27	M	ADULTS & PEDIATRICS	25		777415	27
28	M	INTENSIVE CARE UNIT	26		112803	28
29	M	CORONARY CARE UNIT	27		47172	29
30	M	OPERATING ROOM	37		91920	30
31	M	ENDOSCOPY	37.01		17843	31
32	M	RECOVERY ROOM	38		88139	32
33	M	RADIOLOGY-DIAGNOSTIC	41		40567	33
34	M	ULTRASOUND	41.01		11977	34
35	M	MRI	41.02		5799	35
36 SUBTOTAL				1365643	55117690	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	M				1
2	M				2
3	M				3
4	M				4
5	M				5
6	M				6
7	M				7
8	M				8
9	M				9
10	M				10
11	M				11
12	M				12
13	M				13
14	M				14
15	M				15
16	M				16
17	M				17
18	M				18
19	M				19
20	N	NEW CAP REL COSTS-MVBLE EQUIP	4		1156010 20
21	O	REIMBURSED SALARIES	100.01		3406062 21
22	O				22
23	O				23
24	O				24
25	O				25
26	O				26
27	O				27
28	O				28
29	O				29
30	O				30
31	O				31
32	O				32
33	O				33
34	O				34
35	O				35
36		SUBTOTAL		1365643	60324598 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	M	RADIOISOTOPE	43		12926	1
2	M	LABORATORY	44		62879	2
3	M	BLOOD STORING, PROCESSING & T	47		1433	3
4	M	RESPIRATORY THERAPY	49		5166	4
5	M	PHYSICAL THERAPY	50		12658	5
6	M	ELECTROCARDIOLOGY	53		50408	6
7	M	ELECTROENCEPHALOGRAPHY	54		1779	7
8	M	NON INVASIVE VASCULAR LAB	56.01		6281	8
9	M	RENAL DIALYSIS	57		4226	9
10	M	ASC (NON-DISTINCT PART)	58		82562	10
11	M	CLINIC	60		5536	11
12	M	CLINIC B	60.01		56597	12
13	M	CLINIC C	60.02		5204	13
14	M	EMERGENCY	61		219681	14
15	M	RESEARCH	97		95343	15
16	M					16
17	M	PHYSICIANS' PRIVATE OFFICES	98		12833	17
18	M	SCREENING PROGRAMS	100.05		5641	18
19	M	PSYCHOLOGY	100.06		3685	19
20	HO DEPRECIATION	OLD CAP REL COSTS-BLDG & FIXT	1		1156010	9 20
21	REIMBURSED SALARIES	EMPLOYEE BENEFITS	5		753	21
22		TELEPHONE	6.02		323859	22
23		PHARMACY	16		24104	23
24		SOCIAL SERVICE	18		800	24
25		DEPARTMENT OF SURGERY	19		117824	25
26		DEPARTMENT OF MEDICINE	19.01		341280	26
27		DEPARTMENT OF CARDIOLOGY	19.02		32604	27
28		I&R SERVICES-SALARY & FRINGES	22		435583	28
29		I&R SERVICES-OTHER PRGM COSTS	23		2143	29
30		OPERATING ROOM	37		96000	30
31		RADIOLOGY-DIAGNOSTIC	41		48843	31
32		LABORATORY	44		1035250	32
33		CLINIC B	60.01		484024	33
34		CLINIC C	60.02		547	34
35		PHYSICIANS' PRIVATE OFFICES	98		182524	35
36	SUBTOTAL			1365643	60044676	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	O				1
2	P	I&R SERVICES-OTHER PRGM COSTS	23		671943 2
3 BROWN CHAIR	Q	BROWN TEACHING	100.11		328305 3
4	Q				4
5	Q				5
6	Q				6
7	S	I&R SERVICES-OTHER PRGM COSTS	23		80678 7
8	S	BROWN TEACHING	100.11		7501 8
9	S	RESEARCH	97		1466 9
10	S	I&R SERVICES-OTHER PRGM COSTS	23		65272 10
11	S	I&R SERVICES-OTHER PRGM COSTS	23		112169 11
12	S	RESEARCH	97		32716 12
13	S	BROWN TEACHING	100.11		24070 13
14	S	DEPARTMENT OF MEDICINE	19.01		65432 14
15	S	RESEARCH	97		55150 15
16	S	I&R SERVICES-OTHER PRGM COSTS	23		208447 16
17	S	BROWN TEACHING	100.11		21499 17
18	S	I&R SERVICES-OTHER PRGM COSTS	23		18102 18
19	S	RESEARCH	97		1951 19
20	S	BROWN TEACHING	100.11		4437 20
21	S	I&R SERVICES-OTHER PRGM COSTS	23		3739 21
22	S	BROWN TEACHING	100.11		1402 22
23	S	I&R SERVICES-OTHER PRGM COSTS	23		215224 23
24	S	RESEARCH	97		35988 24
25	S	BROWN TEACHING	100.11		40194 25
26	S	I&R SERVICES-OTHER PRGM COSTS	23		68885 26
27	S	RESEARCH	97		5504 27
28	S	BROWN TEACHING	100.11		4478 28
29	S	I&R SERVICES-OTHER PRGM COSTS	23		64087 29
30	S	BROWN TEACHING	100.11		44834 30
31					31
32	R	RESEARCH FINANCE	97.01	330152	247322 32
33 RESEARCH RENT	T	RESEARCH FINANCE	97.01		1188276 33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				1695795	63943669 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	O	PSYCHOLOGY	100.06		279924	1
2	P	I&R SERVICES-SALARY & FRINGES	22		671943	2
3 BROWN CHAIR	Q					3
4	Q	DEPARTMENT OF SURGERY	19		100000	4
5	Q	DEPARTMENT OF MEDICINE	19.01		202989	5
6	Q	I&R SERVICES-OTHER PRGM COSTS	23		25316	6
7	S	DEPARTMENT OF SURGERY	19		89645	7
8	S					8
9	S					9
10	S	DEPARTMENT OF SURGERY	19		65272	10
11	S	DEPARTMENT OF MEDICINE	19.01		168954	11
12	S					12
13	S					13
14	S	DEPARTMENT OF MEDICINE	19.01		120582	14
15	S					15
16	S	DEPARTMENT OF MEDICINE	19.01		229946	16
17	S					17
18	S	LABORATORY	44		24490	18
19	S					19
20	S					20
21	S	DEPARTMENT OF MEDICINE	19.01		5141	21
22	S					22
23	S	CLINIC B	60.01		291405	23
24	S					24
25	S					25
26	S	EMERGENCY	61		78867	26
27	S					27
28	S					28
29	S	PSYCHOLOGY	100.06		108921	29
30	S					30
31						31
32	R	RESEARCH	97	330152	247322	32
33 RESEARCH RENT	T	RESEARCH	97		1188276	33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1695795	63943669	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	3219198					3219198		1
2 LAND IMPROVEMENTS	1484651					1484651		2
3 BUILDINGS AND FIXTURES	75626446	693985		693985		76320431		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	22721682	16079320		16079320		38801002		5
6 MOVABLE EQUIPMENT	57843952					57843952		6
7 SUBTOTAL	160895929	16773305		16773305		177669234		7
8 RECONCILING ITEMS								8
9 TOTAL	160895929	16773305		16773305		177669234		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	3219198					3219198		1
2 LAND IMPROVEMENTS	1484651					1484651		2
3 BUILDINGS AND FIXTURES	75626446	693985		693985		76320431		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	22721682	16079320		16079320		38801002		5
6 MOVABLE EQUIPMENT	57843952					57843952		6
7 SUBTOTAL	160895929	16773305		16773305		177669234		7
8 RECONCILING ITEMS								8
9 TOTAL	160895929	16773305		16773305		177669234		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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	3713722		445197			-122476	4036443	3
4 NEW CAP REL COSTS-MVBLE EQUIP	3355672		28501			-1156010	2228163	4
5 TOTAL	7069394		473698			-1278486	6264606	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							TOTAL
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS		
	9	10	11	12	13	14		
1 OLD CAP REL COSTS-BLDG & FIXT	8947774						8947774	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	8947774						8947774	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-70060	OTHER ADMINISTRATION & GEN	6.01	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-1053568			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-3023624			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-796560	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-19713	PHARMACY	16	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-731	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	B	-2451637	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 MISC REVENUE	B	-33	EMPLOYEE BENEFITS	5	37
38 MISC REVENUE	B	-281325	OTHER ADMINISTRATION & GEN	6.01	38
39 MISC REVENUE	B	-14678	DIETARY	11	39
40 MISC REVENUE	B	-28	DEPARTMENT OF CARDIOLOGY	19.02	40
41 MISC REVENUE	B	-21150	OPERATING ROOM	37	41
42 MISC REVENUE	B	-650	RADIOLOGY-DIAGNOSTIC	41	42
43 MISC REVENUE	B	-150	ULTRASOUND	41.01	43
44 MISC REVENUE	B	-100	MRI	41.02	44
45 MISC REVENUE	B	-47	ELECTROCARDIOLOGY	53	45
46 MISC REVENUE	B	-2247	CLINIC B	60.01	46
47 MISC REVENUE	B	-284250	CLINIC B	60.01	47
48 SERVICES RENDERED	B	-451287	TELEPHONE	6.02	48
48.01 SERVICES RENDERED	B	-72314	MEDICAL RECORDS & LIBRARY	17	48.01
48.02 SERVICES RENDERED	B	-11151	DEPARTMENT OF SURGERY	19	48.02
48.03 SERVICES RENDERED	B	-1680104	DEPARTMENT OF MEDICINE	19.01	48.03
48.04 SERVICES RENDERED	B	-304	PHYSICAL THERAPY	50	48.04
48.05 SERVICES RENDERED	B	-39786	ELECTROCARDIOLOGY	53	48.05
48.06 SERVICES RENDERED	B	-27745	ELECTROCARDIOLOGY	53	48.06
48.07 SERVICES RENDERED	B	-137290	ELECTROCARDIOLOGY	53	48.07
49 SERVICES RENDERED	B	-16354	NON INVASIVE VASCULAR LAB	56.01	49
49.01 SERVICES RENDERED	B	-1006074	CLINIC B	60.01	49.01
49.02 SERVICES RENDERED	B	-1387054	CLINIC B	60.01	49.02
49.03 PHYSICIAN OVERHEAD	B	-2975	DEPARTMENT OF MEDICINE	19.01	49.03
49.04 PHYSICIAN OVERHEAD	B	-7200	CLINIC B	60.01	49.04
49.05 PHYSICIAN OVERHEAD	B	-1300	DEPARTMENT OF SURGERY	19	49.05
49.07 PHYSICIAN OVERHEAD	B	-2200	I&R SERVICES-SALARY & FRINGES A	22	49.07
49.09 LAPSING ADJUSTMENTS	A	-5372	NEW CAP REL COSTS-BLDG & FIXT	3	9
49.10 TAXES	A	-18799	OTHER ADMINISTRATION & GEN	6.01	49.10
49.11 TAXES	A	-842	PHARMACY	16	49.11
49.12 TAXES	A	-1871	ADULTS & PEDIATRICS	25	49.12

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
49.13 TAXES	A	-864	INTENSIVE CARE UNIT	26	49.13
49.14 TAXES	A	-288	CORONARY CARE UNIT	27	49.14
49.15 TAXES	A	-585	OPERATING ROOM	37	49.15
49.16 TAXES	A	-682	RECOVERY ROOM	38	49.16
49.17 TAXES	A	-5692	LABORATORY	44	49.17
49.18 TAXES	A	-737	ASC (NON-DISTINCT PART)	58	49.18
49.19 TAXES	A	-1057	EMERGENCY	61	49.19
49.20 RENTAL INCOME UPFI	B	-415323	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.20
49.22 COST OF O/P MEALS	A	-47851	DIETARY	11	49.22
49.23 PSO INTEREST ON MGMT FEE	A	-35837	INTEREST EXPENSE	88	49.23
49.24 HARI DUES	A	-3790	OTHER ADMINISTRATION & GEN	6.01	49.24
49.26 NON-REIMBURSABLE EXPENSES	A	-31	EMPLOYEE BENEFITS	5	49.26
49.27 NON-REIMBURSABLE EXPENSES	A	-17162	OTHER ADMINISTRATION & GEN	6.01	49.27
49.28 NON-REIMBURSABLE EXPENSES	A	-144	NURSING ADMINISTRATION	14	49.28
49.29 NON-REIMBURSABLE EXPENSES	A	-502	DEPARTMENT OF SURGERY	19	49.29
49.30 NON-REIMBURSABLE EXPENSES	A	-340	DEPARTMENT OF MEDICINE	19.01	49.30
49.31 NON-REIMBURSABLE EXPENSES	A	-496	DIETARY	11	49.31
49.32 NON-REIMBURSABLE EXPENSES	A	-2355	I&R SERVICES-OTHER PRGM COSTS A	23	49.32
49.33 NON-REIMBURSABLE EXPENSES	A	-2853	LABORATORY	44	49.33
49.34 NON-REIMBURSABLE EXPENSES	A	-110	RADIOLOGY-DIAGNOSTIC	41	49.34
49.35 NON-REIMBURSABLE EXPENSES	A	-112	ELECTROCARDIOLOGY	53	49.35
49.36 NON-REIMBURSABLE EXPENSES	A	-44330	RENAL DIALYSIS	57	49.36
49.38 2003 RE-LIFING	A	993952	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.38
49.39 PHYSICIAN FEES	A	-75000	CLINIC B	60.01	49.39
49.41 MISC A & G EXPENSE	A	-120403	OTHER ADMINISTRATION & GEN	6.01	49.41
49.42 TAXES	A	-646	ELECTROCARDIOLOGY	53	49.42
49.43 TAXES	A	-2672	ELECTROENCEPHALOGRAPHY	54	49.43
50 TOTAL		-12676483			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	19.01	DEPARTMENT OF MEDICINE	UPFI PHYSICIAN SERVICES	1337556	1337556		1
2	53	ELECTROCARDIOLOGY	UPFI PHYSICIAN SERVICES	12000	12000		2
3	60.01	CLINIC B	UPFI PHYSICIAN SERVICES	1729110	1729920	-810	3
4	61	EMERGENCY	UEMF PHYSICIAN SERVICES	404160	415210	-11050	4
4.01	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE A&G		1156010	-1156010	14 4.01
4.03	6.01	OTHER ADMINISTRATION & GEN	HOME OFFICE A&G	19301191	20853493	-1552302	4.03
4.04	97.01	RESEARCH FINANCE	HOME OFFICE RESEARCH FINANCE		79853	-79853	4.04
4.05	6.01	OTHER ADMINISTRATION & GEN	PSO EXPENSES	504216	504216		4.05
4.06	60.01	CLINIC B	PSO EXPENSES	40344	40344		4.06
4.07	97	RESEARCH	CORO RENT	985401	534545	450856	4.07
4.08	6.01	OTHER ADMINISTRATION & GEN	96 BOND INTEREST	1425960	1967123	-541163	14 4.08
4.09	6.01	OTHER ADMINISTRATION & GEN	96 BOND INTEREST	35837	35837		4.09
4.10	4	NEW CAP REL COSTS-MVBLE EQUIP	96 BOND INTEREST	28501	39317	-10816	11 4.10
4.11	3	NEW CAP REL COSTS-BLDG & FIXT	96 BOND INTEREST	322721	445197	-122476	14 4.11
5		TOTALS		26126997	29150621	-3023624	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	G UPFI				PHYSICIAN SERV	1	
2	G UPFI				PHYSICIAN SERV	2	
3	G UPFI				PHYSICIAN SERV	3	
4	G UPFI				PHYSICIAN SERV	4	
5	G UEMF				EMERGENCY SERV	5	
5.01	G RESEARCH RENT				RIH PROPERTY	5.01	
5.02	G LIFESPAN				ADMINISTRATION	5.02	
5.03	G PSO EXPENSES				PHYSICIAN SERV	5.03	
5.04	G 96 BOND INTERES				ADMINISTRATION	5.04	

- (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: UNIVERSITY PHYS. FOUNDATION, I

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
1	19 DEPARTMENT OF SURGERY	DOS SURGERY	558862	218975	339887	208000	2008	200800	10040
2	23 I&R SERVICES-OTHER PRGM	DOS SURGERY	84314		84314	208000	416	41600	2080
3	19 DEPARTMENT OF SURGERY	DOS INTERNAL MEDICI	306568	209128	97440	208000	1612	161200	8060
4	23 I&R SERVICES-OTHER PRGM	DOS INTERNAL MEDICI	67299		67299	208000	1111	111100	5555
5	19.01 DEPARTMENT OF MEDICINE	IMMUNOLOGY	100075		100075	165600	1284	102226	5111
6	23 I&R SERVICES-OTHER PRGM	IMMUNOLOGY	125551		125551	165600	1560	124200	6210
7	19.01 DEPARTMENT OF MEDICINE	INTERNAL MEDICINE	48103		48103	165600	624	49680	2484
8	23 I&R SERVICES-OTHER PRGM	INTERNAL MEDICINE	69292		69292	165600	910	72450	3623
9	19.01 DEPARTMENT OF MEDICINE	CARDIOLOGY	167681		167681	165600	2112	168148	8407
10	23 I&R SERVICES-OTHER PRGM	CARDIOLOGY	243885		243885	165600	2899	230805	11540
11	44 LABORATORY	PATHOLOGY	637109	413027	224082	215700	1610	166960	8348
12	23 I&R SERVICES-OTHER PRGM	PATHOLOGY	18689		18689	215700	203	21051	1053
13	23 I&R SERVICES-OTHER PRGM	NEUROLOGY	6092		6092	165600	52	4140	207
14	60.01 CLINIC B	HEMATOLOGY	203957		203957	165600	2723	216793	10840
15	23 I&R SERVICES-OTHER PRGM	HEMATOLOGY	223034		223034	165600	2993	238289	11914
16	61 EMERGENCY	EMERGENCY	130613		130613	177200	6087	518566	25928
17	23 I&R SERVICES-OTHER PRGM	EMERGENCY	238479		238479	177200	9479	807538	40377
101	TOTAL		3229603	841130	2388473		37683	3235546	161777

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	19 DEPARTMENT OF SURGERY	DOS SURGERY		31814	19349	220149	119738	338713
2	23 I&R SERVICES-OTHER PRGM	DOS SURGERY		3221	3221	44821	39493	39493
3	19 DEPARTMENT OF SURGERY	DOS INTERNAL MEDICI		5307	1687	162887		209128
4	23 I&R SERVICES-OTHER PRGM	DOS INTERNAL MEDICI		1163	1163	112263		
5	19.01 DEPARTMENT OF MEDICINE	IMMUNOLOGY		7769	7769	109995		
6	23 I&R SERVICES-OTHER PRGM	IMMUNOLOGY		13382	13382	137582		
7	19.01 DEPARTMENT OF MEDICINE	INTERNAL MEDICINE		3235	3235	52915		
8	23 I&R SERVICES-OTHER PRGM	INTERNAL MEDICINE		3860	3860	76310		
9	19.01 DEPARTMENT OF MEDICINE	CARDIOLOGY		15785	15785	183933		
10	23 I&R SERVICES-OTHER PRGM	CARDIOLOGY		35437	35437	266242		
11	44 LABORATORY	PATHOLOGY		11132	3915	170875	53207	466234
12	23 I&R SERVICES-OTHER PRGM	PATHOLOGY		344	344	21395		
13	23 I&R SERVICES-OTHER PRGM	NEUROLOGY		2353	2353	6493		
14	60.01 CLINIC B	HEMATOLOGY		8129	8129	224922		
15	23 I&R SERVICES-OTHER PRGM	HEMATOLOGY		7810	7810	246099		
16	61 EMERGENCY	EMERGENCY		91892	91892	610458		
17	23 I&R SERVICES-OTHER PRGM	EMERGENCY		169594	169594	977132		
101	TOTAL			412227	388925	3624471	212438	1053568

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	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	4036443	4036443							3
4 NEW CAP REL COSTS-MVBLE EQUIP	2228163		2228163						4
5 EMPLOYEE BENEFITS	32072645	23083	319	32096047					5
6.01 OTHER ADMINISTRATION & GEN	43719868	143984	1764891	1974099	47602842	47602842			6.01
6.02 TELEPHONE	41958	16462	3443	219518	281381	58205	339586		6.02
7 MAINTENANCE & REPAIRS	2961188	57462	14804	287133	3320587	686880	4211	4011678	7
8 OPERATION OF PLANT	4363511	1462410	4837	370369	6201127	1282734	8614	1545726	8
9 LAUNDRY & LINEN SERVICE	1227490	37535	941		1265966	261871	766	39674	9
10 HOUSEKEEPING	2984999	30876	2423	653977	3672275	759628	3063	32635	10
11 DIETARY	2665627	66054	5515	367545	3104741	642231	3828	69817	11
12 CAFETERIA	27197	28158	3244	75420	134019	27723		29762	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	4562721	15142	10132	1228575	5816570	1203187	13591	16004	14
15 CENTRAL SERVICES & SUPPLY			1535		1535	318			15
16 PHARMACY	2285171	14066	1717	630251	2931205	606334	5168	14867	16
17 MEDICAL RECORDS & LIBRARY	1321712	40343	2104	191706	1555865	321838	6700	42642	17
18 SOCIAL SERVICE	1261927	12965	69	244113	1519074	314228	2489	13703	18
19 DEPARTMENT OF SURGERY	1680830	33510	1003	601165	2316508	479181	4594	35419	19
19.01 DEPARTMENT OF MEDICINE	2881929	8740	2039	786101	3678809	760980	20865	9238	19.01
19.02 DEPARTMENT OF CARDIOLOGY	390197	1591	197	88557	480542	99403	10337	1681	19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	710208			333613	1043821	215920	1723		22
23 I&R SERVICES-OTHER PRGM COSTS A	5644247	15052	397	190287	5849983	1210098	1531	15909	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	22335695	323392	22521	5515111	28196719	5832706	24694	341815	25
26 INTENSIVE CARE UNIT	6497735	42765	6682	1666546	8213728	1699051	11868	45201	26
27 CORONARY CARE UNIT	2107970	66595	2337	565245	2742147	567227	1914	70389	27
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	9368695	165038	43754	1323086	10900573	2254838	20865	174441	37
37.01 ENDOSCOPY	1222680	15876	3079	218960	1460595	302131	2680	16780	37.01
38 RECOVERY ROOM	2422811	18916	3264	646718	3091709	639535	3637	19993	38
41 RADIOLOGY-DIAGNOSTIC	5866490	143662	98299	1256670	7365121	1523512	20100	151847	41
41.01 ULTRASOUND	1502701	650	32950	343146	1879447	388773	5551	688	41.01
41.02 MRI	650093	12057	6338	132165	800653	165619	1531	12744	41.02
43 RADIOISOTOPE	660973	21795	7906	182930	873604	180709	4594	23036	43
44 LABORATORY	15484479	117604	23855	2633281	18259219	3777011	27949	124304	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	2951971	14974	921	133417	3101283	641516	2106	15827	47
49 RESPIRATORY THERAPY	2487975	12495	8978	623152	3132600	647994	2680	13206	49
50 PHYSICAL THERAPY	1512044	30998	1177	406342	1950561	403483	6508	32764	50
53 ELECTROCARDIOLOGY	6734209	237140	39222	1115212	8125783	1680859	17802	250650	53
54 ELECTROENCEPHALOGRAPHY	216230	1900	2340	59891	280361	57994	1149	2008	54
55 MEDICAL SUPPLIES CHARGED TO PAT	19621187				19621187	4058741			55
56 DRUGS CHARGED TO PATIENTS	20754943				20754943	4293264			56
56.01 NON INVASIVE VASCULAR LAB	827524	17563	4018	97600	946705	195831	2106	18564	56.01
57 RENAL DIALYSIS	454598	4231	95		458924	94931	574	4472	57
58 ASC (NON-DISTINCT PART)	3175635	74478	9999	753018	4013130	830136	10528	78721	58
59.01 APPLIANCE SHOP									59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 CLINIC B	2839092	128798	2681	1142839	4113410	850879	23737	136135	60.01
60.02 CLINIC C	293037	16346	64	81014	390461	80769	6126	17277	60.02
60.03 CLINIC D									60.03
60.04 CLINIC E									60.04
61 EMERGENCY	6778952	50101	6764	1418390	8254207	1707424	14548	52955	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
95 SUBTOTALS	253835750	3524807	2146854	28557162	249703920	41805692	300727	3470894	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		15535			15535	3213		16420	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	TELEPHONES	MAIN-	
	FOR COST	BLDGS &	MOVABLE	BENEFITS		TRATIVE &		TENANCE &	
	ALLOCATION	FIXTURES	EQUIPMENT			GENERAL		REPAIRS	
	0	3	4	5	5A	6.01	6.02	7	
97 RESEARCH	15571577	140532	32959	2991632	18736700	3875780	25077	148538	97
97.01 RESEARCH FINANCE	1855322	3652	191	132951	1992116	412079	574	3860	97.01
98 PHYSICIANS' PRIVATE OFFICES	1313974	44620		189048	1547642	320137	3063	47162	98
100 OTHER NONREIMBURSABLE (SPECIFY)									100
100.01REIMBURSED SALARIES	3406062				3406062	704561			100.01
100.02OUTSIDE VENTURES		11548	199		11747	2430	957	12206	100.02
100.03VACANT SPACE		293269			293269	60664		309977	100.03
100.04HEALTH CENTERS THIRD FLOOR CIP									100.04
100.05SCREENING PROGRAMS	790335	2480	47343	62930	903088	186808	1149	2621	100.05
100.06PSYCHOLOGY	479370		174	162324	641868	132774	7848		100.06
100.07OPTIFAST									100.07
100.08N MAIN IMAGING									100.08
100.09INVESTMENT PROPERTY			443		443	92	191		100.09
100.10SNF RESPIRATORY CARE									100.10
100.11BROWN TEACHING	476720				476720	98612			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	277729110	4036443	2228163	32096047	277729110	47602842	339586	4011678	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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
						14		
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
7								7
8								8
9	9038201							9
10	145412	1713689						10
11	119613	11804	4599018					11
12	255893	301	134143	4210954				12
13	109084	106	57183		357877			13
14								14
15	58659		30750		12956	7151717		15
16	54492		28565		7732		1853	16
17	156290		81930		4996		3	17
18	50226		26329		3804	141186		18
19	129818		68052		3833			19
19.01	33858	282	17749		6459	22019		19.01
19.02	6163		3231		1152			19.02
20								20
21								21
22					2118			22
23	58310		30567		1603			23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	1252816	843280	656743	3543347	78504	3007899	66	25
26	165672	202079	86847	446669	20037	733500	29	26
27	257989	57850	135241	141973	6773	248199	6	27
ANCILLARY SERVICE COST CENTERS								
37	639359	71752	335161		18285	643662	100	37
37.01	61503	14011	32241		2622	97236	7	37.01
38	73280	74781	38414		7323	271892	8	38
41	556548	55113	291750		17093		33	41
41.01	2520	2054	1321		4704		7	41.01
41.02	46708	7048	24485		1304		5	41.02
43	84433	13577	44261		1745		1	43
44	455598		238831		37693		187	44
46.30								46.30
47	58010		30410		1506		131	47
49	48404		25374		7988	296377	16	49
50	120087	11252	62951		5443	206011	1	50
53	918681	35397	481585		12904		103	53
54	7360	1062	3858		831			54
55							1067	55
56								56
56.01	68040	7632	35668		1054			56.01
57	16393	4412	8593				1	57
58	288529	80266	151251		8943	331696	23	58
59.01								59.01
OUTPATIENT SERVICE COST CENTERS								
60								60
60.01	498962	9971	261563		11463	373708	9	60.01
60.02	63325	1772	33196		1197	44391		60.02
60.03								60.03
60.04								60.04
61	194091	207320	101745	78965	18468	733941	39	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	7056126	1713122	3559988	4210954	310533	7151717	1842	3648366
NONREIMBURSABLE COST CENTERS								
96	60181		31548					96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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	544422	567	285393		42668		11	97
97.01 RESEARCH FINANCE	14147		7416					97.01
98 PHYSICIANS' PRIVATE OFFICES	172858		90614		2261			98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES	44736		23451					100.02
100.03VACANT SPACE	1136125		595572					100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS	9606		5036		563			100.05
100.06PSYCHOLOGY					1852			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	9038201	1713689	4599018	4210954	357877	7151717	1853	3648366 103

PROVIDER NO. 41-0012 THE MIRIAM HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
 02/28/2008 08:34

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

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			8201	281206				23948563 97
97.01 RESEARCH FINANCE								2430192 97.01
98 PHYSICIANS' PRIVATE OFFICES								2183737 98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES								4110623 100.01
100.02OUTSIDE VENTURES								95527 100.02
100.03VACANT SPACE								2395607 100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS						7708	59570	1176149 100.05
100.06PSYCHOLOGY				115122				899464 100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING								100.08
100.09INVESTMENT PROPERTY								726 100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING			78669	592899	33921			1280821 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	2170261	2071039	3037405	4550259	602509	1263582	9765561	277729110 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP-DOWN ADJS		TOTAL	
	26	27		
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.01				6.01
6.02				6.02
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
19.01				19.01
19.02				19.02
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25	-6745425	45334419		25
26	-1637828	13650889		26
27	-1219823	4371000		27
ANCILLARY SERVICE COST CENTERS				
37		16026143		37
37.01		2011238		37.01
38		4274282		38
41	-173157	10166371		41
41.01		2317047		41.01
41.02		1099749		41.02
43		1254037		43
44	-292272	24574568		44
46.30				46.30
47		3864702		47
49	-123526	4222550		49
50		2818923		50
53		11927893		53
54	-190804	359698		54
55		23894092		55
56		28955979		56
56.01		1296190		56.01
57	-129041	665082		57
58		5868029		58
59.01				59.01
OUTPATIENT SERVICE COST CENTERS				
60				60
60.01	-240435	6926708		60.01
60.02		640915		60.02
60.03				60.03
60.04				60.04
61				61
62	-209554	11598435		62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20
69.30				69.30
69.40				69.40
71				71
SPECIAL PURPOSE COST CENTERS				
85.01				85.01
85.02				85.02
95	-10961865	228118939		95
NONREIMBURSABLE COST CENTERS				
96		126897		96

PROVIDER NO. 41-0012 THE MIRIAM HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:34

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	26	27	
97 RESEARCH		23948563	97
97.01 RESEARCH FINANCE		2430192	97.01
98 PHYSICIANS' PRIVATE OFFICES		2183737	98
100 OTHER NONREIMBURSABLE (SPECIFY)			100
100.01REIMBURSED SALARIES		4110623	100.01
100.02OUTSIDE VENTURES		95527	100.02
100.03VACANT SPACE		2395607	100.03
100.04HEALTH CENTERS THIRD FLOOR CIP			100.04
100.05SCREENING PROGRAMS	-67278	1108871	100.05
100.06PSYCHOLOGY		899464	100.06
100.07OPTIFAST			100.07
100.08N MAIN IMAGING			100.08
100.09INVESTMENT PROPERTY		726	100.09
100.10SNF RESPIRATORY CARE			100.10
100.11BROWN TEACHING		1280821	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	-11029143	266699967	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		23083	319	23402	23402				5
6.01 OTHER ADMINISTRATION & GEN		143984	1764891	1908875	1443	1910318			6.01
6.02 TELEPHONE		16462	3443	19905	160	2336	22401		6.02
7 MAINTENANCE & REPAIRS		57462	14804	72266	210	27564	278	100318	7
8 OPERATION OF PLANT		1462410	4837	1467247	271	51476	568	38654	8
9 LAUNDRY & LINEN SERVICE		37535	941	38476		10509	51	992	9
10 HOUSEKEEPING		30876	2423	33299	478	30484	202	816	10
11 DIETARY		66054	5515	71569	269	25772	253	1746	11
12 CAFETERIA		28158	3244	31402	55	1112		744	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		15142	10132	25274	898	48283	897	400	14
15 CENTRAL SERVICES & SUPPLY			1535	1535		13			15
16 PHARMACY	10438	14066	1717	26221	461	24332	341	372	16
17 MEDICAL RECORDS & LIBRARY	4541	40343	2104	46988	140	12915	442	1066	17
18 SOCIAL SERVICE		12965	69	13034	178	12610	164	343	18
19 DEPARTMENT OF SURGERY	165	33510	1003	34678	439	19229	303	886	19
19.01 DEPARTMENT OF MEDICINE	6100	8740	2039	16879	574	30538	1376	231	19.01
19.02 DEPARTMENT OF CARDIOLOGY		1591	197	1788	65	3989	682	42	19.02
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A					244	8665	114		22
23 I&R SERVICES-OTHER PRGM COSTS A		15052	397	15449	139	48561	101	398	23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	61875	323392	22521	407788	3977	234099	1629	8548	25
26 INTENSIVE CARE UNIT	7890	42765	6682	57337	1218	68182	783	1130	26
27 CORONARY CARE UNIT	7854	66595	2337	76786	413	22763	126	1760	27
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	247206	165038	43754	455998	967	90486	1376	4362	37
37.01 ENDOSCOPY		15876	3079	18955	160	12124	177	420	37.01
38 RECOVERY ROOM	11572	18916	3264	33752	473	25664	240	500	38
41 RADIOLOGY-DIAGNOSTIC	3600	143662	98299	245561	918	61138	1326	3797	41
41.01 ULTRASOUND		650	32950	33600	251	15601	366	17	41.01
41.02 MRI		12057	6338	18395	97	6646	101	319	41.02
43 RADIOISOTOPE		21795	7906	29701	134	7252	303	576	43
44 LABORATORY	169414	117604	23855	310873	1924	151570	1841	3108	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA		14974	921	15895	97	25744	139	396	47
49 RESPIRATORY THERAPY	8237	12495	8978	29710	455	26004	177	330	49
50 PHYSICAL THERAPY	98954	30998	1177	131129	297	16192	429	819	50
53 ELECTROCARDIOLOGY	55048	237140	39222	331410	815	67452	1174	6268	53
54 ELECTROENCEPHALOGRAPHY		1900	2340	4240	44	2327	76	50	54
55 MEDICAL SUPPLIES CHARGED TO PAT						162875			55
56 DRUGS CHARGED TO PATIENTS						172287			56
56.01 NON INVASIVE VASCULAR LAB	31130	17563	4018	52711	71	7859	139	464	56.01
57 RENAL DIALYSIS		4231	95	4326		3810	38	112	57
58 ASC (NON-DISTINCT PART)	13352	74478	9999	97829	550	33313	695	1969	58
59.01 APPLIANCE SHOP									59.01
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC									60
60.01 CLINIC B	1272	128798	2681	132751	835	34145	1566	3404	60.01
60.02 CLINIC C		16346	64	16410	59	3241	404	432	60.02
60.03 CLINIC D									60.03
60.04 CLINIC E									60.04
61 EMERGENCY	5025	50101	6764	61890	1037	68518	960	1324	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 INTERSTITIAL ACQUISITION									85.02
95 SUBTOTALS	743673	3524807	2146854	6415334	20816	1677680	19837	86795	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		15535		15535		129		411	96

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 COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	TRATIVE & GENERAL 6.01	6.02	TENANCE & REPAIRS 7
97 RESEARCH	504823	140532	32959	678314	2186	155533	1654	3714 97
97.01 RESEARCH FINANCE		3652	191	3843	97	16537	38	97 97.01
98 PHYSICIANS' PRIVATE OFFICES	12132	44620		56752	138	12847	202	1179 98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES						28274		100.01
100.02OUTSIDE VENTURES		11548	199	11747		98	63	305 100.02
100.03VACANT SPACE		293269		293269		2434		7751 100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS		2480	47343	49823	46	7497	76	66 100.05
100.06PSYCHOLOGY	10243		174	10417	119	5328	518	100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING								100.08
100.09INVESTMENT PROPERTY			443	443		4	13	100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING						3957		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	1270871	4036443	2228163	7535477	23402	1910318	22401	100318 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	SUPPLY	16
						14	15	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 OTHER ADMINISTRATION & GEN								6.01
6.02 TELEPHONE								6.02
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	1558216							8
9 LAUNDRY & LINEN SERVICE	25070	75098						9
10 HOUSEKEEPING	20622	517	86418					10
11 DIETARY	44117	13	2521	146260				11
12 CAFETERIA	18806	5	1075		53199			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	10113		578		1926	88369		14
15 CENTRAL SERVICES & SUPPLY							1548	15
16 PHARMACY	9395		537		1149		3	62811
17 MEDICAL RECORDS & LIBRARY	26945		1540		743			17
18 SOCIAL SERVICE	8659		495		566	1745		18
19 DEPARTMENT OF SURGERY	22381		1279		570			19
19.01 DEPARTMENT OF MEDICINE	5837	12	334		960	272		19.01
19.02 DEPARTMENT OF CARDIOLOGY	1062		61		171			19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A					315			22
23 I&R SERVICES-OTHER PRGM COSTS A	10053		574		238			23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	215991	36956	12336	123072	11669	37165	55	25
26 INTENSIVE CARE UNIT	28562	8856	1632	15514	2979	9063	24	26
27 CORONARY CARE UNIT	44478	2535	2541	4931	1007	3067	5	27
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	110228	3144	6298		2718	7953	83	37
37.01 ENDOSCOPY	10603	614	606		390	1201	6	37.01
38 RECOVERY ROOM	12634	3277	722		1089	3360	7	38
41 RADIOLOGY-DIAGNOSTIC	95951	2415	5482		2541		27	41
41.01 ULTRASOUND	434	90	25		699		5	41.01
41.02 MRI	8053	309	460		194		4	41.02
43 RADIOISOTOPE	14556	595	832		259		1	43
44 LABORATORY	78547		4488		5603		156	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA	10001		571		224		109	47
49 RESPIRATORY THERAPY	8345		477		1187	3662	14	49
50 PHYSICAL THERAPY	20703	493	1183		809	2546	1	50
53 ELECTROCARDIOLOGY	158384	1551	9049		1918		86	53
54 ELECTROENCEPHALOGRAPHY	1269	47	73		124			54
55 MEDICAL SUPPLIES CHARGED TO PAT							893	55
56 DRUGS CHARGED TO PATIENTS								62811
56.01 NON INVASIVE VASCULAR LAB	11730	334	670		157			56.01
57 RENAL DIALYSIS	2826	193	161				1	57
58 ASC (NON-DISTINCT PART)	49743	3517	2842		1329	4099	20	58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC B	86023	437	4915		1704	4618	7	60.01
60.02 CLINIC C	10917	78	624		178	549		60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY	33462	9085	1912	2743	2745	9069	32	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
95 SUBTOTALS	1216500	75073	66893	146260	46161	88369	1539	62811
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	10375		593					96

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	93860	25	5363		6343		9	97
97.01 RESEARCH FINANCE	2439		139					97.01
98 PHYSICIANS' PRIVATE OFFICES	29801		1703		336			98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES								100.01
100.02OUTSIDE VENTURES	7713		441					100.02
100.03VACANT SPACE	195872		11191					100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS	1656		95		84			100.05
100.06PSYCHOLOGY					275			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	1558216	75098	86418	146260	53199	88369	1548	62811 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			215	3523				950739 97
97.01 RESEARCH FINANCE								23190 97.01
98 PHYSICIANS' PRIVATE OFFICES								102958 98
100 OTHER NONREIMBURSABLE (SPECIFY)								100
100.01REIMBURSED SALARIES								28274 100.01
100.02OUTSIDE VENTURES								20367 100.02
100.03VACANT SPACE								510517 100.03
100.04HEALTH CENTERS THIRD FLOOR CIP								100.04
100.05SCREENING PROGRAMS								59343 100.05
100.06PSYCHOLOGY				1442				18099 100.06
100.07OPTIFAST								100.07
100.08N MAIN IMAGING								100.08
100.09INVESTMENT PROPERTY								460 100.09
100.10SNF RESPIRATORY CARE								100.10
100.11BROWN TEACHING			2066	7429	443			13895 100.11
100.12REHAB SATELLITE								100.12
100.13OTHER NONREIMBURSABLE COST CENT								100.13
101 CROSS FOOT ADJUSTMENTS						9338	115182	124520 101
102 NEGATIVE COST CENTER								102
103 TOTAL	90779	37794	79765	57013	7860	9338	115182	7535477 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	1123041		25
26 INTENSIVE CARE UNIT	245675		26
27 CORONARY CARE UNIT	163206		27
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	710630		37
37.01 ENDOSCOPY	46150		37.01
38 RECOVERY ROOM	83959		38
41 RADIOLOGY-DIAGNOSTIC	426884		41
41.01 ULTRASOUND	51887		41.01
41.02 MRI	36232		41.02
43 RADIOISOTOPE	55380		43
44 LABORATORY	590884		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	53756		47
49 RESPIRATORY THERAPY	72360		49
50 PHYSICAL THERAPY	175430		50
53 ELECTROCARDIOLOGY	588630		53
54 ELECTROENCEPHALOGRAPHY	8462		54
55 MEDICAL SUPPLIES CHARGED TO PAT	172658		55
56 DRUGS CHARGED TO PATIENTS	245920		56
56.01 NON INVASIVE VASCULAR LAB	74994		56.01
57 RENAL DIALYSIS	12930		57
58 ASC (NON-DISTINCT PART)	199027		58
59.01 APPLIANCE SHOP			59.01
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC			60
60.01 CLINIC B	282450		60.01
60.02 CLINIC C	32992		60.02
60.03 CLINIC D			60.03
60.04 CLINIC E			60.04
61 EMERGENCY	202535		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
95 SUBTOTALS	5656072		95
NONREIMBURSABLE COST CENTERS			
96 GIFT, FLOWER, COFFEE SHOP & CAN	27043		96

PROVIDER NO. 41-0012 THE MIRIAM HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:34

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		950739	97
97.01 RESEARCH FINANCE		23190	97.01
98 PHYSICIANS' PRIVATE OFFICES		102958	98
100 OTHER NONREIMBURSABLE (SPECIFY)			100
100.01REIMBURSED SALARIES		28274	100.01
100.02OUTSIDE VENTURES		20367	100.02
100.03VACANT SPACE		510517	100.03
100.04HEALTH CENTERS THIRD FLOOR CIP			100.04
100.05SCREENING PROGRAMS		59343	100.05
100.06PSYCHOLOGY		18099	100.06
100.07OPTIFAST			100.07
100.08N MAIN IMAGING			100.08
100.09INVESTMENT PROPERTY		460	100.09
100.10SNF RESPIRATORY CARE			100.10
100.11BROWN TEACHING		13895	100.11
100.12REHAB SATELLITE			100.12
100.13OTHER NONREIMBURSABLE COST CENT			100.13
101 CROSS FOOT ADJUSTMENTS		124520	101
102 NEGATIVE COST CENTER			102
103 TOTAL		7535477	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	TELEPHONES	MAIN- TENANCE & REPAIRS SQUARE FEET	
	BLDGS & FIXTURES SQ FT	MOVABLE EQUIPMENT \$VALUE	BENEFITS GROSS SALARIES		6A.01	6.01	TELEPHONES 6.02	
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	626726							3
4 NEW CAP REL COSTS-MVBLE EQUIP		20002486						4
5 EMPLOYEE BENEFITS	3584	2860	110635585					5
6.01 OTHER ADMINISTRATION & GEN	22356	15843637	6804752	-47602842	230126268			6.01
6.02 TELEPHONE	2556	30905	756681		281381	1774		6.02
7 MAINTENANCE & REPAIRS	8922	132902	989751		3320587	22	589308	7
8 OPERATION OF PLANT	227064	43422	1276667		6201127	45	227064	8
9 LAUNDRY & LINEN SERVICE	5828	8444			1265966	4	5828	9
10 HOUSEKEEPING	4794	21750	2254269		3672275	16	4794	10
11 DIETARY	10256	49510	1266932		3104741	20	10256	11
12 CAFETERIA	4372	29123	259974		134019		4372	12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2351	90955	4234918		5816570	71	2351	14
15 CENTRAL SERVICES & SUPPLY		13778			1535			15
16 PHARMACY	2184	15416	2172486		2931205	27	2184	16
17 MEDICAL RECORDS & LIBRARY	6264	18885	660815		1555865	35	6264	17
18 SOCIAL SERVICE	2013	617	841460		1519074	13	2013	18
19 DEPARTMENT OF SURGERY	5203	9003	2072225		2316508	24	5203	19
19.01 DEPARTMENT OF MEDICINE	1357	18308	2709702		3678809	109	1357	19.01
19.02 DEPARTMENT OF CARDIOLOGY	247	1768	305256		480542	54	247	19.02
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES			1149968		1043821	9		22
23 I&R SERVICES-OTHER PRGM COSTS	2337	3563	655924		5849983	8	2337	23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	50212	202174	19010672		28196719	129	50212	25
26 INTENSIVE CARE UNIT	6640	59986	5744612		8213728	62	6640	26
27 CORONARY CARE UNIT	10340	20977	1948410		2742147	10	10340	27
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	25625	392786	4560700		10900573	109	25625	37
37.01 ENDOSCOPY	2465	27637	754759		1460595	14	2465	37.01
38 RECOVERY ROOM	2937	29304	2229248		3091709	19	2937	38
41 RADIOLOGY-DIAGNOSTIC	22306	882447	4331761		7365121	105	22306	41
41.01 ULTRASOUND	101	295795	1182831		1879447	29	101	41.01
41.02 MRI	1872	56893	455576		800653	8	1872	41.02
43 RADIOISOTOPE	3384	70974	630562		873604	24	3384	43
44 LABORATORY	18260	214146	9076961		18259219	146	18260	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	2325	8272	459890		3101283	11	2325	47
49 RESPIRATORY THERAPY	1940	80600	2148016		3132600	14	1940	49
50 PHYSICAL THERAPY	4813	10570	1400666		1950561	34	4813	50
53 ELECTROCARDIOLOGY	36820	352098	3844153		8125783	93	36820	53
54 ELECTROENCEPHALOGRAPHY	295	21010	206445		280361	6	295	54
55 MEDICAL SUPPLIES CHARGED TO P					19621187			55
56 DRUGS CHARGED TO PATIENTS					20754943			56
56.01 NON INVASIVE VASCULAR LAB	2727	36066	336428		946705	11	2727	56.01
57 RENAL DIALYSIS	657	854			458924	3	657	57
58 ASC (NON-DISTINCT PART)	11564	89765	2595666		4013130	55	11564	58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC B	19998	24072	3939384		4113410	124	19998	60.01
60.02 CLINIC C	2538	572	279255		390461	32	2538	60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY	7779	60724	4889213		8254207	76	7779	61
62 OBSERVATION BEDS (NON-DISTINC								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 THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	547286	19272568	98436988	-47602842	202101078	1571	509868	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2412				15535		2412	96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP BLDGS & FIXTURES SQ FT	NEW CAP MOVABLE EQUIPMENT \$VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A.01	ADMINIS- TRATIVE & GENERAL ACCUM COST 6.01	TELEPHONES TELEPHONES 6.02	MAIN- TENANCE & REPAIRS SQUARE FEET 7	
97	RESEARCH	21820	295878	10312202		18736700	131	21820	97
97.01	RESEARCH FINANCE	567	1717	458285		1992116	3	567	97.01
98	PHYSICIANS' PRIVATE OFFICES	6928		651653		1547642	16	6928	98
100	OTHER NONREIMBURSABLE (SPECIF								100
100.01	REIMBURSED SALARIES					3406062			100.01
100.02	OUTSIDE VENTURES	1793	1783			11747	5	1793	100.02
100.03	VACANT SPACE	45535				293269		45535	100.03
100.04	HEALTH CENTERS THIRD FLOOR CI								100.04
100.05	SCREENING PROGRAMS	385	425004	216922		903088	6	385	100.05
100.06	PSYCHOLOGY		1562	559535		641868	41		100.06
100.07	OPTIFAST								100.07
100.08	N MAIN IMAGING								100.08
100.09	INVESTMENT PROPERTY		3974			443	1		100.09
100.10	SNF RESPIRATORY CARE								100.10
100.11	BROWN TEACHING					476720			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	4036443	2228163	32096047		47602842	339586	4011678	103
104	UNIT COST MULT-WS B PT I		.111394				191.423901		104
104	UNIT COST MULT-WS B PT I	6.440523		.290106		.206855		6.807439	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			23402		1910318	22401	100318	107
108	UNIT COST MULT-WS B PT III						12.627396		108
108	UNIT COST MULT-WS B PT III			.000212		.008301		.170230	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY
	OF PLANT	& LINEN	KEEPING			ADMINIS-	SERVICES &	
	SQUARE	SERVICE	SQUARE	MEALS	FTE 'S	TRATION	SUPPLY	RX REQS
	FEET	POUNDS	FEET			NURS HRS	CSS REQS	
	8	9	10	11	12	14	15	16
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6.01								6.01
6.02								6.02
7								7
8	362244							8
9	5828	2311721						9
10	4794	15923	351622					10
11	10256	406	10256	339907				11
12	4372	143	4372		150706			12
13								13
14	2351		2351		5456	81199		14
15							34060152	15
16	2184		2184		3256		56560	20685943
17	6264		6264		2104			17
18	2013		2013		1602	1603	15	18
19	5203		5203		1614			19
19.01	1357	381	1357		2720	250	172	19.01
19.02	247		247		485		220	19.02
20								20
21								21
22					892			22
23	2337		2337		675			23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	50212	1137560	50212	286018	33059	34151	1213092	25
26	6640	272600	6640	36055	8438	8328	537726	26
27	10340	78038	10340	11460	2852	2818	103552	27
ANCILLARY SERVICE COST CENTERS								
37	25625	96791	25625		7700	7308	1843449	37
37.01	2465	18901	2465		1104	1104	125359	37.01
38	2937	100878	2937		3084	3087	148855	38
41	22306	74346	22306		7198		606681	41
41.01	101	2771	101		1981		121980	41.01
41.02	1872	9508	1872		549		86638	41.02
43	3384	18315	3384		735		16267	43
44	18260		18260		15873		3459308	44
46.30								46.30
47	2325		2325		634		2432099	47
49	1940		1940		3364	3365	301396	49
50	4813	15179	4813		2292	2339	14131	50
53	36820	47750	36820		5434		1905726	53
54	295	1432	295		350		3150	54
55							19549537	55
56								20685943
56.01	2727	10295	2727		444		5614	56.01
57	657	5951	657				13988	57
58	11564	108277	11564		3766	3766	434164	58
59.01								59.01
OUTPATIENT SERVICE COST CENTERS								
60								60
60.01	19998	13451	19998		4827	4243	162372	60.01
60.02	2538	2390	2538		504	504	4630	60.02
60.03								60.03
60.04								60.04
61	7779	279670	7779	6374	7777	8333	714360	61
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
95	282804	2310956	272182	339907	130769	81199	33861041	20685943
NONREIMBURSABLE COST CENTERS								
96	2412		2412					96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET	POUNDS	SQUARE FEET	MEALS	FTE 'S	NURS HRS	CSS REQS	RX REQS
	8	9	10	11	12	14	15	16
97 RESEARCH	21820	765	21820		17968		196364	97
97.01 RESEARCH FINANCE	567		567					97.01
98 PHYSICIANS' PRIVATE OFFICES	6928		6928		952		1129	98
100 OTHER NONREIMBURSABLE (SPECIF								100
100.01 REIMBURSED SALARIES								100.01
100.02 OUTSIDE VENTURES	1793		1793					100.02
100.03 VACANT SPACE	45535		45535					100.03
100.04 HEALTH CENTERS THIRD FLOOR CI								100.04
100.05 SCREENING PROGRAMS	385		385		237		365	100.05
100.06 PSYCHOLOGY					780		1253	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	9038201	1713689	4599018	4210954	357877	7151717	1853	3648366
104 UNIT COST MULT-WS B PT I	24.950589		13.079438		2.374670		.000054	104
104 UNIT COST MULT-WS B PT I		.741304		12.388547		88.076417		.176369
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	1558216	75098	86418	146260	53199	88369	1548	62811
108 UNIT COST MULT-WS B PT III	4.301565		.245770		.352999		.000045	108
108 UNIT COST MULT-WS B PT III		.032486		.430294		1.088302		.003036

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE S/S TIME	DEPARTMENT OF SURGERY SURG TIME	DEPARTMENT OF MEDICINE MED TIME	DEPARTMENT OF CARDIOLOGY CARD TIME	I&R SALARY & FRINGES I/R TIME	I&R PROGRAM COSTS I/R TIME	
	17	18	19	19.01	19.02	22	23	
97 RESEARCH			27	618				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						61	61	100.05
100.06 PSYCHOLOGY				253				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			259	1303	563			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	2170261	2071039	3037405	4550259	602509	1263582	9765561	103
104 UNIT COST MULT-WS B PT I	.002421		303.740500		60.250900		976.556100	104
104 UNIT COST MULT-WS B PT I		207.103900		455.025900		126.358200		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	90779	37794	79765	57013	7860	9338	115182	107
108 UNIT COST MULT-WS B PT III	.000101		7.976500		.786000		11.518200	108
108 UNIT COST MULT-WS B PT III		3.779400		5.701300		.933800		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	45334419		45334419		45334419	25
26 INTENSIVE CARE UNIT	13650889		13650889		13650889	26
27 CORONARY CARE UNIT	4371000		4371000		4371000	27
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	16026143		16026143		16026143	37
37.01 ENDOSCOPY	2011238		2011238		2011238	37.01
38 RECOVERY ROOM	4274282		4274282		4274282	38
41 RADIOLOGY-DIAGNOSTIC	10166371		10166371		10166371	41
41.01 ULTRASOUND	2317047		2317047		2317047	41.01
41.02 MRI	1099749		1099749		1099749	41.02
43 RADIOISOTOPE	1254037		1254037		1254037	43
44 LABORATORY	24574568		24574568	53207	24627775	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3864702		3864702		3864702	47
49 RESPIRATORY THERAPY	4222550		4222550		4222550	49
50 PHYSICAL THERAPY	2818923		2818923		2818923	50
53 ELECTROCARDIOLOGY	11927893		11927893		11927893	53
54 ELECTROENCEPHALOGRAPHY	359698		359698		359698	54
55 MEDICAL SUPPLIES CHARGED TO	23894092		23894092		23894092	55
56 DRUGS CHARGED TO PATIENTS	28955979		28955979		28955979	56
56.01 NON INVASIVE VASCULAR LAB	1296190		1296190		1296190	56.01
57 RENAL DIALYSIS	665082		665082		665082	57
58 ASC (NON-DISTINCT PART)	5868029		5868029		5868029	58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CLINIC B	6926708		6926708		6926708	60.01
60.02 CLINIC C	640915		640915		640915	60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY	11598435		11598435		11598435	61
62 OBSERVATION BEDS (NON-DISTI	3149528		3149528		3149528	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	231268467		231268467	53207	231321674	101
102 LESS OBSERVATION BEDS	3149528		3149528		3149528	102
103 TOTAL	228118939		228118939	53207	228172146	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	56628833		56628833			25
26 INTENSIVE CARE UNIT	18561225		18561225			26
27 CORONARY CARE UNIT	5538277		5538277			27
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	43282866		43282866	.370265	.370265	.370265 37
37.01 ENDOSCOPY	2154656	6697804	8852460	.227195	.227195	.227195 37.01
38 RECOVERY ROOM	6439651	15745444	22185095	.192665	.192665	.192665 38
41 RADIOLOGY-DIAGNOSTIC	23919359	52600132	76519491	.132860	.132860	.132860 41
41.01 ULTRASOUND	1247645	4247770	5495415	.421633	.421633	.421633 41.01
41.02 MRI	5310085	11068219	16378304	.067147	.067147	.067147 41.02
43 RADIOISOTOPE	2632198	8964982	11597180	.108133	.108133	.108133 43
44 LABORATORY	48273428	119012690	167286118	.146901	.146901	.147219 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3711716	2035154	5746870	.672488	.672488	.672488 47
49 RESPIRATORY THERAPY	13401575	6388055	19789630	.213372	.213372	.213372 49
50 PHYSICAL THERAPY	4386748	3817224	8203972	.343605	.343605	.343605 50
53 ELECTROCARDIOLOGY	62614818	13026964	75641782	.157689	.157689	.157689 53
54 ELECTROENCEPHALOGRAPHY	448200	1648215	2096415	.171578	.171578	.171578 54
55 MEDICAL SUPPLIES CHARGED TO	71599485	16420744	88020229	.271461	.271461	.271461 55
56 DRUGS CHARGED TO PATIENTS	44300773	62847541	107148314	.270242	.270242	.270242 56
56.01 NON INVASIVE VASCULAR LAB	3450945	5053827	8504772	.152407	.152407	.152407 56.01
57 RENAL DIALYSIS	922754	167443	1090197	.610057	.610057	.610057 57
58 ASC (NON-DISTINCT PART)		30898880	30898880	.189911	.189911	.189911 58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CLINIC B		4227228	4227228	1.638593	1.638593	1.638593 60.01
60.02 CLINIC C		991594	991594	.646348	.646348	.646348 60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY	24752747	71605074	96357821	.120368	.120368	.120368 61
62 OBSERVATION BEDS (NON-DISTI	3312118	12187939	15500057	.203195	.203195	.203195 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	446890102	449652923	896543025			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	446890102	449652923	896543025			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				1123041		1123041	25
26 INTENSIVE CARE UNIT				245675		245675	26
27 CORONARY CARE UNIT				163206		163206	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
101 TOTAL				1531922		1531922	101

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	65205	23605			17.22	406478	25
26 INTENSIVE CARE UNIT	6866	3624			35.78	129667	26
27 CORONARY CARE UNIT	2200	3			74.18	223	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
101 TOTAL	74271	27232				536368	101

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	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		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		710630	43282866	14118737			.016418	231801 37
37.01 ENDOSCOPY		46150	8852460	789017			.005213	4113 37.01
38 RECOVERY ROOM		83959	22185095	1696215			.003784	6418 38
41 RADIOLOGY-DIAGNOSTIC		426884	76519491	10700118			.005579	59696 41
41.01 ULTRASOUND		51887	5495415	448245			.009442	4232 41.01
41.02 MRI		36232	16378304	2044941			.002212	4523 41.02
43 RADIOISOTOPE		55380	11597180	945237			.004775	4514 43
44 LABORATORY		590884	167286118	22665679			.003532	80055 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		53756	5746870	1433497			.009354	13409 47
49 RESPIRATORY THERAPY		72360	19789630	3589901			.003656	13125 49
50 PHYSICAL THERAPY		175430	8203972	1992240			.021384	42602 50
53 ELECTROCARDIOLOGY		588630	75641782	20493820			.007782	159483 53
54 ELECTROENCEPHALOGRAPHY		8462	2096415	22769			.004036	92 54
55 MEDICAL SUPPLIES CHARGED TO P		172658	88020229	22744757			.001962	44625 55
56 DRUGS CHARGED TO PATIENTS		245920	107148314	19437429			.002295	44609 56
56.01 NON INVASIVE VASCULAR LAB		74994	8504772	979505			.008818	8637 56.01
57 RENAL DIALYSIS		12930	1090197	422250			.011860	5008 57
58 ASC (NON-DISTINCT PART)		199027	30898880				.006441	58
59.01 APPLIANCE SHOP								59.01
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
60.01 CLINIC B		282450	4227228				.066817	60.01
60.02 CLINIC C		32992	991594				.033272	60.02
60.03 CLINIC D								60.03
60.04 CLINIC E								60.04
61 EMERGENCY		202535	96357821	13524625			.002102	28429 61
62 OBSERVATION BEDS (NON-DISTINC		78020	15500057	1470918			.005034	7405 62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		4202170	815814690	139519900				762776 101

PROVIDER NO. 41-0012 THE MIRIAM HOSPITAL
 PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
 02/28/2008 08:34

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	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					65205		23605	25
26 INTENSIVE CARE UNIT					6866		3624	26
27 CORONARY CARE UNIT					2200		3	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					74271		27232	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	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		43282866			14118737		37
37.01 ENDOSCOPY		8852460			789017		37.01
38 RECOVERY ROOM		22185095			1696215		38
41 RADIOLOGY-DIAGNOSTIC		76519491			10700118		41
41.01 ULTRASOUND		5495415			448245		41.01
41.02 MRI		16378304			2044941		41.02
43 RADIOISOTOPE		11597180			945237		43
44 LABORATORY		167286118			22665679		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		5746870			1433497		47
49 RESPIRATORY THERAPY		19789630			3589901		49
50 PHYSICAL THERAPY		8203972			1992240		50
53 ELECTROCARDIOLOGY		75641782			20493820		53
54 ELECTROENCEPHALOGRAPHY		2096415			22769		54
55 MEDICAL SUPPLIES CHARGED TO P		88020229			22744757		55
56 DRUGS CHARGED TO PATIENTS		107148314			19437429		56
56.01 NON INVASIVE VASCULAR LAB		8504772			979505		56.01
57 RENAL DIALYSIS		1090197			422250		57
58 ASC (NON-DISTINCT PART)		30898880					58
59.01 APPLIANCE SHOP							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CLINIC B		4227228					60.01
60.02 CLINIC C		991594					60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY		96357821			13524625		61
62 OBSERVATION BEDS (NON-DISTINC		15500057			1470918		62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		815814690			139519900		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 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
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	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	SURGICAL		DIAGNOSTIC	
				CENTER			
				2	3	4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.370265	.370265	.370265				37
37.01 ENDOSCOPY	.227195	.227195	.227195				37.01
38 RECOVERY ROOM	.192665	.192665	.192665				38
41 RADIOLOGY-DIAGNOSTIC	.132860	.132860	.132860				41
41.01 ULTRASOUND	.421633	.421633	.421633				41.01
41.02 MRI	.067147	.067147	.067147				41.02
43 RADIOISOTOPE	.108133	.108133	.108133				43
44 LABORATORY	.146901	.146901	.146901				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.672488	.672488	.672488				47
49 RESPIRATORY THERAPY	.213372	.213372	.213372				49
50 PHYSICAL THERAPY	.343605	.343605	.343605				50
53 ELECTROCARDIOLOGY	.157689	.157689	.157689				53
54 ELECTROENCEPHALOGRAPHY	.171578	.171578	.171578				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.271461	.271461	.271461				55
56 DRUGS CHARGED TO PATIENTS	.270242	.270242	.270242				56
56.01 NON INVASIVE VASCULAR LAB	.152407	.152407	.152407				56.01
57 RENAL DIALYSIS	.610057	.610057	.610057				57
58 ASC (NON-DISTINCT PART)	.189911	.189911	.189911				58
59.01 APPLIANCE SHOP							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CLINIC B	1.638593	1.638593	1.638593				60.01
60.02 CLINIC C	.646348	.646348	.646348				60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY	.120368	.120368	.120368				61
62 OBSERVATION BEDS (NON-DISTINCT	.203195	.203195	.203195				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	.270242	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 COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 ENDOSCOPY		335268					37.01
38 RECOVERY ROOM							38
41 RADIOLOGY-DIAGNOSTIC		1408263					41
41.01 ULTRASOUND		299791					41.01
41.02 MRI		158041					41.02
43 RADIOISOTOPE		216407					43
44 LABORATORY		464089					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		443736					47
49 RESPIRATORY THERAPY		10957	24353				49
50 PHYSICAL THERAPY		578					50
53 ELECTROCARDIOLOGY		558751					53
54 ELECTROENCEPHALOGRAPHY		52679					54
55 MEDICAL SUPPLIES CHARGED TO PAT		925931	18				55
56 DRUGS CHARGED TO PATIENTS		4638573	295				56
56.01 NON INVASIVE VASCULAR LAB		141850					56.01
57 RENAL DIALYSIS			9818				57
58 ASC (NON-DISTINCT PART)		1583811					58
59.01 APPLIANCE SHOP							59.01
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 CLINIC B		577656					60.01
60.02 CLINIC C							60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY		1312649					61
62 OBSERVATION BEDS (NON-DISTINCT)		711025					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		13840055	34484				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		13840055	34484				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)	65205						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	65205						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5968						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	59237						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)	23605						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	45334419						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	45334419						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46683601						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	376975						29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46306626						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.971099						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE	63.17						32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	781.72						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	45334419						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	695.26					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16411612					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	16411612					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	13650889	6866	1988.19	3624	7205201	43
44 CORONARY CARE UNIT	4371000	2200	1986.82	3	5960	44
45 BURN INTENSIVE CARE UNIT						45
46 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	30331605					48
49 TOTAL PROGRAM INPATIENT COSTS	53954378					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	536368					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	762776					51
52 TOTAL PROGRAM EXCLUDABLE COST	1299144					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	52655234					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	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (41-0012)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4530	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	695.26	84
85 OBSERVATION BED COST	3149528	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		45334419		3149528		86
87 NEW CAPITAL-RELATED COST	1123041	45334419	.024772	3149528	78020	87
88 NON PHYSICIAN ANESTHETIST		45334419		3149528		88
89 MEDICAL EDUCATION		45334419		3149528		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

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

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		21706494		25
26 INTENSIVE CARE UNIT		9025154		26
27 CORONARY CARE UNIT		7831		27
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.370265	14118737	5227674	37
37.01 ENDOSCOPY	.227195	789017	179261	37.01
38 RECOVERY ROOM	.192665	1696215	326801	38
41 RADIOLOGY-DIAGNOSTIC	.132860	10700118	1421618	41
41.01 ULTRASOUND	.421633	448245	188995	41.01
41.02 MRI	.067147	2044941	137312	41.02
43 RADIOISOTOPE	.108133	945237	102211	43
44 LABORATORY	.147219	22665679	3336819	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.672488	1433497	964010	47
49 RESPIRATORY THERAPY	.213372	3589901	765984	49
50 PHYSICAL THERAPY	.343605	1992240	684544	50
53 ELECTROCARDIOLOGY	.157689	20493820	3231650	53
54 ELECTROENCEPHALOGRAPHY	.171578	22769	3907	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.271461	22744757	6174314	55
56 DRUGS CHARGED TO PATIENTS	.270242	19437429	5252810	56
56.01 NON INVASIVE VASCULAR LAB	.152407	979505	149283	56.01
57 RENAL DIALYSIS	.610057	422250	257597	57
58 ASC (NON-DISTINCT PART)	.189911			58
59.01 APPLIANCE SHOP				59.01
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 CLINIC B	1.638593			60.01
60.02 CLINIC C	.646348			60.02
60.03 CLINIC D				60.03
60.04 CLINIC E				60.04
61 EMERGENCY	.120368	13524625	1627932	61
62 OBSERVATION BEDS (NON-DISTINCT	.203195	1470918	298883	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		139519900	30331605	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		139519900		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	9447448					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	30877515					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	6396460					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	19611532					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	1120040					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	219.25					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]	-14.00					3.06
3.07 SUM OF LINES 3.04-3.06	0.00					3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	57.71					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1	62.88					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	57.71					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	55.21					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	58.26					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	0.260251				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.245364				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	0.245364				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	1943683				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]	6193845				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	8137528 0	8137528			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0794				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1256				4.01
4.02	SUM OF 4 AND 4.01	0.2050				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0607				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	2447725				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317	4976				5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	52030256				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	52030256				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4105100				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1978618				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	58113974				16
17	PRIMARY PAYER PAYMENTS	13508				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	58100466				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3384773				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	338050				20
21	REIMBURSABLE BAD DEBTS	752173				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	526521				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	678845				21.02
22	SUBTOTAL	54904164				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						23
24						24
25						25
26	54904164					26
27						27
28	53184638					28
28.01						28.01
29	1719526					29
30	1058783					30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0012) 1	HOSPITAL (41-0012) 1.01	HOSPITAL (41-0012) 1.02	
1 MEDICAL AND OTHER SERVICES	34484			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	13840055			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13198594			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.909			1.03
1.04 LINE 1.01 TIMES LINE 1.03	12580610			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	34484			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	131388			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	131388			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	131388			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	96904			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	34484			17
17.01 TOTAL PPS PAYMENTS	13198594			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (41-0012) 1	HOSPITAL (41-0012) 1.01	HOSPITAL (41-0012) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3633806		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	9599272		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	508936		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10108208		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	10108208		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	897370		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	628159		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	752120		27.02
28 SUBTOTAL	10736367		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	10736367		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10604552		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	131815		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(41-0012)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(41-0012)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(41-0012)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (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		53184638		10604552	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		53184638		10604552	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	1719526		131815	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		54904164		10736367	7
NAME OF INTERMEDIARY: _____				INTERMEDIARY NUMBER: _____	
SIGNATURE OF AUTHORIZED PERSON: _____				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]	-17.00	3.03
3.04	FTE ADJUSTMENT CAP -17.00	59.15	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	62.88	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	59.15	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	24.84	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	28.49	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	53.33	3.09
3.10	SEE INSTRUCTIONS	50.17	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)	24.53	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	29.96	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	27.10	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	27.10	3.16
3.17	SEE INSTRUCTIONS	80766.35	3.17
3.18	SEE INSTRUCTIONS	2188768	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		20.98	3.19
3.20	SEE INSTRUCTIONS		27.10	3.20
3.21	SEE INSTRUCTIONS		23.82	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		23.82	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		83138.24	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		1980353	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		4169121	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		27232	4
5	TOTAL INPATIENT DAYS		69741	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.390473	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 1627929	0	1627929	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		16746	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		69741	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		859625	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		1090197	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES		40808	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 41-0012 THE MIRIAM HOSPITAL
PERIOD FROM 10/01/2006 TO 09/30/2007

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

VERSION: 2007.06
02/28/2008 08:34

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

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

12	REASONABLE COST	53954378	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	13508	15
16	TOTAL PART A REASONABLE COST	53940870	16
PART B REASONABLE COST			
17	REASONABLE COST	13874539	17
18	PRIMARY PAYER PAYMENTS		18
19	TOTAL PART B REASONABLE COST	13874539	19
20	TOTAL REASONABLE COST	67815409	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.795407	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.204593	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	2487554	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	1978618	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	508936	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	7886000			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	37892000			4
5	OTHER RECEIVABLES	4194000			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8781000			6
7	INVENTORY	3716000			7
8	PREPAID EXPENSES	282000			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	45189000			11
FIXED ASSETS					
12	LAND	3219000			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	1151000			13
13.01	ACCUMULATED DEPRECIATION	-1032000			13.01
14	BUILDINGS	165325000			14
14.01	ACCUMULATED DEPRECIATION	-48005000			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	98550000			16
16.01	ACCUMULATED DEPRECIATION	-73317083			16.01
17	AUTOMOBILES AND TRUCKS	290000			17
17.01	ACCUMULATED DEPRECIATION	-150000			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	146030917			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	159708083			25
26	TOTAL OTHER ASSETS	159708083			26
27	TOTAL ASSETS	350928000			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	9137000			28
29	SALARIES, WAGES & FEES PAYABLE	12270000			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	12304000			35
36	TOTAL CURRENT LIABILITIES	33711000			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	51592000			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	16145000			41
42	TOTAL LONG TERM LIABILITIES	67737000			42
43	TOTAL LIABILITIES	101448000			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	249480000			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	249480000			51
52	TOTAL LIABILITIES AND FUND BALANCES	350928000			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	207797000			1
2 NET INCOME (LOSS)	16181662			2
3 TOTAL	223978662			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	5070000			4
5 EQUIPMENT PURCHASED	8248000			5
6 DONATED EQUIPMENT	428000			6
7 TEMP RESTRICTED ASSETS	22827000			7
8 TRANSFERS FROM TMHF	5274000			8
9 UNREALIZED GAINS	4703000			9
10 TOTAL ADDITIONS	46550000			10
11 SUBTOTAL	270528662			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	-5957000			12
13 NET ASSETS RELEASED	27007000			13
14 ADJUSTMENT	-1338			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	21048662			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	249480000			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	56628833		56628833	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	56628833		56628833	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	18561225		18561225	12
13 CORONARY CARE UNIT	5538277		5538277	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	24099502		24099502	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	80728335		80728335	18
18.50 ANCILLARY SERVICES	365437021		365437021	18.50
18.60 OUTPATIENT SERVICES		449710655	449710655	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
25 TOTAL PATIENT REVENUES	2653349	7722294	10375643	25
	448818705	457432949	906251654	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		290405593	26
27 PROVISION FOR BAD DEBT	16444000		27
28 RESEARCH EXPENSES	4082879		28
29 COMMUNITY SERVICES	281827		29
30 REIMBURSED SALARIES	-2529044		30
31	3		31
32			32
33 TOTAL ADDITIONS		18279665	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		308685258	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	906251654	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	631042164	2
3	NET PATIENT REVENUES	275209490	3
4	LESS - TOTAL OPERATING EXPENSES	308685258	4
5	NET INCOME FROM SERVICE TO PATIENTS	-33475768	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	7083413	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	67839	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	796560	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	415323	22
23	GOVERNMENTAL APPROPRIATIONS	7599702	23
24	SALE OF FIXED ASSETS		24
24.01	PHYSICIAN OVERHEAD RECOVERY	21650	24.01
24.02	INVESTMENT INCOME SELF INS. TRUST	2691327	24.02
24.03	MISCELLANEOUS REVENUE	918795	24.03
24.04	DIRECT REVENUE FROM SPF	1194415	24.04
24.05	INDIRECT REVENUE FROM GRANTS	19856200	24.05
24.06	RESEARCH	4082879	24.06
24.07	SERVICES RENDERED	4929327	24.07
24.08	WING ENDOWMENT TRANSFERS		24.08
25	TOTAL OTHER INCOME	49657430	25
26	TOTAL	16181662	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	16181662	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	FTEs PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	388390	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	388390				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	66208	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER		ACCUMULATED COST			16
17 SUBTOTAL	454598				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	4231	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	95	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS		SALARY			22
23 ADMINISTRATIVE AND GENERAL	95505	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	29458	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES	1	REQUISITIONS			26
27 PHARMACY		REQUISITIONS			27
28 OTHER ALLOCATED COSTS	81194	ACCUMULATED COST			28
29 SUBTOTAL	665082				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	665082				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 41-2301

WORKSHEET I-2

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS		-DIRECT PATIENT- CARE SALARY			EMPLOYEE BENEFITS	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUB- TOTAL	OVERHEAD	TOTAL	
	BUILDING 1	EQUIPMENT 2	RNS 3	OTHER 4	5								
1 TOTAL RENAL DEPT COSTS MAINTENANCE	33689	95	388390					66209		488383	176699	665082	1
2 HEMODIALYSIS	2253	6	26005					9997		38261	13843	52104	2
3 INTERMITTENT PERITONEAL TRAINING													3
4 HEMODIALYSIS													4
5 INTERMITTENT PERITONEAL													5
6 CAPD													6
7 CCPD													7
8 HEMODIALYSIS HOME													8
9 INTERMITTENT PERITONEAL													9
10 CAPD													10
11 CCPD													11
OTHER BILLABLE SERVICES													
12 INPATIENT DIALYSIS	31436	89	362385					56212		450122	162856	612978	12
13 METHOD II HOME PATIENT													13
14 EPO (INCL IN RENAL DEPT)													14
15 OTHER													15
16 TOTAL	33689	95	388390					66209		488383	176699	665082	16
17 MEDICAL EDUC PGM COSTS													17
18 TOTAL RENAL COSTS												665082	18

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 41-2301

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING (SQUARE FEET) 1	--- EQUIPMENT % OF TIME) 2	-DIRECT PATIENT- CARE SALARY RNS (HOURS) 3	OTHERS (HOURS) 4	EMPLOYEE BENEFITS (SALARY) 5	DRUGS (REQUIS) 6	MEDICAL SUPPLIES (REQUIS) 7	ROUTINE ANCILLARY SERVICES (CHARGES) 8	SUB- TOTAL 9	OVERHEAD (ACCUM. COST) 10	
1 TOTAL RENAL DEPT COSTS	33689	95	388390				66209		488383	176699	1
MAINTENANCE											
2 HEMODIALYSIS	44	44.00	93.00				9997				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 TRMNTS 1547	614	614.00	1296.00				56211				13
13 METHOD II HOME PATIENT											14
14 EPO											15
15 OTHER											16
16 TOTAL STATISTICAL BASIS	658	658.00	1389.00				66208			488383	16
17 UNIT COST MULTIPLIER	51.199088		279.618431				1.000015				17
		.144377								.361804	

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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	1547	52104	33.68	129	4345	146.29	18871	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	1547	52104		129	4345		18871	11

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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	4345 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	18871 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	2145 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	2145 6
7	PROGRAM PAYMENT	15097 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	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3628341			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	3986			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	191.07			4
4.01	NO. OF INTERNS & RESIDENTS	57.06	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			8.79	4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	318931			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0794			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1256			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2050			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0424			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	153842			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4105100			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	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 A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
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 CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					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 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
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
97 RESEARCH						97
97.01 RESEARCH FINANCE						97.01
98 PHYSICIANS' PRIVATE OFFICES						98
00 OTHER NONREIMBURSABLE (SPECIFY)						00
00.01 REIMBURSED SALARIES						00.01
00.02 OUTSIDE VENTURES						00.02
00.03 VACANT SPACE						00.03
00.04 HEALTH CENTERS THIRD FLOOR CIP						00.04
00.05 SCREENING PROGRAMS						00.05
00.06 PSYCHOLOGY						00.06
00.07 OPTIFAST						00.07
00.08 N MAIN IMAGING						00.08
00.09 INVESTMENT PROPERTY						00.09
00.10 SNF RESPIRATORY CARE						00.10
00.11 BROWN TEACHING						00.11
00.12 REHAB SATELLITE						00.12
00.13 OTHER NONREIMBURSABLE COST CENT						00.13
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	36.20						36.20 25
26 INTENSIVE CARE UNIT	52.78						52.78 26
27 CORONARY CARE UNIT	0.14						0.14 27
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	32.62						32.62 37
37.01 ENDOSCOPY	8.91	16.67					25.58 37.01
38 RECOVERY ROOM	7.65						7.65 38
41 RADIOLOGY-DIAGNOSTIC	13.98	13.85					27.83 41
41.01 ULTRASOUND	8.16	12.94					21.10 41.01
41.02 MRI	12.49	14.37					26.86 41.02
43 RADIOISOTOPE	8.15	17.26					25.41 43
44 LABORATORY	13.55	1.89					15.44 44
47 BLOOD STORING, PROCESSING & TRA	24.94	11.48					36.42 47
49 RESPIRATORY THERAPY	18.14	0.26					18.40 49
50 PHYSICAL THERAPY	24.28	0.02					24.30 50
53 ELECTROCARDIOLOGY	27.09	4.68					31.77 53
54 ELECTROENCEPHALOGRAPHY	1.09	14.65					15.74 54
55 MEDICAL SUPPLIES CHARGED TO PAT	25.84	3.88					29.72 55
56 DRUGS CHARGED TO PATIENTS	18.14	16.02					34.16 56
56.01 NON INVASIVE VASCULAR LAB	11.52	10.94					22.46 56.01
57 RENAL DIALYSIS	38.73						38.73 57
58 ASC (NON-DISTINCT PART)		26.99					26.99 58
60.01 CLINIC B		8.34					8.34 60.01
61 EMERGENCY	14.04	11.32					25.36 61
62 OBSERVATION BEDS (NON-DISTINCT	9.49	22.58					32.07 62
101 TOTAL CHARGES	15.56	7.75					23.31 101

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	4036443	1.45	-4036443	-3.45		3
4	NEW CAP REL COSTS-MVBLE EQUIP	2228163	.80	-2228163	-1.90		4
5	EMPLOYEE BENEFITS	32072645	11.55	-32072645	-27.40		5
6.01	OTHER ADMINISTRATION & GEN	43719868	15.74	-43719868	-37.35		6.01
6.02	TELEPHONE	41958	.02	-41958	-.04		6.02
7	MAINTENANCE & REPAIRS	2961188	1.07	-2961188	-2.53		7
8	OPERATION OF PLANT	4363511	1.57	-4363511	-3.73		8
9	LAUNDRY & LINEN SERVICE	1227490	.44	-1227490	-1.05		9
10	HOUSEKEEPING	2984999	1.07	-2984999	-2.55		10
11	DIETARY	2665627	.96	-2665627	-2.28		11
12	CAFETERIA	27197	.01	-27197	-.02		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	4562721	1.64	-4562721	-3.90		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY	2285171	.82	-2285171	-1.95		16
17	MEDICAL RECORDS & LIBRARY	1321712	.48	-1321712	-1.13		17
18	SOCIAL SERVICE	1261927	.45	-1261927	-1.08		18
19	DEPARTMENT OF SURGERY	1680830	.61	-1680830	-1.44		19
19.01	DEPARTMENT OF MEDICINE	2881929	1.04	-2881929	-2.46		19.01
19.02	DEPARTMENT OF CARDIOLOGY	390197	.14	-390197	-.33		19.02
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A	710208	.26	-710208	-.61		22
23	I&R SERVICES-OTHER PRGM COSTS A	5644247	2.03	-5644247	-4.82		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	22335695	8.04	29744149	25.41	52079844	18.75
26	INTENSIVE CARE UNIT	6497735	2.34	8790982	7.51	15288717	5.50
27	CORONARY CARE UNIT	2107970	.76	3482853	2.98	5590823	2.01
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	9368695	3.37	6657448	5.69	16026143	5.77
37.01	ENDOSCOPY	1222680	.44	788558	.67	2011238	.72
38	RECOVERY ROOM	2422811	.87	1851471	1.58	4274282	1.54
41	RADIOLOGY-DIAGNOSTIC	5866490	2.11	4473038	3.82	10339528	3.72
41.01	ULTRASOUND	1502701	.54	814346	.70	2317047	.83
41.02	MRI	650093	.23	449656	.38	1099749	.40
43	RADIOISOTOPE	660973	.24	593064	.51	1254037	.45
44	LABORATORY	15484479	5.58	9382361	8.01	24866840	8.95
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2951971	1.06	912731	.78	3864702	1.39
49	RESPIRATORY THERAPY	2487975	.90	1858101	1.59	4346076	1.56
50	PHYSICAL THERAPY	1512044	.54	1306879	1.12	2818923	1.01
53	ELECTROCARDIOLOGY	6734209	2.42	5193684	4.44	11927893	4.29
54	ELECTROENCEPHALOGRAPHY	216230	.08	334272	.29	550502	.20

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
55 MEDICAL SUPPLIES CHARGED TO PAT	19621187	7.06	4272905	3.65	23894092	8.60	55
56 DRUGS CHARGED TO PATIENTS	20754943	7.47	8201036	7.01	28955979	10.43	56
56.01 NON INVASIVE VASCULAR LAB	827524	.30	468666	.40	1296190	.47	56.01
57 RENAL DIALYSIS	454598	.16	339525	.29	794123	.29	57
58 ASC (NON-DISTINCT PART)	3175635	1.14	2692394	2.30	5868029	2.11	58
59.01 APPLIANCE SHOP							59.01
60 CLINIC							60
60.01 CLINIC B	2839092	1.02	4328051	3.70	7167143	2.58	60.01
60.02 CLINIC C	293037	.11	347878	.30	640915	.23	60.02
60.03 CLINIC D							60.03
60.04 CLINIC E							60.04
61 EMERGENCY	6778952	2.44	5029037	4.30	11807989	4.25	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
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN			126897	.11	126897	.05	96
97 RESEARCH	15571577	5.61	8376986	7.16	23948563	8.62	97
97.01 RESEARCH FINANCE	1855322	.67	574870	.49	2430192	.88	97.01
98 PHYSICIANS' PRIVATE OFFICES	1313974	.47	869763	.74	2183737	.79	98
100 OTHER NONREIMBURSABLE (SPECIFY)							100
100.01 REIMBURSED SALARIES	3406062	1.23	704561	.60	4110623	1.48	100.01
100.02 OUTSIDE VENTURES			95527	.08	95527	.03	100.02
100.03 VACANT SPACE			2395607	2.05	2395607	.86	100.03
100.04 HEALTH CENTERS THIRD FLOOR CIP							100.04
100.05 SCREENING PROGRAMS	790335	.28	385814	.33	1176149	.42	100.05
100.06 PSYCHOLOGY	479370	.17	420094	.36	899464	.32	100.06
100.07 OPTIFAST							100.07
100.08 N MAIN IMAGING							100.08
100.09 INVESTMENT PROPERTY			726		726		100.09
100.10 SNF RESPIRATORY CARE							100.10
100.11 BROWN TEACHING	476720	.17	804101	.69	1280821	.46	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	277729110	100.00	0	.00	277729110	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	710630	43282866	.016418	14118737	231801	37
37.01 ENDOSCOPY	46150	8852460	.005213	789017	4113	37.01
38 RECOVERY ROOM	83959	22185095	.003784	1696215	6418	38
41 RADIOLOGY-DIAGNOSTIC	426884	76519491	.005579	10700118	59696	41
41.01 ULTRASOUND	51887	5495415	.009442	448245	4232	41.01
41.02 MRI	36232	16378304	.002212	2044941	4523	41.02
43 RADIOISOTOPE	55380	11597180	.004775	945237	4514	43
44 LABORATORY	590884	167286118	.003532	22665679	80055	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	53756	5746870	.009354	1433497	13409	47
49 RESPIRATORY THERAPY	72360	19789630	.003656	3589901	13125	49
50 PHYSICAL THERAPY	175430	8203972	.021384	1992240	42602	50
53 ELECTROCARDIOLOGY	588630	75641782	.007782	20493820	159483	53
54 ELECTROENCEPHALOGRAPHY	8462	2096415	.004036	22769	92	54
55 MEDICAL SUPPLIES CHARGED TO PAT	172658	88020229	.001962	22744757	44625	55
56 DRUGS CHARGED TO PATIENTS	245920	107148314	.002295	19437429	44609	56
56.01 NON INVASIVE VASCULAR LAB	74994	8504772	.008818	979505	8637	56.01
57 RENAL DIALYSIS	12930	1090197	.011860	422250	5008	57
58 ASC (NON-DISTINCT PART)	199027	30898880	.006441			58
59.01 APPLIANCE SHOP						59.01
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 CLINIC B	282450	4227228	.066817			60.01
60.02 CLINIC C	32992	991594	.033272			60.02
60.03 CLINIC D						60.03
60.04 CLINIC E						60.04
61 EMERGENCY	202535	96357821	.002102	13524625	28429	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	78020	15500057	.005034	1470918	7405	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	4202170	815814690		139519900	762776	101

APPORIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	1123041		1123041	65205	17.22	23605	406478 25
26	INTENSIVE CARE UNIT	245675		245675	6866	35.78	3624	129667 26
27	CORONARY CARE UNIT	163206		163206	2200	74.18	3	223 27
101	TOTAL	1531922		1531922			27232	536368 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS								536368
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS								762776
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS								1299144
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						4976		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						27232		
PER DISCHARGE CAPITAL COSTS								261.08
PER DIEM CAPITAL COSTS								47.71

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)	52655234
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	170259379
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.309

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)	1299144
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.008

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	13839477
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (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)	69465039
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.199