PROVIDER NO. 15-0165 PHYSICIANS REGIONAL HOSPITAL
PERIOD FROM 06/01/2007 TO 12/31/2007

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

VERSION: 2007.06
06/02/2008 16:25

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____ [ ] INITIAL [ ] RE-OPENING
INTERMEDIARY NO. _____ [ ] FINAL [ ] MCR CODE

PART I - CERTIFICATION

CHECK APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
__ MANUALLY SUBMITTED COST REPORT

DATE: _06/02/2008
TIME: _16:25____

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 PHYSICIANS REGIONAL HOSPITAL (15-0165) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2007 AND ENDING 12/31/2007, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 06/02/2008 16:25
1K2ZHNjyQogtB3cF6OtwNBvuSb5Af0
IrKUT0T0846s5wnvMciEo8S4Uf8k5E
VkM:0.39F.09bx.u

PI Encryption: 06/02/2008 16:25
DPe8JUPn4Lq3N4FZz9wJoVki5jIB10
O:Yr80LXXLFGOclz5P:j88.jNupl14
D2Vj6AMihV0uiAdE

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

President
TITLE

6-3-08
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII PART A	TITLE XVIII PART B	TITLE XIX	
		1	2	3	4	
1	HOSPITAL					1
2	SUBPROVIDER I		29954			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		29954			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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

PROVIDER NO. 15-0165 PHYSICIANS REGIONAL HOSPITAL
PERIOD FROM 06/01/2007 TO 12/31/2007

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2007.06
06/02/2008 16:21

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

WORKSHEET S
PARTS I & II

INTERMEDIARY USE ONLY: [ ] AUDITED [ ] DESK REVIEWED

DATE RECEIVED _____
INTERMEDIARY NO. _____

[ ] INITIAL [ ] FINAL

[ ] RE-OPENING [ ] MCR CODE

PART I - CERTIFICATION

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__ MANUALLY SUBMITTED COST REPORT

DATE: _____
TIME: _____

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

_____
TITLE

_____
DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			PART A	PART B		
1	HOSPITAL	1	2	3	4	
2	SUBPROVIDER I		29954			1
3	SWING BED - SNF					2
4	SWING BED - NF					3
5	SKILLED NURSING FACILITY					4
6	NURSING FACILITY					5
7	HOME HEALTH AGENCY					6
8	OUTPATIENT REHABILITATION PROVIDER					7
9	HEALTH CLINIC					8
100	TOTAL		29954			9
						100

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IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2007.06
06/02/2008 16:21

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:
1 STREET: 701 SUPERIOR P.O.BOX: 1
1.01 CITY: MUNSTER STATE: IN ZIP CODE: 46321 COUNTY: LAKE 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	PHYSICIANS REGIONAL HOSPITAL	15-0165	06/01/2007	N	P	P	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							16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 06/01/2007 TO: 12/31/2007 17

18 TYPE OF CONTROL 1 2
6 = Proprietary, Other 18

TYPE OF HOSPITAL/SUBPROVIDER
19 HOSPITAL 1 19
20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? NO 21.01

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 23844 21.03

= Less than 100 beds (E Part A Line 3)

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? NO 25

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-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) 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) 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: BEGINNING: ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.		28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st		28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.		28.02

A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

28.03	STAFFING			
28.04	RECRUITMENT	0.00	N	28.03
28.05	RETENTION OF EMPLOYEES	0.00	N	28.04
28.06	TRAINING	0.00	N	28.05
28.07	OTHER (SPECIFY)	0.00	N	28.06
				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 (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO	35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL	V	XVIII	XIX	
	1	2	3	
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?		NO		36.01
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?		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 158014	40
40.01	NAME: SISTERS OF ST. FRANCIS HEAL FI/CONTRACTOR'S NAME: WPS	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 1515 DRAGOON TRAIL	P.O.BOX:	40.02
40.03	CITY: MISHAWAKA	STATE: IN ZIP CODE: 46544	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		53
53.01	MDH PERIOD: BEGINNING: ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: 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

		DATE	Y/N	LIMIT	Y/N	FEES	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56

57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?	NO	57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.	NO	58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)		58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	I/P DAYS / O/P VISITS / TRIPS: TITLE V 3	TITLE XVIII 4	LTCH NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01	
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	23	4922			1192		66		1
2	HMO									
3	HOSPITAL ADULTS & PEDS - SWING BED SNF							4		2
										3
4	HOSPITAL ADULTS & PEDS - SWING BED NF									4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	23	4922			1192		66		5
6	INTENSIVE CARE UNIT	9	1926			218				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	32	6848			1410		66		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	32								25
26	OBSERVATION BED DAYS									26
27	AMBULANCE TRIPS									27
28	EMPLOYEE DISCOUNT DAYS									28

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WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS---- OBS. BEDS NOT ADMITTED 5.02	TOTAL ALL PATIENTS 6	OBS. BEDS ADMITTED 6.01	OBS. BEDS NOT ADMITTED 6.02	---INTERNS & RES FTES---- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8	NET 9	--FULL TIME EQUIV-- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1361								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		1361								5
6	INTENSIVE CARE UNIT		630								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		1991						139.25		12
13	RPCH VISITS										13
14	SUBPROVIDER I										14
15	SKILLED NURSING FACILITY										15
16	NURSING FACILITY	1991									16
17	OTHER LONG TERM CARE	+56									17
18	HOME HEALTH AGENCY										18
20	ASC (DISTINCT PART)	2047									20
21	HOSPICE (DISTINCT PART)										21
23	O/P REHAB PROVIDER										23
24	RHC I										24
25	TOTAL								139.25		25
26	OBSERVATION BED DAYS		56		56						26
27	AMBULANCE TRIPS										27
28	EMPLOYEE DISCOUNT DAYS										28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

	COMPONENT	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		302	14	479	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		302	14	479	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

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART II

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	DATA SOURCE 6	
SALARIES							
1 TOTAL SALARIES	4024364		4024364	164558.00	24.46		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	420571		420571	4504.91	93.36	ANESTHESIOLOGIS	5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES							8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	682581		682581	20430.00	33.41	PER LIST	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 →	719409		719409	13450.00	53.49		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	679894		679894			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS						CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	79345		79345			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS		67207	67207	2638.00	25.48		21
22 ADMINISTRATIVE & GENERAL	4024364	-3423377	600987	32294.00	18.61		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT		110671	110671	5242.00	21.11		24
25 LAUNDRY & LINEN SERVICE							25
26 HOUSEKEEPING		91598	91598	8581.00	10.67		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY		50684	50684	3606.00	14.06		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION							30
31 CENTRAL SERVICES AND SUPPLY		70309	70309	5648.00	12.45		31
32 PHARMACY		100983	100983	2562.00	39.42		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR		98430	98430	5998.00	16.41		33
34 SOCIAL SERVICE							34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED 1	RECLASS. OF SALARIES FROM WKST. A-6 2	ADJUSTED SALARIES (COL.1 + COL.2) 3	PAID HOURS RELATED TO SALARY IN COL.3 4	AVERAGE HOURLY WAGE (COL.3 / COL.4) 5	
1 NET SALARIES	3603793		3603793	160053.09	22.52	1
2 EXCLUDED AREA SALARIES						2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	3603793		3603793	160053.09	22.52	3
4 SUBTOTAL OTHER WAGES & REL COSTS	1401990		1401990	33880.00	41.38	4
5 SUBTOTAL WAGE-RELATED COSTS	679894		679894		18.87%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	5685677		5685677	193933.09	29.32	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	4024364	-2833495	1190869	66569.00	17.89	13

NHCMQ DEMONSTRATION STATISTICAL DATA
STATISTICAL DATA

WORKSHEET S-7

	GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1 RATE	DAYS	SERVICES ON OR AFTER JANUARY 1 RATE	DAYS	TOTAL	
	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		17
17.01	GROSS MEDICAID REVENUES Medicaid Revenue	168138	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	168138	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.565341	24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST		25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS		26
27	TOTAL SCHIP COST		27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	502779	28
29	TOTAL GROSS MEDICAID COST	284242	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	26606	30
31	UNCOMPENSATED CARE COST	15041	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	284242	32

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

A6 A-8

		COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI-FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST-MENTS 6	NET EXP FOR ALLOCATION 7	
		GENERAL SERVICE COST CENTERS								
1	0100	OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		228018	228018	788351	1016369	281704	1298073	3
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		454560	454560		454560		454560	4
5	0500	EMPLOYEE BENEFITS		787714	787714	67884	855598		855598	5
6	0600	ADMINISTRATIVE & GENERAL	4024364	3854405	7878769	-5619582	2259187	254856	2514043	6
8	0800	OPERATION OF PLANT		527417	527417	219735	747152		747152	8
9	0900	LAUNDRY & LINEN SERVICE		22507	22507	9066	31573		31573	9
10	1000	HOUSEKEEPING		33263	33263	119732	152995		152995	10
11	1100	DIETARY		73022	73022	84591	157613		157613	11
12	1200	CAFETERIA								12
14	1400	NURSING ADMINISTRATION				31742	31742		31742	14
15	1500	CENTRAL SERVICES & SUPPLY		1520960	1520960	-736961	783999		783999	15
16	1600	PHARMACY		342738	342738	131886	474624		474624	16
17	1700	MEDICAL RECORDS & LIBRARY				115613	115613		115613	17
18	1800	SOCIAL SERVICE								18
		INPATIENT ROUTINE SERV COST CENTERS								
25	2500	ADULTS & PEDIATRICS		39468	39468	1043625	1083093		1083093	25
26	2600	INTENSIVE CARE UNIT				138351	138351		138351	26
		ANCILLARY SERVICE COST CENTERS								
37	3700	OPERATING ROOM				1599984	1599984	-186315	1413669	37
38	3800	RECOVERY ROOM				348233	348233		348233	38
40	4000	ANESTHESIOLOGY				420571	420571	-420571		40
41	4100	RADIOLOGY-DIAGNOSTIC		1603	1603	606426	608029		608029	41
44	4400	LABORATORY		175413	175413	166739	342152		342152	44
49	4900	RESPIRATORY THERAPY				276191	276191		276191	49
50	5000	PHYSICAL THERAPY				33010	33010		33010	50
55	5500	MEDICAL SUPPLIES CHARGED TO PAT								55
56	5600	DRUGS CHARGED TO PATIENTS								56
		OUTPATIENT SERVICE COST CENTERS								
61	6100	EMERGENCY				154813	154813	-154813		61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
		OTHER REIMBURSABLE COST CENTERS								
71	7100	HOME HEALTH AGENCY								71
		SPECIAL PURPOSE COST CENTERS								
95		SUBTOTALS	4024364	8061088	12085452		12085452	-225139	11860313	95
		NONREIMBURSABLE COST CENTERS								
98	9800	PHYSICIANS' PRIVATE OFFICES								98
101		TOTAL	4024364	8061088	12085452		12085452	-225139	11860313	101

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
		1	2	3	4	5	
1	RECLASS PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		60091	1
2							2
3	RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		728260	3
4							4
5	RECLASS PURCHASED SVCS	C	HOUSEKEEPING	10		20910	5
6		C	DIETARY	11		2990	6
7		C	OPERATION OF PLANT	8		96819	7
8		C	LABORATORY	44		12850	8
9		C	OPERATING ROOM	37		210270	9
10		C	RADIOLOGY-DIAGNOSTIC	41		2235	10
11		C	PHARMACY	16		14510	11
12							12
13	RECLASS SALARIES TO DEPTS	D	EMPLOYEE BENEFITS	5	67207		13
14		D	OPERATION OF PLANT	8	110671		14
15		D	HOUSEKEEPING	10	91598		15
16		D	DIETARY	11	50684		16
17		D	CENTRAL SERVICES & SUPPLY	15	70309		17
18		D	PHARMACY	16	100983		18
19		D	MEDICAL RECORDS & LIBRARY	17	98430		19
20		D	ADULTS & PEDIATRICS	25	653123		20
21		D	OPERATING ROOM	37	409062		21
22		D	RECOVERY ROOM	38	335507		22
23		D	ANESTHESIOLOGY	40	420571		23
24		D	RADIOLOGY-DIAGNOSTIC	41	553552		24
25		D	LABORATORY	44	153889		25
26		D	RESPIRATORY THERAPY	49	276191		26
27		D	PHYSICAL THERAPY	50	31600		27
28							28
29	RECLASS PURCHASED SVCS	E	LAUNDRY & LINEN SERVICE	9		9066	29
30	TB 390 PUR SVCS 712099	E	OPERATION OF PLANT	8		12245	30
31		E	ADULTS & PEDIATRICS	25		8723	31
32		E	OPERATING ROOM	37		66558	32
33							33
34	RECLASS SSM CONTRACT LABOR	F	EMPLOYEE BENEFITS	5		677	34
35		F	HOUSEKEEPING	10		7224	35
36	SUBTOTAL				3423377	1253428	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE COST CENTER	DECREASE LINE #	DECREASE SALARY	DECREASE OTHER	WKST A-7 REF.	
		1	6	7	8	9	10	
1	RECLASS PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		60091	12	1
2								2
3	RECLASS INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		728260	11	3
4								4
5	RECLASS PURCHASED SVCS	C	ADMINISTRATIVE & GENERAL	6		360584		5
6		C						6
7		C						7
8		C						8
9		C						9
10		C						10
11		C						11
12								12
13	RECLASS SALARIES TO DEPTS	D	ADMINISTRATIVE & GENERAL	6	3423377			13
14		D						14
15		D						15
16		D						16
17		D						17
18		D						18
19		D						19
20		D						20
21		D						21
22		D						22
23		D						23
24		D						24
25		D						25
26		D						26
27		D						27
28								28
29	RECLASS PURCHASED SVCS	E	ADMINISTRATIVE & GENERAL	6		9066		29
30	TB 390 PUR SVCS 712099	E	ADMINISTRATIVE & GENERAL	6		12245		30
31		E	ADMINISTRATIVE & GENERAL	6		8723		31
32		E	ADMINISTRATIVE & GENERAL	6		66558		32
33								33
34	RECLASS SSM CONTRACT LABOR	F	ADMINISTRATIVE & GENERAL	6		890293		34
35		F						35
36	SUBTOTAL				3423377	2135820		36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	COST CENTER 2	INCREASE LINE # 3	SALARY 4	OTHER 5	
1		F	DIETARY	11		30917	1
2		F	NURSING ADMINISTRATION	14		31742	2
3		F	PHARMACY	16		16393	3
4		F	MEDICAL RECORDS & LIBRARY	17		17183	4
5		F	ADULTS & PEDIATRICS	25		321394	5
6		F	INTENSIVE CARE UNIT	26		138351	6
7		F	OPERATING ROOM	37		106824	7
8		F	RECOVERY ROOM	38		12726	8
9		F	RADIOLOGY-DIAGNOSTIC	41		50639	9
10		F	PHYSICAL THERAPY	50		1410	10
11		F	EMERGENCY	61		154813	11
12							12
13	RECLASS OTHER PURCHASED SVCS	G	ADULTS & PEDIATRICS	25		60385	13
14							14
15	RECLASS SUPPLY EXPENSE	H	OPERATING ROOM	37		807270	15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				3423377	3003475	36

RECLASSIFICATIONS

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	DECREASE COST CENTER 6	DECREASE LINE # 7	DECREASE SALARY 8	DECREASE OTHER 9	WKST A-7 REF. 10
1		F					
2		F					1
3		F					2
4		F					3
5		F					4
6		F					5
7		F					6
8		F					7
9		F					8
10		F					9
11		F					10
12							11
13	RECLASS OTHER PURCHASED SVCS	G	ADMINISTRATIVE & GENERAL	6		60385	12
14							13
15	RECLASS SUPPLY EXPENSE	H	CENTRAL SERVICES & SUPPLY	15		807270	14
16							15
17							16
18							17
19							18
20							19
21							20
22							21
23							22
24							23
25							24
26							25
27							26
28							27
29							28
30							29
31							30
32							31
33							32
34							33
35							34
36	TOTAL RECLASSIFICATIONS				3423377	3003475	35
							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 PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND								1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES								3
4	BUILDING IMPROVEMENTS								4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT								6
7	SUBTOTAL								7
8	RECONCILING ITEMS								8
9	TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS PURCHASE 2	ACQUISITIONS DONATION 3	ACQUISITIONS TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
1	LAND	67288					67288		1
2	LAND IMPROVEMENTS								2
3	BUILDINGS AND FIXTURES	32161364					32161364		3
4	BUILDING IMPROVEMENTS	294904					294904		4
5	FIXED EQUIPMENT								5
6	MOVABLE EQUIPMENT	488026					488026		6
7	SUBTOTAL	33011582					33011582		7
8	RECONCILING ITEMS								8
9	TOTAL	33011582					33011582		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

	DESCRIPTION	COMPUTATION OF RATIOS: GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	ALLOCATION OF OTHER CAPITAL: INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		1	2	3	4	5	6	7	8	
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	32523556		32523556	.985217					3
4	NEW CAP REL COSTS-MVBLE EQUIP	488026		488026	.014783					4
5	TOTAL	33011582		33011582	1.000000					5

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	496449		741533	60091			1298073	3
4	NEW CAP REL COSTS-MVBLE EQUIP	454560						454560	4
5	TOTAL	951009		741533	60091			1752633	5

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
		9	10	11	12	13	14	15	
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	228018						228018	3
4	NEW CAP REL COSTS-MVBLE EQUIP	454560						454560	4
5	TOTAL	682578						682578	5

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
1	INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3	INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5	INVESTMENT INCOME-OTHER					5
6	TRADE, QUANTITY, AND TIME DISCOUNTS					6
7	REFUNDS AND REBATES OF EXPENSES					7
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9	TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10	TELEVISION AND RADIO SERVICE					10
11	PARKING LOT					11
12	PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-1472571	reduce costs		12
13	SALE OF SCRAP, WASTE, ETC.					13
14	RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	1301654	add to costs		14
15	LAUNDRY AND LINEN SERVICE					15
16	CAFETERIA - EMPLOYEES AND GUESTS					16
17	RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18	SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19	SALE OF DRUGS TO OTHER THAN PATIENTS					19
20	SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21	NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22	VENDING MACHINES					22
23	INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24	INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25	ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26	ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27	ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28	UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29	DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30	DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31	DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32	DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34	PHYSICIANS' ASSISTANT					34
35	ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				35
36	ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37	MISCELLANEOUS INCOME	B	-6730	ADMINISTRATIVE & GENERAL	6	37
38	DONATIONS	A	-2762	ADMINISTRATIVE & GENERAL	6	38
39	ELIMINATE BAD DEBTS	A	-44730	ADMINISTRATIVE & GENERAL	6	39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL		-225139			50

A= cost basis
B= revenue basis

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

WORKSHEET A-8-1

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

	LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
	1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	13273		13273	11	1
2	3	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE CAPITAL COSTS	268431		268431	9	2
3	6	ADMINISTRATIVE & GENERAL	HOME OFFICE ADMIN	1019950		1019950		3
4								4
5		TOTALS		1301654		1301654		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	PERCENT OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE: NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
	1	2	3	4	5	6	
1	G	SISTERS OF ST FRANCIS HEALTH S	100.00				1
2							2
3							3
4							4
5							5

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

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERATION INCL FRINGES 3	PROFESSIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	PERCENT OF UNADJUSTED RCE LIMIT 9
1	37	OPERATING ROOM	AGGREGATE 718600	186315	186315 B					
2	6	ADMINISTRATIVE & GENERAL	VARIOUS	383755	383755					
3	6	ADMINISTRATIVE & GENERAL	AGGREGATE	327117	327117	= 1,052,000				
4	61	EMERGENCY	AGGREGATE 5MMHC	154813	154813					
5	40	ANESTHESIOLOGY	SALARIES ✓	420571	420571	420,571				
101		TOTAL		1472571	1472571	1,472571				

↓

ALL PROFESSIONAL COMPONENT = NO TIMESTUDIES (?)

(1) 186,315

(2) 383,755

(3) 327,117

(4) = 154,813 = 5mm Labor ER Physicians & In-house Physicains

(5) 420,571 = Anesthesiology

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUST-MENT 18
1	37	OPERATING ROOM	AGGREGATE							186315
2	6	ADMINISTRATIVE & GENERAL	VARIOUS							383755
3	6	ADMINISTRATIVE & GENERAL	AGGREGATE							327117
4	61	EMERGENCY	AGGREGATE							154813
5	40	ANESTHESIOLOGY	SALARIES							420571
101		TOTAL								1472571

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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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT	1298073	1298073							3
4	NEW CAP REL COSTS-MVBLE EQUIP	454560		454560						4
5	EMPLOYEE BENEFITS	855598	5736	2009	863343					5
6	ADMINISTRATIVE & GENERAL	2514043	336098	117696	146712	3114549	3114549			6
8	OPERATION OF PLANT	747152	72296	25317	27017	871782	310460	1182242		8
9	LAUNDRY & LINEN SERVICE	31573				31573	11244		42817	9
10	HOUSEKEEPING	152995			22361	175356	62448		114	10
11	DIETARY	157613	7748	2713	12373	180447	64261	10363		11
12	CAFETERIA									12
14	NURSING ADMINISTRATION	31742				31742	11304			14
15	CENTRAL SERVICES & SUPPLY	783999			17164	801163	285311			15
16	PHARMACY	474624	6094	2134	24652	507504	180733	8150		16
17	MEDICAL RECORDS & LIBRARY	115613	9392	3289	24029	152323	54245	12562		17
18	SOCIAL SERVICE									18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	1083093	62952	22044	159437	1327526	472760	84195	18222	25
26	INTENSIVE CARE UNIT	138351	59053	20679		218083	77664	78982		26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	1413669	244977	85786	99859	1844291	656790	327648	24481	37
38	RECOVERY ROOM	348233			81903	430136	153180			38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	608029	187655	65713	135132	996529	354885	250982		41
44	LABORATORY	342152	18166	6361	37567	404246	143960	24296		44
49	RESPIRATORY THERAPY	276191			67423	343614	122368			49
50	PHYSICAL THERAPY	33010	31476	11022	7714	83222	29637	42098		50
55	MEDICAL SUPPLIES CHARGED TO PAT									55
56	DRUGS CHARGED TO PATIENTS									56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	11860313	1041643	364763	863343	11514086	2991250	839276	42817	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES		256430	89797		346227	123299	342966		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	11860313	1298073	454560	863343	11860313	3114549	1182242	42817	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	237918								10
11	DIETARY	2085	257156							11
12	CAFETERIA									12
14	NURSING ADMINISTRATION			43046						14
15	CENTRAL SERVICES & SUPPLY				1086474					15
16	PHARMACY	1640				698027				16
17	MEDICAL RECORDS & LIBRARY	2528					221658			17
18	SOCIAL SERVICE									18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	16944	257156	18626			11444	2206873		25
26	INTENSIVE CARE UNIT	15895					12191	402815		26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	65937		13449			56019	2988615		37
38	RECOVERY ROOM			10971			7771	602058		38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	50508					71516	1724420		41
44	LABORATORY	4889					15110	592501		44
49	RESPIRATORY THERAPY						7442	473424		49
50	PHYSICAL THERAPY	8472					1309	164738		50
55	MEDICAL SUPPLIES CHARGED TO PAT				1086474		18457	1104931		55
56	DRUGS CHARGED TO PATIENTS					698027	20399	718426		56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	168898	257156	43046	1086474	698027	221658	10978801		95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	69020						881512		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	237918	257156	43046	1086474	698027	221658	11860313		103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTION	TOTAL	
		27	
	GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	2206873	25
26	INTENSIVE CARE UNIT	402815	26
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	2988615	37
38	RECOVERY ROOM	602058	38
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC	1724420	41
44	LABORATORY	592501	44
49	RESPIRATORY THERAPY	473424	49
50	PHYSICAL THERAPY	164738	50
55	MEDICAL SUPPLIES CHARGED TO PAT	1104931	55
56	DRUGS CHARGED TO PATIENTS	718426	56
	OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY		61
62	OBSERVATION BEDS (NON-DISTINCT		62
	OTHER REIMBURSABLE COST CENTERS		
71	HOME HEALTH AGENCY		71
	SPECIAL PURPOSE COST CENTERS		
95	SUBTOTALS	10978801	95
	NONREIMBURSABLE COST CENTERS		
98	PHYSICIANS' PRIVATE OFFICES	881512	98
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	11860313	103

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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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL		5736	2009	7745	7745				6
8	OPERATION OF PLANT		336098	-117696	453794	1316	455110			8
9	LAUNDRY & LINEN SERVICE		72296	25317	97613	242	45366	143221		9
10	HOUSEKEEPING						1643		1643	10
11	DIETARY					201	9125		4	11
12	CAFETERIA		7748	2713	10461	111	9390	1255		12
14	NURSING ADMINISTRATION									14
15	CENTRAL SERVICES & SUPPLY						1652			15
16	PHARMACY					154	41691			16
17	MEDICAL RECORDS & LIBRARY		6094	2134	8228	221	26409	987		17
18	SOCIAL SERVICE		9392	3289	12681	216	7927	1522		18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS		62952	22044	84996	1430	69082	10200	699	25
26	INTENSIVE CARE UNIT		59053	20679	79732		11349	9568		26
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		244977	85786	330763	896	95971	39692	940	37
38	RECOVERY ROOM					735	22383			38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		187655	65713	253368	1212	51857	30405		41
44	LABORATORY		18166	6361	24527	337	21036	2943		44
49	RESPIRATORY THERAPY					605	17881			49
50	PHYSICAL THERAPY		31476	11022	42498	69	4331	5100		50
55	MEDICAL SUPPLIES CHARGED TO PAT									55
56	DRUGS CHARGED TO PATIENTS									56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS		1041643	364763	1406406	7745	437093	101672	1643	95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES		256430	89797	346227		18017	41549		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL		1298073	454560	1752633	7745	455110	143221	1643	103

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WORKSHEET B
PART III

	COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	
	GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT									1
2	OLD CAP REL COSTS-MVBLE EQUIP									2
3	NEW CAP REL COSTS-BLDG & FIXT									3
4	NEW CAP REL COSTS-MVBLE EQUIP									4
5	EMPLOYEE BENEFITS									5
6	ADMINISTRATIVE & GENERAL									6
8	OPERATION OF PLANT									8
9	LAUNDRY & LINEN SERVICE									9
10	HOUSEKEEPING	9330								10
11	DIETARY	82	21299							11
12	CAFETERIA									12
14	NURSING ADMINISTRATION			1652						14
15	CENTRAL SERVICES & SUPPLY				41845					15
16	PHARMACY	64				35909				16
17	MEDICAL RECORDS & LIBRARY	99					22445			17
18	SOCIAL SERVICE									18
	INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	664	21299	715						25
26	INTENSIVE CARE UNIT	623					1159	190244		26
	ANCILLARY SERVICE COST CENTERS						1235	102507		
37	OPERATING ROOM	2586		516						37
38	RECOVERY ROOM			421			5674	477038		38
40	ANESTHESIOLOGY						787	24326		40
41	RADIOLOGY-DIAGNOSTIC	1981								41
44	LABORATORY	192					7238	346061		44
49	RESPIRATORY THERAPY						1530	50565		49
50	PHYSICAL THERAPY	332					754	19240		50
55	MEDICAL SUPPLIES CHARGED TO PAT						133	52463		55
56	DRUGS CHARGED TO PATIENTS				41845		1869	43714		56
	OUTPATIENT SERVICE COST CENTERS					35909	2066	37975		
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS	6623	21299	1652	41845	35909	22445	1344133		95
	NONREIMBURSABLE COST CENTERS									
98	PHYSICIANS' PRIVATE OFFICES	2707						408500		98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	9330	21299	1652	41845	35909	22445	1752633		103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

	COST CENTER DESCRIPTION	TOTAL	
		27	
	GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	190244	25
26	INTENSIVE CARE UNIT	102507	26
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM	477038	37
38	RECOVERY ROOM	24326	38
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC	346061	41
44	LABORATORY	50565	44
49	RESPIRATORY THERAPY	19240	49
50	PHYSICAL THERAPY	52463	50
55	MEDICAL SUPPLIES CHARGED TO PAT	43714	55
56	DRUGS CHARGED TO PATIENTS	37975	56
	OUTPATIENT SERVICE COST CENTERS		
61	EMERGENCY		61
62	OBSERVATION BEDS (NON-DISTINCT		62
	OTHER REIMBURSABLE COST CENTERS		
71	HOME HEALTH AGENCY		71
	SPECIAL PURPOSE COST CENTERS		
95	SUBTOTALS	1344133	95
	NONREIMBURSABLE COST CENTERS		
98	PHYSICIANS' PRIVATE OFFICES	408500	98
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	1752633	103

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAP MOVABLE EQUIPMENT SQUARE FEET 4	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON-CILIATION 6A	ADMINIS-TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	
	GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	134196							3
4	NEW CAP REL COSTS-MVBLE EQUIP		134196						4
5	EMPLOYEE BENEFITS	593	593	3536586					5
6	ADMINISTRATIVE & GENERAL	34746	34746	600987	-3114549	8745764			6
8	OPERATION OF PLANT	7474	7474	110671		871782	91383		8
9	LAUNDRY & LINEN SERVICE					31573		67220	9
10	HOUSEKEEPING			91598		175356		179	10
11	DIETARY	801	801	50684		180447	801		11
12	CAFETERIA								12
14	NURSING ADMINISTRATION					31742			14
15	CENTRAL SERVICES & SUPPLY			70309		801163			15
16	PHARMACY	630	630	100983		507504	630		16
17	MEDICAL RECORDS & LIBRARY	971	971	98430		152323	971		17
18	SOCIAL SERVICE								18
	INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	6508	6508	653123		1327526	6508	28607	25
26	INTENSIVE CARE UNIT	6105	6105			218083	6105		26
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	25326	25326	409062		1844291	25326	38434	37
38	RECOVERY ROOM			335507		430136			38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	19400	19400	553552		996529	19400		41
44	LABORATORY	1878	1878	153889		404246	1878		44
49	RESPIRATORY THERAPY			276191		343614			49
50	PHYSICAL THERAPY	3254	3254	31600		83222	3254		50
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
95	SUBTOTALS	107686	107686	3536586	-3114549	8399537	64873	67220	95
	NONREIMBURSABLE COST CENTERS								
98	PHYSICIANS' PRIVATE OFFICES	26510	26510			346227	26510		98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1298073	454560	863343		3114549	1182242	42817	103
104	UNIT COST MULT-WS B PT I		3.387284				12.937220		104
104	UNIT COST MULT-WS B PT I	9.672963		.244118		.356121		.636968	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			7745		455110	143221	1643	107
108	UNIT COST MULT-WS B PT III						1.567261		108
108	UNIT COST MULT-WS B PT III			.002190		.052038		.024442	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSE-KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
	GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
8	OPERATION OF PLANT							8
9	LAUNDRY & LINEN SERVICE							9
10	HOUSEKEEPING	91383						10
11	DIETARY	801	5973					11
12	CAFETERIA							12
14	NURSING ADMINISTRATION			56767				14
15	CENTRAL SERVICES & SUPPLY				100			15
16	PHARMACY	630				100		16
17	MEDICAL RECORDS & LIBRARY	971					19419797	17
18	SOCIAL SERVICE							18
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	6508	5973	24563			1002653	25
26	INTENSIVE CARE UNIT	6105					1068077	26
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	25326		17736			4907897	37
38	RECOVERY ROOM			14468			680826	38
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	19400					6265651	41
44	LABORATORY	1878					1323797	44
49	RESPIRATORY THERAPY						651990	49
50	PHYSICAL THERAPY	3254					114708	50
55	MEDICAL SUPPLIES CHARGED TO P				100		1617015	55
56	DRUGS CHARGED TO PATIENTS					100	1787183	56
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTINC							62
	OTHER REIMBURSABLE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
95	SUBTOTALS	64873	5973	56767	100	100	19419797	95
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES	26510						98
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	COST TO BE ALLOC PER B PT I	237918	257156	43046	1086474	698027	221658	103
104	UNIT COST MULT-WS B PT I	2.603526		.758293		6980.270000		104
104	UNIT COST MULT-WS B PT I		43.053072		10864.740000		.011414	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	9330	21299	1652	41845	35909	22445	107
108	UNIT COST MULT-WS B PT III	.102098		.029101		359.090000		108
108	UNIT COST MULT-WS B PT III		3.565880		418.450000		.001156	108

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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	2206873		2206873		2206873	25
26	INTENSIVE CARE UNIT	402815		402815		402815	26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	2988615		2988615		2988615	37
38	RECOVERY ROOM	602058		602058		602058	38
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	1724420		1724420		1724420	41
44	LABORATORY	592501		592501		592501	44
49	RESPIRATORY THERAPY	473424		473424		473424	49
50	PHYSICAL THERAPY	164738		164738		164738	50
55	MEDICAL SUPPLIES CHARGED TO	1104931		1104931		1104931	55
56	DRUGS CHARGED TO PATIENTS	718426		718426		718426	56
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTI	87216		87216		87216	62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	11066017		11066017		11066017	101
102	LESS OBSERVATION BEDS	87216		87216		87216	102
103	TOTAL	10978801		10978801		10978801	103

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

	COST CENTER DESCRIPTION	CHARGES INPATIENT 6	CHARGES OUTPATIENT 7	CHARGES TOTAL 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	933630 → D-1	28.0 30.0	933630				25
26	INTENSIVE CARE UNIT	1068077		1068077				26
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	711216	4196681	4907897	.608940	.608940	.608940	37
38	RECOVERY ROOM	53731	627095	680826	.884305	.884305	.884305	38
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	3621943	2643708	6265651	.275218	.275218	.275218	41
44	LABORATORY	809897	513900	1323797	.447577	.447577	.447577	44
49	RESPIRATORY THERAPY	649033	2957	651990	.726122	.726122	.726122	49
50	PHYSICAL THERAPY	114708		114708	1.436151	1.436151	1.436151	50
55	MEDICAL SUPPLIES CHARGED TO	964144	652871	1617015	.683315	.683315	.683315	55
56	DRUGS CHARGED TO PATIENTS	949477	837706	1787183	.401988	.401988	.401988	56
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTI		69023	69023	1.263579	1.263579	1.263579	62
	OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	9875856	9543941	19419797				101
102	LESS OBSERVATION BEDS							102
103	TOTAL	9875856	9543941	19419797				103

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

VERSION: 2007.06
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS				190244		190244	25
26	INTENSIVE CARE UNIT				102507		102507	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL				292751		292751	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS	1417	1192			134.26	160038	25
26	INTENSIVE CARE UNIT	630	218			162.71	35471	26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
101	TOTAL	2047	1410				195509	101

includes OBS days

PROVIDER NO. 15-0165 PHYSICIANS REGIONAL HOSPITAL
PERIOD FROM 06/01/2007 TO 12/31/2007

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

CHECK APPLICABLE BOXES

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[XX] HOSPITAL (15-0165)
[ ] SUB I
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[ ] TEFRA

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		477038	4907897	469367			.097198	45622	37
38	RECOVERY ROOM		24326	680826	35711			.035730	1276	38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		346061	6265651	2390303			.055231	132019	41
44	LABORATORY		50565	1323797	534492			.038197	20416	44
49	RESPIRATORY THERAPY		19240	651990	428079			.029510	12633	49
50	PHYSICAL THERAPY		52463	114708	75702			.457361	34623	50
55	MEDICAL SUPPLIES CHARGED TO P		43714	1617015	836287			.027034	22608	55
56	DRUGS CHARGED TO PATIENTS		37975	1787183	626608			.021249	13315	56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINC		7518	69023				.108920		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		1058900	17418090	5396549				282512	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					1417		1192		25
26	INTENSIVE CARE UNIT					630		218		26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY									33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					2047		1410		101

PROVIDER NO. 15-0165 PHYSICIANS REGIONAL HOSPITAL
PERIOD FROM 06/01/2007 TO 12/31/2007

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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[ ] TITLE V
[XX] TITLE XVIII-PT A
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[XX] HOSPITAL (15-0165)
[ ] SUB I
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[ ] SUB IV
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[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
44	LABORATORY								44
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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PART IV

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[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		4907897			469367		1924347	37
38	RECOVERY ROOM		680826			35711		287548	38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		6265651			2390303		1212247	41
44	LABORATORY		1323797			534492		235644	44
49	RESPIRATORY THERAPY		651990			428079		1356	49
50	PHYSICAL THERAPY		114708			75702			50
55	MEDICAL SUPPLIES CHARGED TO P		1617015			836287		299368	55
56	DRUGS CHARGED TO PATIENTS		1787183			626608		384122	56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC		69023					31650	62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		17418090			5396549		4376282	101

No data input

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

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PART IV

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[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA

	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
38	RECOVERY ROOM						38
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
44	LABORATORY						44
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

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[XX] HOSPITAL (15-0165)
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[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.608940	.608940	.608940				37
38	RECOVERY ROOM	.884305	.884305	.884305				38
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.275218	.275218	.275218				41
44	LABORATORY	.447577	.447577	.447577				44
49	RESPIRATORY THERAPY	.726122	.726122	.726122				49
50	PHYSICAL THERAPY	1.436151	1.436151	1.436151				50
55	MEDICAL SUPPLIES CHARGED TO PAT	.683315	.683315	.683315				55
56	DRUGS CHARGED TO PATIENTS	.401988	.401988	.401988				56
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTINCT	1.263579	1.263579	1.263579				62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	
2	PROGRAM VACCINE CHARGES	.401988	1
2.01	PROGRAM VACCINE CHARGES		2
3	PROGRAM COSTS		2.01
3.01	PROGRAM COSTS		3
			3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[XX] TITLE XVIII-PT B
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[XX] HOSPITAL (15-0165)
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[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SER-VICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SER-VICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SER-VICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1924347							37
38	RECOVERY ROOM		287548							38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		1212247							41
44	LABORATORY		235644							44
49	RESPIRATORY THERAPY		1356							49
50	PHYSICAL THERAPY									50
55	MEDICAL SUPPLIES CHARGED TO PA		299368							55
56	DRUGS CHARGED TO PATIENTS		384122							56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT		31650							62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL		4376282							101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES		4376282							104

Medicare only

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

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[XX] TITLE XVIII-PT B	[ ] SUB I	[ ] NF
[ ] TITLE XIX - O/P	[ ] SUB II	[ ] S/B-SNF
	[ ] SUB III	[ ] S/B-NF
	[ ] SUB IV	[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		1171812						37
38	RECOVERY ROOM		254280						38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		333632						41
44	LABORATORY		105469						44
49	RESPIRATORY THERAPY		985						49
50	PHYSICAL THERAPY								50
55	MEDICAL SUPPLIES CHARGED TO PAT		204563						55
56	DRUGS CHARGED TO PATIENTS		154412						56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINCT		39992						62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL		2265145						101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES		2265145						104

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL RELATED COST 1	OLD CAPITAL SWING-BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAPITAL RELATED COST 3	NEW CAPITAL CAPITAL RELATED COST 4	NEW CAPITAL SWING-BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAPITAL RELATED COST 6	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT				190244		190244	26
27	CORONARY CARE UNIT				102507		102507	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				292751		292751	101

	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	OLD CAPITAL INPATIENT PROGRAM CAPITAL COST 10	NEW CAPITAL PER DIEM 11	NEW CAPITAL INPATIENT PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS							25
26	INTENSIVE CARE UNIT	1417	66			134.26	8861	26
27	CORONARY CARE UNIT	630				162.71		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	2047	66				8861	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
PART II

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[XX] TITLE XIX

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II

[ ] SUB III
[ ] SUB IV
[ ] OTHER

[XX] PPS
[ ] TEFRA

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	---- OLD CAPITAL ---- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	---- NEW CAPITAL ---- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		477038	4907897	21675			.097198	2107	37
38	RECOVERY ROOM		24326	680826	1150			.035730	41	38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC		346061	6265651	45142			.055231	2493	41
44	LABORATORY		50565	1323797	26142			.038197	999	44
49	RESPIRATORY THERAPY		19240	651990	4058			.029510	120	49
50	PHYSICAL THERAPY		52463	114708	1085			.457361	496	50
55	MEDICAL SUPPLIES CHARGED TO P		43714	1617015	43789			.027034	1184	55
56	DRUGS CHARGED TO PATIENTS		37975	1787183	27141			.021249	577	56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINC		7518	69023				.108920		62
	OTHER REIMBURSABLE COST CENTERS									
101	TOTAL		1058900	17418090	170182				8017	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK APPLICABLE BOXES
[ ] TITLE V
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[XX] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS									
25	ADULTS & PEDIATRICS					1417		66		25
26	INTENSIVE CARE UNIT					630				26
27	CORONARY CARE UNIT									27
28	BURN INTENSIVE CARE UNIT									28
29	SURGICAL INTENSIVE CARE UNIT									29
30	OTHER SPECIAL CARE (SPECIFY)									30
31	SUBPROVIDER I									31
33	NURSERY									33
34	SKILLED NURSING FACILITY									34
35	NURSING FACILITY									35
101	TOTAL					2047		66		101

PROVIDER NO. 15-0165 PHYSICIANS REGIONAL HOSPITAL
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

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[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	OUTPATIENT NONPHYSICIAN ANESTHETIST COST 1.01	MEDICAL EDUCATION COST 2	N/A 2.01	N/A 2.02	N/A 2.03	TOTAL COSTS 3	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM								37
38	RECOVERY ROOM								38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC								41
44	LABORATORY								44
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
55	MEDICAL SUPPLIES CHARGED TO P								55
56	DRUGS CHARGED TO PATIENTS								56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC								62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL								101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES								
	[ ]	TITLE V	[XX]	HOSPITAL (15-0165)	[ ]	SUB IV	[ ]	PPS
	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM		4907897			21675			37
38	RECOVERY ROOM		680826			1150			38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC		6265651			45142			41
44	LABORATORY		1323797			26142			44
49	RESPIRATORY THERAPY		651990			4058			49
50	PHYSICAL THERAPY		114708			1085			50
55	MEDICAL SUPPLIES CHARGED TO P		1617015			43789			55
56	DRUGS CHARGED TO PATIENTS		1787183			27141			56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINC		69023						62
	OTHER REIMBURSABLE COST CENTERS								
101	TOTAL		17418090			170182			101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK APPLICABLE BOXES

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II
[ ] SUB III

[ ] SUB IV
[ ] SNF
[ ] NF
[ ] ICF/MR

[ ] PPS
[ ] TEFRA
[ ] OTHER

	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
38	RECOVERY ROOM						38
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
44	LABORATORY						44
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
55	MEDICAL SUPPLIES CHARGED TO P						55
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINC						62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL						101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[ ] TITLE XVIII-PT B
[XX] TITLE XIX - O/P

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C, PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	PROGRAM CHARGES: OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	.608940	.608940	.608940				37
38	RECOVERY ROOM	.884305	.884305	.884305				38
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	.275218	.275218	.275218				41
44	LABORATORY	.447577	.447577	.447577				44
49	RESPIRATORY THERAPY	.726122	.726122	.726122				49
50	PHYSICAL THERAPY	1.436151	1.436151	1.436151				50
55	MEDICAL SUPPLIES CHARGED TO PAT	.683315	.683315	.683315				55
56	DRUGS CHARGED TO PATIENTS	.401988	.401988	.401988				56
	OUTPATIENT SERVICE COST CENTERS							
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTINCT	1.263579	1.263579	1.263579				62
	OTHER REIMBURSABLE COST CENTERS							
65.01	AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.							65.03
101	SUBTOTAL							101
102	CRNA CHARGES							102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104	NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.401988	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[ ] TITLE XVIII-PT B
[XX] TITLE XIX - O/P

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM CHARGES: ALL OTHER (1) (SEE INSTRU.) 5	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.01	PROGRAM CHARGES: ALL OTHER (SEE INSTRU.) 5.02	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.03	PROGRAM CHARGES: PPS SERVICES (SEE INSTRU.) 5.04	PROGRAM COST: OUTPATIENT AMBULATORY SURGICAL CENTER 6	PROGRAM COST: OUTPATIENT RADIOLOGY 7	PROGRAM COST: OTHER OUTPATIENT DIAGNOSTIC 8	
	ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	135111								37
38	RECOVERY ROOM	18912								38
40	ANESTHESIOLOGY									40
41	RADIOLOGY-DIAGNOSTIC	79880								41
44	LABORATORY	17007								44
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY									50
55	MEDICAL SUPPLIES CHARGED TO PA	8895								55
56	DRUGS CHARGED TO PATIENTS	17643								56
	OUTPATIENT SERVICE COST CENTERS									
61	EMERGENCY									61
62	OBSERVATION BEDS (NON-DISTINCT									62
	OTHER REIMBURSABLE COST CENTERS									
65.01	AMBULANCE CHARGES (S-2 LINE 56									65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56									65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56									65.03
101	SUBTOTAL	277448								101
102	CRNA CHARGES									102
103	PBP CLINIC LAB									103
104	NET CHARGES	277448								104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK APPLICABLE BOXES

[ ] TITLE V - O/P
[ ] TITLE XVIII-PT B
[XX] TITLE XIX - O/P

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

	COST CENTER DESCRIPTION	PROGRAM COST: ALL OTHER (COLS 1x5) 9	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.01) 9.01	PROGRAM COST: ALL OTHER (COLUMNS 1.01x5.02) 9.02	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.03 9.03	PROGRAM COST: PPS SERVICES (COLUMNS 1.01x5.04 9.04	HOSPITAL I/P PART B CHARGES (SEE INSTRU.) 10	HOSPITAL I/P PART B COST (COLUMNS 1.02x10) 11	
	ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	82274							37
38	RECOVERY ROOM	16724							38
40	ANESTHESIOLOGY								40
41	RADIOLOGY-DIAGNOSTIC	21984							41
44	LABORATORY	7612							44
49	RESPIRATORY THERAPY								49
50	PHYSICAL THERAPY								50
55	MEDICAL SUPPLIES CHARGED TO PAT	6078							55
56	DRUGS CHARGED TO PATIENTS	7092							56
	OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY								61
62	OBSERVATION BEDS (NON-DISTINCT								62
	OTHER REIMBURSABLE COST CENTERS								
65.01	AMBULANCE CHARGES (S-2 LINE 56.								65.01
65.02	AMBULANCE CHARGES (S-2 LINE 56.								65.02
65.03	AMBULANCE CHARGES (S-2 LINE 56.								65.03
101	SUBTOTAL	141764							101
102	CRNA CHARGES								102
103	LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS								103
104	NET CHARGES	141764							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

	INPATIENT DAYS	HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	SNF	
		1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	1417						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	1417						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1417						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)	1192						9
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15	TOTAL NURSERY DAYS							15
16	TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0165)	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	2206873						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	2206873						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	933630						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	933630						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.363755						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	658.88						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	2206873						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

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	HOSPITAL (PPS) (15-0165) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1557.43					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1856457					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1856457					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT	402815	630	639.39	218	139387	44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0165) 1	SUB I 1	SUB II 1	SUB III 1	SUB IV 1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2457369					48
49	TOTAL PROGRAM INPATIENT COSTS	4453213					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	195509					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	282512					51
52	TOTAL PROGRAM EXCLUDABLE COST	478021					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3975192					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54	PROGRAM DISCHARGES						54
55	TARGET AMOUNT PER DISCHARGE						55
56	TARGET AMOUNT						56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58	BONUS PAYMENT						58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04	RELIEF PAYMENT						58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PART IV - COMPUTATION OF OBSERVATION BED COST						
83 TOTAL OBSERVATION BEDS	56					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1557.43					84
85 OBSERVATION BED COST	87216					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

		COST 1	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		2206873		87216		86
87	NEW CAPITAL-RELATED COST	190244	2206873	.086205	87216	7518	87
88	NON PHYSICIAN ANESTHETIST		2206873		87216		88
89	MEDICAL EDUCATION		2206873		87216		89

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS	HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	NF	
		1	1	1	1	1	1	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	1417						1
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	1417						2
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1417						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)	66						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 [ ] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2206873						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	2206873						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	933630						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	933630						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.363755						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	658.88						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	2206873						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0165)	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	1557.43					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	102790					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	102790					41

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT						43
44	CORONARY CARE UNIT	402815	630	639.39			44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47

		HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	83678					48
49	TOTAL PROGRAM INPATIENT COSTS	186468					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	8861					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	8017					51
52	TOTAL PROGRAM EXCLUDABLE COST	16878					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	169590					53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	
	TARGET AMOUNT AND LIMITATION COMPUTATION						
54	PROGRAM DISCHARGES	1	1	1	1	1	
55	TARGET AMOUNT PER DISCHARGE						54
56	TARGET AMOUNT						55
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						56
58	BONUS PAYMENT						57
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
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.01
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						58.02
58.04	RELIEF PAYMENT						58.03
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						58.04
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1						59.01
59.03	PROGRAM DISCHARGES AFTER JULY 1						59.02
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.03
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.04
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.05
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.06
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.07
							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 [XX] TITLE XIX-INPT

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

	HOSPITAL (PPS) (15-0165)	SUB I	SUB II	SUB III	SUB IV	
PART IV - COMPUTATION OF OBSERVATION BED COST	1	1	1	1	1	
83 TOTAL OBSERVATION BEDS	56					83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1557.43					84
85 OBSERVATION BED COST	87216					85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	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		2206873		87216		86
87 NEW CAPITAL-RELATED COST	190244	2206873	.086205	87216	7518	87
88 NON PHYSICIAN ANESTHETIST		2206873		87216		88
89 MEDICAL EDUCATION		2206873		87216		89

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[XX] TITLE XVIII-PT A
[ ] TITLE XIX

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		616150		25
26	INTENSIVE CARE UNIT		704878		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.608940	469367	285816	37
38	RECOVERY ROOM	.884305	35711	31579	38
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.275218	2390303	657854	41
44	LABORATORY	.447577	534492	239226	44
49	RESPIRATORY THERAPY	.726122	428079	310838	49
50	PHYSICAL THERAPY	1.436151	75702	108720	50
55	MEDICAL SUPPLIES CHARGED TO PAT	.683315	836287	571447	55
56	DRUGS CHARGED TO PATIENTS	.401988	626608	251889	56
	OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT	1.263579			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		5396549	2457369	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		5396549		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V
[ ] TITLE XVIII-PT A
[XX] TITLE XIX

[XX] HOSPITAL (15-0165)
[ ] SUB I
[ ] SUB II
[ ] SUB III
[ ] SUB IV

[ ] SNF
[ ] NF
[ ] S/B-SNF
[ ] S/B-NF
[ ] ICF/MR

[XX] PPS
[ ] TEFRA
[ ] OTHER

	COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
25	ADULTS & PEDIATRICS		34320		25
26	INTENSIVE CARE UNIT		20769		26
	ANCILLARY SERVICE COST CENTERS				
37	OPERATING ROOM	.608940	21675	13199	37
38	RECOVERY ROOM	.884305	1150	1017	38
40	ANESTHESIOLOGY				40
41	RADIOLOGY-DIAGNOSTIC	.275218	45142	12424	41
44	LABORATORY	.447577	26142	11701	44
49	RESPIRATORY THERAPY	.726122	4058	2947	49
50	PHYSICAL THERAPY	1.436151	1085	1558	50
55	MEDICAL SUPPLIES CHARGED TO PAT	.683315	43789	29922	55
56	DRUGS CHARGED TO PATIENTS	.401988	27141	10910	56
	OUTPATIENT SERVICE COST CENTERS				
61	EMERGENCY				61
62	OBSERVATION BEDS (NON-DISTINCT	1.263579			62
	OTHER REIMBURSABLE COST CENTERS				
101	TOTAL		170182	83678	101
102	LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103	NET CHARGES		170182		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A

		HOSPITAL (15-0165)	SUB I	SUB II	SUB III	SUB IV	
	DRG AMOUNT						
1	OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	903961					1
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1044699					1.01
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03	PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05	PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08	SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2	OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01	OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	87846					2.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3	BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	31.74					3
3.01	NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15] [PLUS LN.3.06]						3.06
3.07	SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10	FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13	FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14	CURRENT YEAR ALLOWABLE FTE						3.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
3.17	SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	RES. IN INIT YRS 0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (15-0165)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO						3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO						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						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						3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1						3.23
	[SUM OF LINES] [PLUS E-3,PT.VI]						
	[3.21-3.23] [LINE 23]						
3.24	SUM OF LINES 3.21-3.23	0	0				
	DISPROPORTIONATE SHARE ADJUSTMENT						3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS						4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						4.01
4.02	SUM OF 4 AND 4.01						4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT						4.04
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES						
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317						5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,						5.01
5.02	DIVIDE LINE 5.01 BY LINE 5						5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						5.05
5.06	TOTAL ADDITIONAL PAYMENT						5.06
6	SUBTOTAL						6
7	HOSPITAL SPECIFIC PAYMENTS	2036506					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	2036506					8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	128954					9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						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	2165460					16
17	PRIMARY PAYER PAYMENTS	3418					17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2162042					18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	201936					19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	11904					20
21	REIMBURSABLE BAD DEBTS						21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS						21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						21.02
22	SUBTOTAL	1948202					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

WORKSHEET E
PART A
(CONT)

		HOSPITAL (15-0165)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION						23
24	OTHER ADJUSTMENTS						24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						25
26	AMOUNT DUE PROVIDER	1948202					26
27	SEQUESTRATION ADJUSTMENT						27
28	INTERIM PAYMENTS	1918248					28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						28.01
29	BALANCE DUE PROVIDER (PROGRAM)	29954					29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT`ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2						30
	TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01						50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01						51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO						52
53	CAPITAL OUTLIER RECONILIATION AMOUNT (SEE INSTRUCTIONS)						53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)						55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)						56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0165) 1	HOSPITAL (15-0165) 1.01	HOSPITAL (15-0165) 1.02	
1	MEDICAL AND OTHER SERVICES				
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	2265145			1
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	1152688			1.01
1.03	1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	?			1.02
1.04	LINE 1.01 TIMES LINE 1.03				1.03
1.05	LINE 1.02 DIVIDED BY LINE 1.04				1.04
1.06	TRANSITIONAL CORRIDOR PAYMENT				1.05
1.07	AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.06
2	INTERNS AND RESIDENTS				1.07
3	ORGAN ACQUISITIONS				2
4	COST OF TEACHING PHYSICIANS				3
5	TOTAL COST				4
					5
	COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10	TOTAL REASONABLE CHARGES				10
	CUSTOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17	LESSER OF COST OR CHARGES				17
17.01	TOTAL PPS PAYMENTS	1152688			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (15-0165) 1	HOSPITAL (15-0165) 1.01	HOSPITAL (15-0165) 1.02	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	DEDUCTIBLES AND COINSURANCE				
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	309601			18 18.01
19	SUBTOTAL	843087			
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E				19
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS				20
22	ESRD DIRECT MEDICAL EDUCATION COSTS				21
23	SUBTOTAL	843087			22
24	PRIMARY PAYER PAYMENTS	573			23
25	SUBTOTAL	842514			24
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				25
26	COMPOSITE RATE ESRD				
27	BAD DEBTS				26
27.01	REDUCED REIMBURSABLE BAD DEBTS				27
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)				27.01 27.02
28	SUBTOTAL	842514			
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION				28 29
30	OTHER ADJUSTMENTS				
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30 30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	842514			
33	SEQUESTRATION ADJUSTMENT				32
34	INTERIM PAYMENTS	842514			33
34.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34
35	BALANCE DUE PROVIDER/PROGRAM				34.01
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2				35 36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (15-0165) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

		HOSPITAL (15-0165) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 1.01	
1	PREVAILING CHARGES			1
2	62 PERCENT OF LINE 1			2
3	DEDUCTIBLES			3
4	SUBTOTAL			4
5	BLENDED CHARGE PROPORTION			5
6	COST OF OUTPATIENT RADIOLOGY			6
	COMPUTATION OF LESSER OF COST OR CHARGES			
7	TOTAL CHARGES			7
	CUSTOMARY CHARGES			
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)			9
10	RATIO OF LINE 8 TO LINE 9			10
11	TOTAL CUSTOMARY CHARGES			11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			13
14	LESSER OF COST OR CHARGES			14
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
15	DEDUCTIBLES AND COINSURANCE			15
16	TOTAL			16
17	COST PROPORTION			17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT			18
19	LESSER OF LINE 16 OR LINE 18			19
20	PART B DEDUCTIBLES AND COINSURANCE			20
21	RADIOLOGY PAYMENT AMOUNT			21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

		HOSPITAL (15-0165) OCTOBER 1, 1997 PRIOR TO 1	ON OR AFTER 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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (15-0165)

WORKSHEET E-1

DESCRIPTION		INPATIENT PART A MM/DD/YYYY 1	INPATIENT PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1819248		842514	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.	.01	12/25/2007	99000			3.01
	PROGRAM .02					3.02
	TO .03				NONE	3.03
	PROVIDER .04					3.04
	.05					3.05
	.50					3.50
	PROVIDER .51					3.51
	TO .52		NONE		NONE	3.52
	PROGRAM .53					3.53
	.54					3.54
SUBTOTAL	.99		99000			3.99
4 TOTAL INTERIM PAYMENTS			1918248		842514	4

TO BE COMPLETED BY INTERMEDIARY

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01					5.01
	TO .02					5.02
	PROVIDER .03					5.03
	PROVIDER .50					5.50
	TO .51					5.51
	PROGRAM .52					5.52
SUBTOTAL	.99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01					6.01
	PROVIDER TO PROGRAM .02					6.02
7 TOTAL MEDICARE PROGRAM LIABILITY						7

NAME OF INTERMEDIARY: _____

INTERMEDIARY NUMBER: _____

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

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

WORKSHEET E-3
PART III

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

		HOSPITAL (15-0165) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES							1
2	MEDICAL AND OTHER SERVICES	141764						2
3	INTERNS AND RESIDENTS							3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O							4
5	COST OF TEACHING PHYSICIANS							5
6	SUBTOTAL	141764						6
7	INPATIENT PRIMARY PAYER PAYMENTS							7
8	OUTPATIENT PRIMARY PAYER PAYMENTS							8
9	SUBTOTAL	141764						9
	COMPUTATION OF LESSER OF COST OR CHARGES							
10	ROUTINE SERVICE CHARGES	55089 Medicaid						10
11	ANCILLARY SERVICE CHARGES	447630						11
12	INTERNS AND RESIDENTS SERVICE CHARGES							12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE							13
14	TEACHING PHYSICIANS							14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION							15
16	TOTAL REASONABLE CHARGES	502719						16
	CUSTOMARY CHARGES							
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							18
19	RATIO OF LINE 17 TO LINE 18							19
20	TOTAL CUSTOMARY CHARGES	502719						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	360955						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							22
23	COST OF COVERED SERVICES	141764						23
	PROSPECTIVE PAYMENT AMOUNT							
24	OTHER THAN OUTLIER PAYMENTS							24
25	OUTLIER PAYMENTS							25
26	PROGRAM CAPITAL PAYMENTS							26
27	CAPITAL EXCEPTION PAYMENTS							27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS							28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS							29
30	SUBTOTAL	141764						30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED							31
32	LESSER OF LINES 30 OR 31							32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)							33

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

WORKSHEET E-3
PART III

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

		HOSPITAL (15-0165) (PPS)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT							
34	EXCESS OF REASONABLE COST							34
35	SUBTOTAL							35
36	COINSURANCE							36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,							37
38	REIMBURSABLE BAD DEBTS							38
38.01	REDUCED REIMBURSABLE BAD DEBTS							38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)							38.02
39	UTILIZATION REVIEW							39
40	SUBTOTAL							40
41	INPATIENT ROUTINE SERVICE COST							41
42	MEDICARE INPATIENT ROUTINE CHARGES							42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE							43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)							44
45	RATIO OF LINE 43 TO LINE 44							45
46	TOTAL CUSTOMARY CHARGES							46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST							47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES							48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION							49
50	LESS INPATIENT COSTS							50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS							51
52	SUBTOTAL							52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT							53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS							54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER							55
56	SEQUESTRATION ADJUSTMENT							56
57	INTERIM PAYMENTS							57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)							57.01
58	BALANCE DUE PROVIDER/PROGRAM							58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2							59

BALANCE SHEET

WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	CURRENT ASSETS	1	2	3	4	
1	CASH ON HAND AND IN BANKS	2204624				1
2	TEMPORARY INVESTMENTS					2
3	NOTES RECEIVABLE					3
4	ACCOUNTS RECEIVABLE	5635928				4
5	OTHER RECEIVABLES	10061				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2441600				6
7	INVENTORY	635448				7
8	PREPAID EXPENSES	239414				8
9	OTHER CURRENT ASSETS					9
10	DUE FROM OTHER FUNDS					10
11	TOTAL CURRENT ASSETS	6283875				11
	FIXED ASSETS					
12	LAND	67288				12
12.01	ACCUMULATED DEPRECIATION					12.01
13	LAND IMPROVEMENTS					13
13.01	ACCUMULATED DEPRECIATION					13.01
14	BUILDINGS	32161364				14
14.01	ACCUMULATED DEPRECIATION					14.01
15	LEASEHOLD IMPROVEMENTS	294904				15
15.01	ACCUMULATED AMORTIZATION					15.01
16	FIXED EQUIPMENT					16
16.01	ACCUMULATED DEPRECIATION					16.01
17	AUTOMOBILES AND TRUCKS					17
17.01	ACCUMULATED DEPRECIATION					17.01
18	MAJOR MOVABLE EQUIPMENT	488026				18
18.01	ACCUMULATED DEPRECIATION	-141129				18.01
19	MINOR EQUIPMENT DEPRECIABLE					19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	239855				20
21	TOTAL FIXED ASSETS	33110308				21
	OTHER ASSETS					
22	INVESTMENTS					22
23	DEPOSITS ON LEASES					23
24	DUE FROM OWNERS/OFFICERS					24
25	OTHER ASSETS	1081574				25
26	TOTAL OTHER ASSETS	1081574				26
27	TOTAL ASSETS	40475757				27

	LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	CURRENT LIABILITIES	1	2	3	4	
28	ACCOUNTS PAYABLE	2337620				28
29	SALARIES, WAGES & FEES PAYABLE	434869				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	1344731				35
36	TOTAL CURRENT LIABILITIES	4117220				36
	LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE					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	35345776				41
42	TOTAL LONG TERM LIABILITIES	35345776				42
43	TOTAL LIABILITIES	39462996				43
	CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	1012761				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	1012761				51
52	TOTAL LIABILITIES AND FUND BALANCES	40475757				52

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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					1
2	NET INCOME (LOSS)	-3558490				2
3	TOTAL	-3558490				3
4	ADDITIONS (CREDIT ADJUSTMENTS)					4
5	NET ASSETS RESTRICTED	4571251				5
6						6
7						7
8						8
9						9
10	TOTAL ADDITIONS	4571251				10
11	SUBTOTAL	1012761				11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13						13
14						14
15						15
16						16
17						17
18	TOTAL DEDUCTIONS					18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	1012761				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	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	HOSPITAL	933630		933630	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	933630		933630	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT	1117313		1117313	10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	1117313		1117313	15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	2050943		2050943	16
17	ANCILLARY SERVICES	7874148	9494706	17368854	17
18	OUTPATIENT SERVICES				18
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	ANESTHESIOLOGY REVENUE		222666	222666	24
25	TOTAL PATIENT REVENUES	9925091	9717372	19642463	25

PART II - OPERATING EXPENSES

		1	2	
26	OPERATING EXPENSES		12085452	26
27	ADD (SPECIFY)			27
28				28
29				29
30				30
31				31
32				32
33	TOTAL ADDITIONS			33
34	DEDUCT (SPECIFY)			34
35				35
36				36
37				37
38				38
39	TOTAL DEDUCTIONS			39
40	TOTAL OPERATING EXPENSES		12085452	40

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STATEMENT OF REVENUES AND EXPENSES .

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	19642463	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	11291954	2
3	NET PATIENT REVENUES	8350509	3
4	LESS - TOTAL OPERATING EXPENSES	12085452	4
5	NET INCOME FROM SERVICE TO PATIENTS	-3734943	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		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		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	164830	23
24	RENTAL INCOME PASS THRU		24
24.01	MISCELLANEOUS INCOME	4893	24.01
25	TOTAL OTHER INCOME	6730	25
26	TOTAL	176453	26
27		-3558490	27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3558490	31

PROVIDER NO. 15-0165 PHYSICIANS REGIONAL HOSPITAL
PERIOD FROM 06/01/2007 TO 12/31/2007

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CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

		HOSPITAL (15-0165)	SUB I	SUB II	SUB III	SUB IV	
	PART I - FULLY PROSPECTIVE METHOD						
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS						
	CAPITAL FEDERAL AMOUNT						1
2	CAPITAL DRG OTHER THAN OUTLIER						2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997	128954	PSR Report 110 - Federal Specific				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997		PSR Rpt 110 - Outlier				3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT						
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]						4
4.01	NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17] 0.00 [x E-3,PT VI,LN.1] 0.00						4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE						4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT						4.03
	DISPROPORTIONATE SHARE ADJUSTMENT						
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS						5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I						5.01
5.02	SUM OF LINES 5 AND 5.01						5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT						5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	128954					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

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

		HOSPITAL (15-0165)	SUB I	SUB II	SUB III	SUB IV
	PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					
	CAPITAL FEDERAL AMOUNT					1
2	CAPITAL DRG OTHER THAN OUTLIER					
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED					2
	PRIOR TO OCTOBER 1, 1997					3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED					
	ON OR AFTER OCTOBER 1, 1997					3.01
	INDIRECT MEDICAL EDUCATION ADJUSTMENT					
4	TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD					4
4.01	NUMBER OF INTERNS AND RESIDENTS FROM WORKSHEET S-3, PART I					4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03	INDIRECT MEDICAL EDUCATON ADJUSTMENT					4.03
	DISPROPORTIONATE SHARE ADJUSTMENT					
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS					5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I					5.01
5.02	SUM OF LINES 5 AND 5.01					5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE					5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT					5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS					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					7
	EXTRAORDINARY CIRCUMSTANCES					
8	CAPITAL MINIMUM PAYMENT LEVEL					8
9	CURRENT YEAR CAPITAL PAYMENTS					9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL					10
	TO CAPITAL PAYMENTS					
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					14
	OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT					
	(SEE INSTRUCTIONS)					15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

	COST CENTER DESCRIPTION	EXTRAORDI-NARY CAP-REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
		0	4A	25	26	27	
	GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT						3
4	NEW CAP REL COSTS-MVBLE EQUIP						4
5	EMPLOYEE BENEFITS						5
6	ADMINISTRATIVE & GENERAL						6
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE						9
10	HOUSEKEEPING						10
11	DIETARY						11
12	CAFETERIA						12
14	NURSING ADMINISTRATION						14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY						16
17	MEDICAL RECORDS & LIBRARY						17
18	SOCIAL SERVICE						18
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS						25
26	INTENSIVE CARE UNIT						26
	ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM						37
38	RECOVERY ROOM						38
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC						41
44	LABORATORY						44
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY						50
55	MEDICAL SUPPLIES CHARGED TO PAT						55
56	DRUGS CHARGED TO PATIENTS						56
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT						62
	OTHER REIMBURSABLE COST CENTERS						
71	HOME HEALTH AGENCY						71
	SPECIAL PURPOSE COST CENTERS						
95	SUBTOTALS						95
	NONREIMBURSABLE COST CENTERS						
98	PHYSICIANS' PRIVATE OFFICES						98
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 ---- PART A 1	PART B 2	----- TITLE XIX ----- INPATIENT 3	OUTPATIENT 4	------ TITLE V ------ INPATIENT 5	OUTPATIENT 6	TOTAL THIRD PARTY 7	UTIL
UTILIZATION PERCENTAGES BASED ON DAYS									
25	ADULTS & PEDIATRICS	84.12		4.66				88.78	25
26	INTENSIVE CARE UNIT	34.60						34.60	26
UTILIZATION PERCENTAGES BASED ON CHARGES									
37	OPERATING ROOM	9.56	39.21	0.44	2.75			51.96	37
38	RECOVERY ROOM	5.25	42.24	0.17	2.78			50.44	38
41	RADIOLOGY-DIAGNOSTIC	38.15	19.35	0.72	1.27			59.49	41
44	LABORATORY	40.38	17.80	1.97	1.28			61.43	44
49	RESPIRATORY THERAPY	65.66	0.21	0.62				66.49	49
50	PHYSICAL THERAPY	66.00		0.95				66.95	50
55	MEDICAL SUPPLIES CHARGED TO PAT	51.72	18.51	2.71	0.55			73.49	55
56	DRUGS CHARGED TO PATIENTS	35.06	21.49	1.52	0.99			59.06	56
62	OBSERVATION BEDS (NON-DISTINCT		45.85					45.85	62
101	TOTAL CHARGES	27.79	22.54	0.88	1.43			52.64	101

	COST CENTER	--- DIRECT COSTS --- AMOUNT	%	-- ALLOCATED OVERHEAD -- AMOUNT	%	--- TOTAL COSTS --- 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	1298073	10.94	-1298073	-17.04			3
4	NEW CAP REL COSTS-MVBLE EQUIP	454560	3.83	-454560	-5.97			4
5	EMPLOYEE BENEFITS	855598	7.21	-855598	-11.23			5
6	ADMINISTRATIVE & GENERAL	2514043	21.20	-2514043	-33.00			6
8	OPERATION OF PLANT	747152	6.30	-747152	-9.81			8
9	LAUNDRY & LINEN SERVICE	31573	.27	-31573	-.41			9
10	HOUSEKEEPING	152995	1.29	-152995	-2.01			10
11	DIETARY	157613	1.33	-157613	-2.07			11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	31742	.27	-31742	-.42			14
15	CENTRAL SERVICES & SUPPLY	783999	6.61	-783999	-10.29			15
16	PHARMACY	474624	4.00	-474624	-6.23			16
17	MEDICAL RECORDS & LIBRARY	115613	.97	-115613	-1.52			17
18	SOCIAL SERVICE							18
	INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	1083093	9.13	1123780	14.75	2206873	18.61	25
26	INTENSIVE CARE UNIT	138351	1.17	264464	3.47	402815	3.40	26
	ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1413669	11.92	1574946	20.68	2988615	25.20	37
38	RECOVERY ROOM	348233	2.94	253825	3.33	602058	5.08	38
40	ANESTHESIOLOGY							40
41	RADIOLOGY-DIAGNOSTIC	608029	5.13	1116391	14.66	1724420	14.54	41
44	LABORATORY	342152	2.88	250349	3.29	592501	5.00	44
49	RESPIRATORY THERAPY	276191	2.33	197233	2.59	473424	3.99	49
50	PHYSICAL THERAPY	33010	.28	131728	1.73	164738	1.39	50
55	MEDICAL SUPPLIES CHARGED TO PAT			1104931	14.51	1104931	9.32	55
56	DRUGS CHARGED TO PATIENTS			718426	9.43	718426	6.06	56
61	EMERGENCY							61
62	OBSERVATION BEDS (NON-DISTINCT							62
	OTHER REIMBURSABLE COST CENTERS							
	OUTPATIENT SERVICE COST CENTERS							
71	HOME HEALTH AGENCY							71
	SPECIAL PURPOSE COST CENTERS							
	NONREIMBURSABLE COST CENTERS							
98	PHYSICIANS' PRIVATE OFFICES			881512	11.57	881512	7.43	98
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	11860313	100.00	0	.00	11860313	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	477038	4907897	.097198	469367	45622	37
38	RECOVERY ROOM	24326	680826	.035730	35711	1276	38
40	ANESTHESIOLOGY						40
41	RADIOLOGY-DIAGNOSTIC	346061	6265651	.055231	2390303	132019	41
44	LABORATORY	50565	1323797	.038197	534492	20416	44
49	RESPIRATORY THERAPY	19240	651990	.029510	428079	12633	49
50	PHYSICAL THERAPY	52463	114708	.457361	75702	34623	50
55	MEDICAL SUPPLIES CHARGED TO PAT	43714	1617015	.027034	836287	22608	55
56	DRUGS CHARGED TO PATIENTS	37975	1787183	.021249	626608	13315	56
	OUTPATIENT SERVICE COST CENTERS						
61	EMERGENCY						61
62	OBSERVATION BEDS (NON-DISTINCT	7518	69023	.108920			62
	OTHER REIMBURSABLE COST CENTERS						
101	TOTAL	1058900	17418090		5396549	282512	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

	COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7	
	INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	190244		190244	1417	134.26	1192	160038	25
26	INTENSIVE CARE UNIT	102507		102507	630	162.71	218	35471	26
101	TOTAL	292751		292751			1410	195509	101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS		195509
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS		282512
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS		478021
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)	302	
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)	1410	
PER DISCHARGE CAPITAL COSTS		1582.85
PER DIEM CAPITAL COSTS		339.02

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)	3975192
2.	HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	6717577
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.592

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)	478021
2.	RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.071

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)	2265145
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)	4376282
3.	RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.518