

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY PALOS COMMUNITY HOSPITAL (14-0062) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	2	3	4	1
2	SUBPROVIDER I	497185	126893		2
3	SWING BED - SNF	38977			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	536162	126893		100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 12251 S. 80TH AVENUE P.O.BOX: 1
 1.01 CITY: PALOS HEIGHTS STATE: IL ZIP CODE: 60463 COUNTY: COOK 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	PALOS COMMUNITY HOSPITAL	14-0062	07/01/1966	N	P	P	2
3	SUBPROVIDER I	PALOS COMMUNITY HOSPITAL PSYCH	14-S062	01/01/1984	N	P	O	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	PALOS COMMUNITY HOSPITAL HHA	14-7470	10/27/1987	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	PALOS COMMUNITY HOSPITAL HOSPICE	14-1591	06/06/1997				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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 N 21.03

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				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		N						40
40.01	NAME:	FI/CONTRACTOR'S NAME:				FI/CONTRACTOR'S NUMBER:				40.01
40.02	STREET:					P.O. BOX:				40.02
40.03	CITY:					STATE:	ZIP CODE:			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES								41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES								42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES								42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES								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?	YES								44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO								45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?									45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?									45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?									45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.									46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
		1	2	3	4	5				
47	HOSPITAL	N	N	N	N	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: 2021168 PAID LOSSES: 553450 AND/OR SELF INSURANCE:									54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.						NO			54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.						NO			55
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.				DATE	Y/N	LIMIT	Y/N	FEE\$	56
					0	1	2	3	4	
					/ /	NO	0.00	NO		
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)	YES							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.)	NO	NO						60.01
MULTICAMPUS									
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO							61
	COUNTY:	STATE:	ZIP CODE	CBSA	FTE/ CAMPUS				
	1	2	3	4	5				
SETTLEMENT DATA									
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES	04/30/2009						63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----						
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		10896	511	19424	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		10896	511	19424	12
13	RPCH VISITS					13
14	SUBPROVIDER I		301	10	1218	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	149728781	1513247	151242028	5010849.00	30.18		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	2443501		2443501	26488.00	92.25		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	16081796	102623	16184419	553584.00	29.24		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1482564		1482564	25185.69	58.87		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	443700		443700	6548.35	67.76		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	40135289		40135289			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	4987202		4987202			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	472041		472041			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	1048644	1513247	2561891	36907.00	69.41		21
22	ADMINISTRATIVE & GENERAL	19951170		19951170	665000.00	30.00		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	3027925		3027925	98972.00	30.59		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE	131398		131398	6362.00	20.65		25
26	HOUSEKEEPING	3123341		3123341	157078.00	19.88		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	3612801	-1440955	2171846	105691.00	20.55		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		1440955	1440955	70109.00	20.55		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2409883		2409883	94622.00	25.47		30
31	CENTRAL SERVICES AND SUPPLY	2395767		2395767	112388.00	21.32		31
32	PHARMACY	4123994		4123994	107896.00	38.22		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2509498		2509498	106929.00	23.47		33
34	SOCIAL SERVICE	806051		806051	25904.00	31.12		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	147285280	1513247	148798527	4984361.00	29.85	1
2	EXCLUDED AREA SALARIES	16081796	102623	16184419	553584.00	29.24	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	131203484	1410624	132614108	4430777.00	29.93	3
4	SUBTOTAL OTHER WAGES & REL COSTS	1926264		1926264	31734.04	60.70	4
5	SUBTOTAL WAGE-RELATED COSTS	40135289		40135289		30.26%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	173265037	1410624	174675661	4462511.04	39.14	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	43140472	1513247	44653719	1587858.00	28.12	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		10345		106	10451	1
2 UNDUPLICATED CENSUS COUNT		2747.00	55.00	808.00	3610.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.80		.80	4
5 OTHER ADMINISTRATIVE PERSONNEL	40.95		40.95	5
6 DIRECT NURSING SERVICE	47.48		47.48	6
7 NURSING SUPERVISOR	3.80		3.80	7
8 PHYSICAL THERAPY SERVICE	4.88	2.17	7.05	8
9 PHYSICAL THERAPY SUPERVISOR	8.46		8.46	9
10 OCCUPATIONAL THERAPY SERVICE	1.80	.28	2.08	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.33		.33	11
12 SPEECH PATHOLOGY SERVICE	.80	.01	.81	12
13 SPEECH PATHOLOGY SUPERVISOR	.33		.33	13
14 MEDICAL SOCIAL SERVICE	1.00		1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	12.83		12.83	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 REGISTERED DIETICIAN	1.26		1.26	18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1600		16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7470

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	37230	1149	600	459	94	39532	21
22	SKILLED NURSING VISIT CHARGES	6262523	188140	101392	77698	13848	6643601	22
23	PHYSICAL THERAPY VISITS	17484	196	59	186	43	17968	23
24	PHYSICAL THERAPY VISIT CHARGES	3276430	35395	11305	34670	7310	3365110	24
25	OCCUPATIONAL THERAPY VISITS	2429	68	1	29	5	2532	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	452905	12210	195	5555	850	471715	26
27	SPEECH PATHOLOGY VISITS	975	54	4	13	4	1050	27
28	SPEECH PATHOLOGY VISIT CHARGES	183075	10105	705	2260	680	196825	28
29	MEDICAL SOCIAL SERVICE VISITS	481	11	3	9	1	505	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	129885	2885	755	2415	235	136175	30
31	HOME HEALTH AIDE VISITS	10000	210	20	107	8	10345	31
32	HOME HEALTH AIDE VISIT CHARGES	1070000	22470	2140	11449	856	1106915	32
33	TOTAL VISITS	68599	1688	687	803	155	71932	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	11374818	271205	116492	134047	23779	11920341	35
36	TOTAL NUMBER OF EPISODES	3434		251	75	5	3765	36
37	TOTAL NUMBER OF OUTLIER EPISODES		27				27	37
38	TOTAL MEDICAL SUPPLY CHARGES	155550	11047	5194	2645	310	174746	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:01

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1591

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
1 CONTINUOUS HOME CARE	14		2		3	17 1
2 ROUTINE HOME CARE	32123	88	10106	29	1024	33235 2
3 INPATIENT RESPITE CARE	49		22			49 3
4 GENERAL INPATIENT CARE	161		143		42	203 4
5 TOTAL HOSPICE DAYS	32347	88	10273	29	1069	33504 5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	628	7			48	683 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	51.51	12.57			22.27	49.05 8
9 UNDUPLICATED CENSUS COUNT	624	8			47	679 9

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	3917079	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	3917079	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.274844	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	27325634	28
29	TOTAL GROSS MEDICAID COST	7510287	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	14112449	30
31	UNCOMPENSATED CARE COST	3878722	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	7510287	32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION	
		1	2	3	4	5	6	7	
85.02	8520								85.02
85.03	8530								85.03
88	8800		4941736	4941736	-4941736				88
93	9300	2307685	1445426	3753111	5767	3758878	-154	3758724	93
95		148687269	152870644	301557913	-813122	300744791	-24587546	276157245	95
96	9600	92236	273971	366207		366207		366207	96
98	9800		129418	129418	779865	909283	-102081	807202	98
100	7950	200455	104818	305273	11789	317062		317062	100
100.01	7951								100.01
100.02	7952								100.02
100.05	7954								100.05
100.06	7955	673993	13805	687798	3845	691643		691643	100.06
100.07	7956	74828	1412	76240	17623	93863		93863	100.07
101	TOTAL	149728781	153394068	303122849		303122849	-24689627	278433222	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		OTHER
			LINE #	SALARY	
1	2	3	4	5	
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		4941736 1
2	X				2
3 CHARGEABLE SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO P	55		3614314 3
4	X				4
5 SHARED NFS COST	C	CAFETERIA	12	1440955	668283 5
6	X				6
7 PCC DEPRECIATION	D	LABORATORY	44		4451 7
8	D	RADIOLOGY-DIAGNOSTIC	41		28800 8
9	D	PHYSICAL THERAPY	50		24890 9
10	D	ELECTROCARDIOLOGY	53		27430 10
11	D	PCC	61.01		144314 11
12	D	PHYSICIANS' PRIVATE OFFICES	98		262313 12
13	D	DIETARY	11		6791 13
14	D	PHYSICIAN REFERRAL CENTER	100.07		5928 14
15	D	OUTPATIENT PSYCH SERVICES	60.01		26091 15
16	D	NEW DIRECTION	100		3965 16
17	X				17
18 PCC OPERATING EXPENSES	E	LABORATORY	44		8534 18
19	E	RADIOLOGY-DIAGNOSTIC	41		55219 19
20	E	PHYSICAL THERAPY	50		47724 20
21	E	ELECTROCARDIOLOGY	53		52593 21
22	E	PCC	61.01		276703 22
23	E	PHYSICIANS' PRIVATE OFFICES	98		502948 23
24	E	DIETARY	11		13021 24
25	E	PHYSICIAN REFERRAL CENTER	100.07		11365 25
26	E	OUTPATIENT PSYCH SERVICES	60.01		50026 26
27	E	NEW DIRECTION	100		7603 27
28	X				28
29 INSURANCE EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		261103 29
30	X				30
31 PCC/LEMONT BUILDING INSURANCE	G	LABORATORY	44		248 31
32	G	RADIOLOGY-DIAGNOSTIC	41		1603 32
33	G	PHYSICAL THERAPY	50		1386 33
34	G	ELECTROCARDIOLOGY	53		1527 34
35	G	PCC	61.01		8035 35
36 SUBTOTAL				1440955	11058944 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 INTEREST	A	INTEREST EXPENSE	88		4941736	11 1
2	X					2
3 CHARGEABLE SUPPLIES	B	CENTRAL SERVICES & SUPPLY	15		3614314	3
4	X					4
5 SHARED NFS COST	C	DIETARY	11	1440955	668283	5
6	X					6
7 PCC DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		534973	9 7
8	D					8
9	D					9
10	D					10
11	D					11
12	D					12
13	D					13
14	D					14
15	D					15
16	D					16
17	X					17
18 PCC OPERATING EXPENSES	E	PCC	61.01		1025736	18
19	E					19
20	E					20
21	E					21
22	E					22
23	E					23
24	E					24
25	E					25
26	E					26
27	E					27
28	X					28
29 INSURANCE EXPENSE	F	ADMINISTRATIVE & GENERAL	6.06		261103	12 29
30	X					30
31 PCC/LEMONT BUILDING INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		31648	12 31
32	G					32
33	G					33
34	G					34
35	G					35
36 SUBTOTAL				1440955	11077793	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5	
1	G	PHYSICIANS' PRIVATE OFFICES	98		14604	1
2	G	DIETARY	11		378	2
3	G	PHYSICIAN REFERRAL CENTER	100.07		330	3
4	G	OUTPATIENT PSYCH SERVICES	60.01		1453	4
5	G	NEW DIRECTION	100		221	5
6	G	HOME HEALTH AGENCY	71		1398	6
7	G	HOSPICE	93		279	7
8	G	PRIVATE DUTY NURSING	100.06		186	8
9	X					9
10	H	DRUGS CHARGED TO PATIENTS	56		7225000	10
11	X					11
12	J	HOME HEALTH AGENCY	71		27441	12
13	J	HOSPICE	93		5488	13
14	J	PRIVATE DUTY NURSING	100.06		3659	14
15	X					15
16	K	ADULTS & PEDIATRICS	25	146482	38153	16
17	K	OPERATING ROOM	37	62778	16351	17
18	K	CATH LAB	53.01	83704	21802	18
19	K	ELECTROCARDIOLOGY	53	125556	32703	19
20	X					20
21	L	HOME HEALTH COSTS IN PHYS THERAPY	71	102623		21
22	X					22
23	M	EMPLOYEE BENEFITS	5	1513247		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		3475345	18448390	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	G					1
2	G					2
3	G					3
4	G					4
5	G					5
6	G					6
7	G					7
8	G					8
9	X					9
10 CHARGEABLE DRUGS	H	PHARMACY	16		7225000	10
11	X					11
12 HHA DEPRECIATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		36588	9 12
13	J					13
14	J					14
15	X					15
16 ALLOCATE CV ADMINISTRATION	K	CATH LAB	53.01	418520	109009	16
17	K					17
18	K					18
19	K					19
20	X					20
21 HOME HEALTH COSTS IN PHYS THERAPY	L	PHYSICAL THERAPY	50	102623		21
22	X					22
23 RECLASS SICK PAYOUT AND VAC ACCR	M	EMPLOYEE BENEFITS	5		1513247	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				1962098	19961637	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	2882847					2882847		1
2 LAND IMPROVEMENTS	5673778	227847		227847		5901625	2473009	2
3 BUILDINGS AND FIXTURES	115874721	4477465		4477465	1322	120350864	31246098	3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	9295133	12826868		12826868		22122001		5
6 MOVABLE EQUIPMENT	119462431	12413274		12413274	3525114	128350591	63286321	6
7 SUBTOTAL	253188910	29945454		29945454	3526436	279607928	97005428	7
8 RECONCILING ITEMS	9295133	12413274		12413274		21708407		8
9 TOTAL	243893777	17532180		17532180	3526436	257899521	97005428	9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	9 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)	A	-190895	COMMUNICATIONS	6.01	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3841969			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-134999			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1112587	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	A	-35098	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-19340	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	389	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	69626	NEW CAP REL COSTS-MVBLE EQUIP	4	9 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		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 TV DEPRECIATION	A	-39245	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37
38 INTEREST EXPENSE	A	-4941736	NEW CAP REL COSTS-BLDG & FIXT	3	11 38
39 LIFELINE	B	-756	NEW CAP REL COSTS-MVBLE EQUIP	4	9 39
40 LIFELINE	B	-60951	ADMINISTRATIVE & GENERAL	6.06	40
41 MISCELLANEOUS INCOME	B	-267376	ADMINISTRATIVE & GENERAL	6.06	41
42 MISCELLANEOUS INCOME	B	-49490	NURSING ADMINISTRATION	14	42
42.01 DISCOUNTS	B	-38183	ADMINISTRATIVE & GENERAL	6.06	42.01
42.04 SELF INSURANCE FUND INCOME	B	-922138	ADMINISTRATIVE & GENERAL	6.06	42.04
42.06 VISITOR MEAL COST	A	-35479	DIETARY	11	42.06
42.15 AMORT OF CAPITALIZED INTEREST	A	-20417	NEW CAP REL COSTS-BLDG & FIXT	3	9 42.15
42.18 1987 ASSET LIFE ADJUSTMENT	A	-33771	NEW CAP REL COSTS-BLDG & FIXT	3	9 42.18
43 HOUSESTAFF HBP OFFSET	A	-295202	I&R SERVICES-NOT APPRVD PRGM	70	43
43.01 HOUSESTAFF OFFSET - FICA	A	-22583	EMPLOYEE BENEFITS	5	43.01
43.05 AHA/IHA LOBBYING EXPENSE	A	-43554	ADMINISTRATIVE & GENERAL	6.06	43.05
43.10 NAHC LOBBYING EXPENSE	A	-518	HOME HEALTH AGENCY	71	43.10
43.15 NHPCO LOBBYING EXPENSE	A	-154	HOSPICE	93	43.15
43.20 CABLE TV	A	-1843	ADMINISTRATIVE & GENERAL	6.06	43.20
43.25 CABLE TV	A	-933	ELECTROCARDIOLOGY	53	43.25
43.30 CONVENT DEPRECIATION	A	-2840	NEW CAP REL COSTS-BLDG & FIXT	3	9 43.30
43.35 MISC NON-ALLOWABLE EXPENSE	A	-6715	ADMINISTRATIVE & GENERAL	6.06	43.35
43.40 REAL ESTATE TAXES	A	-140081	ADMINISTRATIVE & GENERAL	6.06	43.40
43.45 REAL ESTATE TAXES	A	-102081	PHYSICIANS' PRIVATE OFFICES	98	43.45
43.50 REAL ESTATE TAXES	A	-570109	PCC	61.01	43.50
43.55 1989 ASSET LIFE ADJUSTMENT	A	2851	NEW CAP REL COSTS-MVBLE EQUIP	4	9 43.55
43.60 FUNDRAISING DONATIONS	A	-25000	ADMINISTRATIVE & GENERAL	6.06	43.60
43.65 ADVERTISING EXPENSE	A	-779908	ADMINISTRATIVE & GENERAL	6.06	43.65
43.70 1990 ASSET LIFE CORRECTION	A	2026	NEW CAP REL COSTS-BLDG & FIXT	3	9 43.70
43.80 NON-ALLOWABLE EXPENSE LIQ	A	-3070	ADMINISTRATIVE & GENERAL	6.06	43.80
44 PHP TRANSPORTATION	A	-1489	OUTPATIENT PSYCH SERVICES	60.01	44
45 PHYSICIAN BILLING	A	-12215	ADMINISTRATIVE & GENERAL	6.06	45

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:01

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
46 FALL GALA	A	-136108	ADMINISTRATIVE & GENERAL	6.06	46
47 BAD DEBT EXPENSE	A	-10875686	ADMINISTRATIVE & GENERAL	6.06	47
48					48
49					49
50 TOTAL		-24689627			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJUSTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	41	RADIOLOGY-DIAGNOSTIC				
		MRI PROCEDURES	325893	460892	-134999	1
2						2
3						3
4						4
5	TOTALS		325893	460892	-134999	5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT		
LINE NO.	1	2	3	4	5	6	7	8	9		
1	31	SUBPROVIDER I		PSYCHIATRY		157000	157000	154100	1015	75198	3760
2	26	INTENSIVE CARE UNIT		ICU		31800	31800	177200	351	29903	1495
3	25	ADULTS & PEDIATRICS		NEONATAL	225000						
4	44	LABORATORY		LABORATORY		75000	75000	215700	3258	337861	16893
5	49	RESPIRATORY THERAPY		RESP. THERAPY		50400	50400	177200	410	34929	1746
6	50	PHYSICAL THERAPY		PHYSICAL THERAPY		140000	140000	177200	1020	86896	4345
7	61.01	PCC		PCC	2454451						
8	56.02	PULMONARY FUNCTION		PULMONARY	6000						
9	54	ELECTROENCEPHALOGRAPHY		EEG							
10	40	ANESTHESIOLOGY		ANESTHESIOLOGY	200000						
11	41	RADIOLOGY-DIAGNOSTIC		RADIOLOGY DIAGNOSTI							
12	41.02	CT SCAN		CT SCAN							
13	37	OPERATING ROOM		CVOR	700000						
14	25	ADULTS & PEDIATRICS		CV ADMIN	58500		58500	177200	180	15335	767
15	53.01	CATH LAB		CATH LAB	33000		33000	177200	120	10223	511
16	53.01	CATH LAB		CATH LAB	25000		25000	177200	120	10223	511
17	6.06	ADMINISTRATIVE & GENERAL		INFECTION CONTROL	30000		30000	177200	76	6475	324
101		TOTAL	4186151	3585451	600700		6550	607043	30352		

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	31	SUBPROVIDER I			PSYCHIATRY		75198	81802	81802
2	26	INTENSIVE CARE UNIT			ICU		29903	1897	1897
3	25	ADULTS & PEDIATRICS			NEONATAL				225000
4	44	LABORATORY			LABORATORY		337861		
5	49	RESPIRATORY THERAPY			RESP. THERAPY		34929	15471	15471
6	50	PHYSICAL THERAPY			PHYSICAL THERAPY		86896	53104	53104
7	61.01	PCC			PCC				2454451
8	56.02	PULMONARY FUNCTION			PULMONARY				6000
9	54	ELECTROENCEPHALOGRAPHY			EEG				
10	40	ANESTHESIOLOGY			ANESTHESIOLOGY				200000
11	41	RADIOLOGY-DIAGNOSTIC			RADIOLOGY DIAGNOSTIC				
12	41.02	CT SCAN			CT SCAN				
13	37	OPERATING ROOM			CVOR				700000
14	25	ADULTS & PEDIATRICS			CV ADMIN		15335	43165	43165
15	53.01	CATH LAB			CATH LAB		10223	22777	22777
16	53.01	CATH LAB			CATH LAB		10223	14777	14777
17	6.06	ADMINISTRATIVE & GENERAL			INFECTION CONTROL		6475	23525	23525
101		TOTAL					607043	256518	3841969

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	COMMUNI- CATIONS 6.01	PROCESSING 6.02	PURCH & STORES 6.03	ADMITTING 6.04	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	3758724		302	772223			3540		93
95 SUBTOTALS	276157245	2167714	7520284	47877829	828090	8239932	858997	3955551	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	366207	5636		40643			128		96
98 PHYSICIANS' PRIVATE OFFICES	807202	37934	361		30976		547		98
100 NEW DIRECTION	317062		180	81287			3449		100
100.01HOME DELIVERED MEALS									100.01
100.02PHP MEALS									100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO									100.05
100.06PRIVATE DUTY NURSING	691643			406433			347		100.06
100.07PHYSICIAN REFERRAL CENTER	93863		543	40643					100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	278433222	2211284	7521368	48446835	859066	8239932	863468	3955551	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CASHIERING	SUBTOTAL	ADMINIS- TRATIVE + GENERAL	MAIN- TENANCE + REPAIRS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY
	6.05	5A	6.06	7	7.01	9	10	11
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE		4534789	483826					93
95 SUBTOTALS	5864264	275508138	26530679	9726615	937125	2057521	5781908	5599288
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		412614	44023	68602				96
98 PHYSICIANS' PRIVATE OFFICES		877020	93571	461734			183072	98
100 NEW DIRECTION		401978	42888					100
100.01HOME DELIVERED MEALS								259459
100.02PHP MEALS								100.01
100.05RESIDENCE/ST. GEORGE CORPORATIO					21730			100.02
100.06PRIVATE DUTY NURSING		1098423	117193					100.05
100.07PHYSICIAN REFERRAL CENTER		135049	14409					100.06
101 CROSS FOOT ADJUSTMENTS								100.07
102 NEGATIVE COST CENTER								101
103 TOTAL	5864264	278433222	26842763	10256951	958855	2057521	5964980	5858747

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			1062	441083			5460760	93
95 SUBTOTALS	1698059	4100042	7093406	7574053	5289673	1660282	274199175	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	2140						527379	96
98 PHYSICIANS' PRIVATE OFFICES							1615397	98
100 NEW DIRECTION				142			445008	100
100.01HOME DELIVERED MEALS							259459	100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO							21730	100.05
100.06PRIVATE DUTY NURSING							1215616	100.06
100.07PHYSICIAN REFERRAL CENTER							149458	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	1700199	4100042	7093406	7574195	5289673	1660282	278433222	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING & STORES		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING		6.05
6.06	ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
7.01	CLINICAL ENGINEERING		7.01
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	79697988	25
26	INTENSIVE CARE UNIT	9360157	26
31	SUBPROVIDER I	9144625	31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	37773449	37
38	RECOVERY ROOM	2757600	38
40	ANESTHESIOLOGY	1107515	40
41	RADIOLOGY-DIAGNOSTIC	13415877	41
41.01	ULTRASOUND	2198144	41.01
41.02	CT SCAN	4289278	41.02
44	LABORATORY	18021591	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	3490177	47
48	INTRAVENOUS THERAPY	2498298	48
49	RESPIRATORY THERAPY	4655680	49
50	PHYSICAL THERAPY	7729845	50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY	289927	52
53	ELECTROCARDIOLOGY	5707876	53
53.01	CATH LAB	8538788	53.01
54	ELECTROENCEPHALOGRAPHY	182641	54
55	MEDICAL SUPPLIES CHARGED TO PAT	6110833	55
56	DRUGS CHARGED TO PATIENTS	14840210	56
56.01	EMG	302058	56.01
56.02	PULMONARY FUNCTION	170376	56.02
56.03	ANGIOGRAPHY	1055963	56.03
57	RENAL DIALYSIS	571378	57
OUTPATIENT SERVICE COST CENTERS			
60.01	OUTPATIENT PSYCH SERVICES	1826815	60.01
61	EMERGENCY	13230739	61
61.01	PCC	6282235	61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
70	I&R SERVICES-NOT APPRVD PRGM	67986	70
71	HOME HEALTH AGENCY	13420366	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:01

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	TOTAL	
	27	
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
93 HOSPICE	5460760	93
95 SUBTOTALS	274199175	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	527379	96
98 PHYSICIANS' PRIVATE OFFICES	1615397	98
100 NEW DIRECTION	445008	100
100.01HOME DELIVERED MEALS	259459	100.01
100.02PHP MEALS		100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO	21730	100.05
100.06PRIVATE DUTY NURSING	1215616	100.06
100.07PHYSICIAN REFERRAL CENTER	149458	100.07
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	278433222	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP	NEW CAP	CAP REL	EMPLOYEE	COMMUNI-	PURCH &	
	CAP-REL COSTS 0	BLDGS & FIXTURES 3	MOVABLE EQUIPMENT 4	COST TO BE ALLOC 4A	BENEFITS 5	CATIONS 6.01	PROCESSING 6.02	STORES 6.03
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	391878		302	392180	228			127 93
95 SUBTOTALS	818591	2167714	7520284	10506589	14131	23208	2041525	30867 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		5636		5636	12			5 96
98 PHYSICIANS' PRIVATE OFFICES		37934	361	38295		868		20 98
100 NEW DIRECTION			180	180	24			124 100
100.01HOME DELIVERED MEALS								100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO								100.05
100.06PRIVATE DUTY NURSING					120			12 100.06
100.07PHYSICIAN REFERRAL CENTER			543	543	12			100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	818591	2211284	7521368	10551243	14299	24076	2041525	31028 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMITTING	CASHIERING	ADMINIS- TRATIVE + GENERAL	MAIN- TENANCE + REPAIRS	CLINICAL ENGINEER	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	
	6.04	6.05	6.06	7	7.01	9	10	11	
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE			16951						93
95 SUBTOTALS	77601	258309	929500	1941490	35013	56430	48981	197873	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1542	13693					96
98 PHYSICIANS' PRIVATE OFFICES			3278	92165			1551		98
100 NEW DIRECTION			1503						100
100.01HOME DELIVERED MEALS								9169	100.01
100.02PHP MEALS									100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO					812				100.05
100.06PRIVATE DUTY NURSING			4106						100.06
100.07PHYSICIAN REFERRAL CENTER			505						100.07
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	77601	258309	940434	2047348	35825	56430	50532	207042	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			114	12549			422149	93
95 SUBTOTALS	75512	75314	758091	215484	257402	100129	10376969	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	95						20983	96
98 PHYSICIANS' PRIVATE OFFICES							136177	98
100 NEW DIRECTION				4			1835	100
100.01HOME DELIVERED MEALS							9169	100.01
100.02PHP MEALS								100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO							812	100.05
100.06PRIVATE DUTY NURSING							4238	100.06
100.07PHYSICIAN REFERRAL CENTER							1060	100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	75607	75314	758091	215488	257402	100129	10551243	103

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
6.01	COMMUNICATIONS		6.01
6.02	DATA PROCESSING		6.02
6.03	PURCHASING & STORES		6.03
6.04	ADMITTING		6.04
6.05	CASHIERING		6.05
6.06	ADMINISTRATIVE & GENERAL		6.06
7	MAINTENANCE & REPAIRS		7
7.01	CLINICAL ENGINEERING		7.01
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	2303657	25
26	INTENSIVE CARE UNIT	266450	26
31	SUBPROVIDER I	243002	31
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	1677377	37
38	RECOVERY ROOM	81159	38
40	ANESTHESIOLOGY	125765	40
41	RADIOLOGY-DIAGNOSTIC	1246156	41
41.01	ULTRASOUND	225772	41.01
41.02	CT SCAN	600770	41.02
44	LABORATORY	618815	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
47	BLOOD STORING, PROCESSING & TRA	51466	47
48	INTRAVENOUS THERAPY	32549	48
49	RESPIRATORY THERAPY	177022	49
50	PHYSICAL THERAPY	230388	50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY	3028	52
53	ELECTROCARDIOLOGY	329931	53
53.01	CATH LAB	393435	53.01
54	ELECTROENCEPHALOGRAPHY	7618	54
55	MEDICAL SUPPLIES CHARGED TO PAT	239109	55
56	DRUGS CHARGED TO PATIENTS	221731	56
56.01	EMG	6116	56.01
56.02	PULMONARY FUNCTION	9359	56.02
56.03	ANGIOGRAPHY	127262	56.03
57	RENAL DIALYSIS	13432	57
OUTPATIENT SERVICE COST CENTERS			
60.01	OUTPATIENT PSYCH SERVICES	12529	60.01
61	EMERGENCY	340184	61
61.01	PCC	188854	61.01
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
70	I&R SERVICES-NOT APPRVD PRGM	3907	70
71	HOME HEALTH AGENCY	177977	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	TOTAL	
	27	
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
93 HOSPICE	422149	93
95 SUBTOTALS	10376969	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & CAN	20983	96
98 PHYSICIANS' PRIVATE OFFICES	136177	98
100 NEW DIRECTION	1835	100
100.01HOME DELIVERED MEALS	9169	100.01
100.02PHP MEALS		100.02
100.05RESIDENCE/ST. GEORGE CORPORATIO	812	100.05
100.06PRIVATE DUTY NURSING	4238	100.06
100.07PHYSICIAN REFERRAL CENTER	1060	100.07
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 TOTAL	10551243	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	PROCESSING	PURCH &	ADMITTING	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS FTEs	CATIONS # OF PHONES		STORES # OF REQUISIT.		
	3	4	5	6.01	6.02	6.03	6.04	
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	920434							3
4 NEW CAP REL COSTS-MVBLE EQUIP		7558518						4
5 EMPLOYEE BENEFITS	3078	6938	2384					5
6.01 COMMUNICATIONS	1540	20410	11	1248				6.01
6.02 DATA PROCESSING	8708	2028689	41	85	3220			6.02
6.03 PURCHASING & STORES	1813	7377	10	13	30	47323		6.03
6.04 ADMITTING	1591	4280	56	55	107	433	552890528	6.04
6.05 CASHIERING	9950	23475	52	55	330	682		6.05
6.06 ADMINISTRATIVE & GENERAL	78688	373313	149	143	372	3183		6.06
7 MAINTENANCE & REPAIRS	464307	892835	40	42		4214		7
7.01 CLINICAL ENGINEERING	1251	15252	8	3	11	222		7.01
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	5918	1066	3	3		255		9
10 HOUSEKEEPING	1660	14416	75	10		572		10
11 DIETARY	13995	50446	70	30	26	367	558	11
12 CAFETERIA	8538		14	9		155		12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3399	3610	45	22	41	623		14
15 CENTRAL SERVICES & SUPPLY	20712	395751	54	22	24	4258	23148694	15
16 PHARMACY	4009	15403	52	16	161	480	43220706	16
17 MEDICAL RECORDS & LIBRARY	7353	10750	51	38	259	660		17
18 SOCIAL SERVICE	1620	385	12	14	126	134		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	119827	181384	559	148	437	1500	112361771	25
26 INTENSIVE CARE UNIT	9625	103520	67	20		229	12396160	26
31 SUBPROVIDER I	19159	13394	74	37	9	427	9063700	31
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	32215	589651	121	118	501	9843	85872403	37
38 RECOVERY ROOM	3602	31779	21	10		134	6168195	38
40 ANESTHESIOLOGY	903	86779		7		344	13991506	40
41 RADIOLOGY-DIAGNOSTIC	16498	963005	88	88	98	1448	19295500	41
41.01 ULTRASOUND	1530	197681	14	2		128	7778879	41.01
41.02 CT SCAN	1988	522773	17	6		108	32180774	41.02
44 LABORATORY	12353	236263	103	35	145	6731	79200466	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	788	28506	8	3		209	5525737	47
48 INTRAVENOUS THERAPY	737	1236	18	4		24	1327219	48
49 RESPIRATORY THERAPY	1543	85434	31	12	14	271	25144666	49
50 PHYSICAL THERAPY	12879	23747	67	51	48	1768	7389972	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1428	3			15	770941	52
53 ELECTROCARDIOLOGY	4147	128425	44	26	195	724	19695656	53
53.01 CATH LAB	11944	210930	24			3006	20077768	53.01
54 ELECTROENCEPHALOGRAPHY	472	2402	2	2		22	531646	54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS								56
56.01 EMG	147	3156	4	9		140	168488	56.01
56.02 PULMONARY FUNCTION	139	7396	2			15	210572	56.02
56.03 ANGIOGRAPHY	1197	108673	3			519	3354381	56.03
57 RENAL DIALYSIS	819	2967		2		54	946460	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		3707	17			184	3379	60.01
61 EMERGENCY	10910	49473	99	63	126	473	22977379	61
61.01 PCC		66186	62		38	1588	86952	61.01
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
70 I&R SERVICES-NOT APPRVD PRGM	435		2			2		70
71 HOME HEALTH AGENCY	311	42834	125		122	740		71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP	NEW CAP	EMPLOYEE	COMMUNI-	PROCESSING	PURCH &	ADMITTING
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS FTEs	CATIONS # OF PHONES		STORES # OF REQUISIT.	
	3	4	5	6.01	6.02	6.03	6.04
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE		303	38			194	93
95 SUBTOTALS	902298	7557428	2356	1203	3220	47078	552890528 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2346		2			7	96
98 PHYSICIANS' PRIVATE OFFICES	15790	363		45		30	98
100 NEW DIRECTION		181	4			189	100
100.01 HOME DELIVERED MEALS							100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT							100.05
100.06 PRIVATE DUTY NURSING			20			19	100.06
100.07 PHYSICIAN REFERRAL CENTER		546	2				100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	2211284	7521368	48446835	859066	8239932	863468	3955551 103
104 UNIT COST MULT-WS B PT I		.995085		688.354167		18.246265	104
104 UNIT COST MULT-WS B PT I	2.402436		20321.658977		2558.985093		.007154 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			14299	24076	2041525	31028	77601 107
108 UNIT COST MULT-WS B PT III				19.291667		.655664	108
108 UNIT COST MULT-WS B PT III			5.997903		634.013975		.000140 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	LAUNDRY	HOUSE-	DIETARY
	I/P	CILIATION	TRATIVE +	TENANCE +	ENGINEER	& LINEN	KEEPING	
	REVENUES		GENERAL	REPAIRS	TIME	SERVICE	TIME	MEALS
	6.05	6A.06	ACCUM	SQUARE	SPENT	POUNDS OF	SPENT	SERVED
			COST	FEET		LAUNDRY		
			6.06	7	7.01	9	10	11
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6.01 COMMUNICATIONS								6.01
6.02 DATA PROCESSING								6.02
6.03 PURCHASING & STORES								6.03
6.04 ADMITTING								6.04
6.05 CASHIERING	552890528							6.05
6.06 ADMINISTRATIVE & GENERAL		-26842763	251590459					6.06
7 MAINTENANCE & REPAIRS			9268117	350759				7
7.01 CLINICAL ENGINEERING			833360	1251	8472			7.01
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE			1702792	5918		2620065		9
10 HOUSEKEEPING			5289455	1660	2	79479	6677815	10
11 DIETARY	558		4744698	13995	2	1095	221100	316400
12 CAFETERIA			1310689	8538				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION			3498353	3399	219		62820	14
15 CENTRAL SERVICES & SUPPLY	23148694		5534387	20712	1167	7391	187200	15
16 PHARMACY	43220706		6528926	4009		3285	86250	16
17 MEDICAL RECORDS & LIBRARY			4475137	7353			67320	17
18 SOCIAL SERVICE			1429732	1620			19680	18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	112361771		54412493	119827	1493	1428156	2707220	260797
26 INTENSIVE CARE UNIT	12396160		6880225	9625	162	142624	267500	19832
31 SUBPROVIDER I	9063700		6707717	19159	48	43435	228600	19709
33 NURSERY								33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	85872403		29267137	32215	1067	141620	809460	37
38 RECOVERY ROOM	6168195		2115059	3602	88	146821	75120	38
40 ANESTHESIOLOGY	13991506		758018	903	385		29255	40
41 RADIOLOGY-DIAGNOSTIC	19295500		10785230	16498	1245	190667	334925	41
41.01 ULTRASOUND	7778879		1868901	1530	83			41.01
41.02 CT SCAN	32180774		3519408	1988	27			41.02
44 LABORATORY	79200466		14737321	12353	249		238875	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	5525737		3110631	788	91			47
48 INTRAVENOUS THERAPY	1327219		2022557	737	1		11430	48
49 RESPIRATORY THERAPY	25144666		3837469	1543	412		36210	49
50 PHYSICAL THERAPY	7389972		6323838	12879	251	71905	121920	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY	770941		259076					52
53 ELECTROCARDIOLOGY	19695656		4811357	4147	483	21763	47640	53
53.01 CATH LAB	20077768		6810623	11944	253		129800	53.01
54 ELECTROENCEPHALOGRAPHY	531646		145049	472	10	639		54
55 MEDICAL SUPPLIES CHARGED TO P			3614314					55
56 DRUGS CHARGED TO PATIENTS			7225000					56
56.01 EMG	168488		260967	147	28			56.01
56.02 PULMONARY FUNCTION	210572		147866	139				56.02
56.03 ANGIOGRAPHY	3354381		883593	1197	41			56.03
57 RENAL DIALYSIS	946460		483628	819	3			57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES	3379		1549740		1			2050
61 EMERGENCY	22977379		9688533	10910	270	263348	782760	61
61.01 PCC	86952		5210490		197	77837		61.01
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
70 I&R SERVICES-NOT APPRVD PRGM			41724	435			7780	70
71 HOME HEALTH AGENCY			12036976	311	2			71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	LAUNDRY	HOUSE-	DIETARY
	I/P	CILIATION	TRATIVE +	TENANCE +	ENGINEER	& LINEN	KEEPING	
	REVENUES		GENERAL	REPAIRS	TIME	SERVICE	TIME	MEALS
	6.05	6A.06	ACCUM	SQUARE	SPENT	POUNDS OF	SPENT	SERVED
			COST	FEET		LAUNDRY		
			6.06	7	7.01	9	10	11
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE			4534789					93
95 SUBTOTALS	552890528	-26842763	248665375	332623	8280	2620065	6472865	302388 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C			412614	2346				96
98 PHYSICIANS' PRIVATE OFFICES			877020	15790			204950	98
100 NEW DIRECTION			401978					100
100.01 HOME DELIVERED MEALS								14012 100.01
100.02 PHP MEALS								100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT					192			100.05
100.06 PRIVATE DUTY NURSING			1098423					100.06
100.07 PHYSICIAN REFERRAL CENTER			135049					100.07
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5864264		26842763	10256951	958855	2057521	5964980	5858747 103
104 UNIT COST MULT-WS B PT I	.010607		.106692		113.179297		.893253	104
104 UNIT COST MULT-WS B PT I				29.242161		.785294		18.516899 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	258309		940434	2047348	35825	56430	50532	207042 107
108 UNIT COST MULT-WS B PT III	.000467		.003738		4.228636		.007567	108
108 UNIT COST MULT-WS B PT III				5.836908		.021538		.654368 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	FTE	ADMINIS- TRATION FTE	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	
	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6.01							6.01
6.02							6.02
6.03							6.03
6.04							6.04
6.05							6.05
6.06							6.06
7							7
7.01							7.01
8							8
9							9
10							10
11							11
12	1589						12
13							13
14	45	1000					14
15	54		10477733				15
16	52		142084	7317600			16
17	51		10653	137	1358		17
18	12		219	68		1000	18
20							20
21							21
22							22
23							23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	559	559	836468	18158	650	862	25
26	67	67	86810	3158	59	54	26
31	74	74	19861	455	40		31
33							33
ANCILLARY SERVICE COST CENTERS							
37	121	121	3400174	4880	138	10	37
38	21	21	15321	241			38
40			254818				40
41	88		94862	22608	58		41
41.01	14		14567	223	13		41.01
41.02	17		380859	2535	14		41.02
44	103		628685	687	147		44
46.30							46.30
47	8		8516				47
48	18	18	198450	642			48
49	31		120870	156415	2		49
50	67		43949	1009	15		50
51							51
52	3						52
53	44		84065	744	11		53
53.01	24	24	554809	7723			53.01
54	2		953		1		54
55			3118031				55
56				6612490			56
56.01	4		876	876			56.01
56.02	2		782				56.02
56.03	3		42284	6395			56.03
57			17418	68			57
OUTPATIENT SERVICE COST CENTERS							
60.01		17	90		1		60.01
61	99	99	169394	8556	127	74	61
61.01			105682	40049	82		61.01
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
70	2						70
71	2		124614	3206			71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL	
	FTES	ADMINIS- TRATION FTES	SERVICES & SUPPLY COSTED REQUIS.	COSTED REQUIS.	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	
	12	14	15	16	17	18	
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE			1569	426140			93
95 SUBTOTALS	1587	1000	10477733	7317463	1358	1000	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	2						96
98 PHYSICIANS' PRIVATE OFFICES							98
100 NEW DIRECTION				137			100
100.01 HOME DELIVERED MEALS							100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORAT							100.05
100.06 PRIVATE DUTY NURSING							100.06
100.07 PHYSICIAN REFERRAL CENTER							100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	1700199	4100042	7093406	7574195	5289673	1660282	103
104 UNIT COST MULT-WS B PT I	1069.980491		.676998		3895.193667		104
104 UNIT COST MULT-WS B PT I		4100.042000		1.035065		1660.282000	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	75607	75314	758091	215488	257402	100129	107
108 UNIT COST MULT-WS B PT III	47.581498		.072353		189.544919		108
108 UNIT COST MULT-WS B PT III		75.314000		.029448		100.129000	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	79697988		79697988	43165	79741153	25
26 INTENSIVE CARE UNIT	9360157		9360157	1897	9362054	26
31 SUBPROVIDER I	9144625		9144625	81802	9226427	31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	37773449		37773449		37773449	37
38 RECOVERY ROOM	2757600		2757600		2757600	38
40 ANESTHESIOLOGY	1107515		1107515		1107515	40
41 RADIOLOGY-DIAGNOSTIC	13415877		13415877		13415877	41
41.01 ULTRASOUND	2198144		2198144		2198144	41.01
41.02 CT SCAN	4289278		4289278		4289278	41.02
44 LABORATORY	18021591		18021591		18021591	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	3490177		3490177		3490177	47
48 INTRAVENOUS THERAPY	2498298		2498298		2498298	48
49 RESPIRATORY THERAPY	4655680		4655680	15471	4671151	49
50 PHYSICAL THERAPY	7729845		7729845	53104	7782949	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	289927		289927		289927	52
53 ELECTROCARDIOLOGY	5707876		5707876		5707876	53
53.01 CATH LAB	8538788		8538788	37554	8576342	53.01
54 ELECTROENCEPHALOGRAPHY	182641		182641		182641	54
55 MEDICAL SUPPLIES CHARGED TO	6110833		6110833		6110833	55
56 DRUGS CHARGED TO PATIENTS	14840210		14840210		14840210	56
56.01 EMG	302058		302058		302058	56.01
56.02 PULMONARY FUNCTION	170376		170376		170376	56.02
56.03 ANGIOGRAPHY	1055963		1055963		1055963	56.03
57 RENAL DIALYSIS	571378		571378		571378	57
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	1826815		1826815		1826815	60.01
61 EMERGENCY	13230739		13230739		13230739	61
61.01 PCC	6282235		6282235		6282235	61.01
62 OBSERVATION BEDS (NON-DISTI	3738836		3738836		3738836	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	258988899		258988899	232993	259221892	101
102 LESS OBSERVATION BEDS	3738836		3738836		3738836	102
103 TOTAL	255250063		255250063	232993	255483056	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	110312433		110312433			25
26 INTENSIVE CARE UNIT	12396160		12396160			26
31 SUBPROVIDER I	9063700		9063700			31
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	85872402	69762112	155634514	.242706	.242706	.242706 37
38 RECOVERY ROOM	6168195	3864255	10032450	.274868	.274868	.274868 38
40 ANESTHESIOLOGY	13991506	8126332	22117838	.050073	.050073	.050073 40
41 RADIOLOGY-DIAGNOSTIC	19295500	39177831	58473331	.229436	.229436	.229436 41
41.01 ULTRASOUND	7778879	12598909	20377788	.107870	.107870	.107870 41.01
41.02 CT SCAN	32180774	54879498	87060272	.049268	.049268	.049268 41.02
44 LABORATORY	79200466	78059512	157259978	.114597	.114597	.114597 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5525737	1481700	7007437	.498068	.498068	.498068 47
48 INTRAVENOUS THERAPY	1327219	1774514	3101733	.805452	.805452	.805452 48
49 RESPIRATORY THERAPY	25144666	1956374	27101040	.171790	.171790	.172361 49
50 PHYSICAL THERAPY	7389971	12681938	20071909	.385108	.385108	.387753 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	770941	190612	961553	.301520	.301520	.301520 52
53 ELECTROCARDIOLOGY	19695656	17525710	37221366	.153349	.153349	.153349 53
53.01 CATH LAB	20077768	6218481	26296249	.324715	.324715	.326143 53.01
54 ELECTROENCEPHALOGRAPHY	531646	223597	755243	.241831	.241831	.241831 54
55 MEDICAL SUPPLIES CHARGED TO	23155261	8660705	31815966	.192068	.192068	.192068 55
56 DRUGS CHARGED TO PATIENTS	43220705	5606104	48826809	.303936	.303936	.303936 56
56.01 EMG	168488	1137112	1305600	.231356	.231356	.231356 56.01
56.02 PULMONARY FUNCTION	210572	1114675	1325247	.128562	.128562	.128562 56.02
56.03 ANGIOGRAPHY	3354381	748544	4102925	.257368	.257368	.257368 56.03
57 RENAL DIALYSIS	946460	11100	957560	.596702	.596702	.596702 57
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	3379	2462125	2465504	.740950	.740950	.740950 60.01
61 EMERGENCY	22977379	35373158	58350537	.226746	.226746	.226746 61
61.01 PCC	80385	7612951	7693336	.816581	.816581	.816581 61.01
62 OBSERVATION BEDS (NON-DISTI	2049338	4571887	6621225	.564674	.564674	.564674 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	552889967	375819736	928709703			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	552889967	375819736	928709703			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2303657		2303657
26 INTENSIVE CARE UNIT				266450		266450
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				243002		243002
33 NURSERY						
101 TOTAL				2813109		2813109

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	83797	53433			27.49	1468873
26 INTENSIVE CARE UNIT	5804	4669			45.91	214354
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5759	2294			42.20	96807
33 NURSERY	3125					
101 TOTAL	98485	60396				1780034

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1677377	155634514	44252832			.010778	476957	37
38 RECOVERY ROOM		81159	10032450	3061132			.008090	24765	38
40 ANESTHESIOLOGY		125765	22117838	6583475			.005686	37434	40
41 RADIOLOGY-DIAGNOSTIC		1246156	58473331	13686373			.021312	291684	41
41.01 ULTRASOUND		225772	20377788	5151582			.011079	57074	41.01
41.02 CT SCAN		600770	87060272	19956762			.006901	137722	41.02
44 LABORATORY		618815	157259978	52393730			.003935	206169	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		51466	7007437	3750038			.007344	27540	47
48 INTRAVENOUS THERAPY		32549	3101733	988238			.010494	10371	48
49 RESPIRATORY THERAPY		177022	27101040	19097883			.006532	124747	49
50 PHYSICAL THERAPY		230388	20071909	5858630			.011478	67245	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY		3028	961553	673703			.003149	2121	52
53 ELECTROCARDIOLOGY		329931	37221366	13845284			.008864	122725	53
53.01 CATH LAB		393435	26296249	11940171			.014962	178649	53.01
54 ELECTROENCEPHALOGRAPHY		7618	755243	362739			.010087	3659	54
55 MEDICAL SUPPLIES CHARGED TO P		239109	31815966	13878997			.007515	104301	55
56 DRUGS CHARGED TO PATIENTS		221731	48826809	28032166			.004541	127294	56
56.01 EMG		6116	1305600	122716			.004684	575	56.01
56.02 PULMONARY FUNCTION		9359	1325247	126785			.007062	895	56.02
56.03 ANGIOGRAPHY		127262	4102925	2456805			.031017	76203	56.03
57 RENAL DIALYSIS		13432	957560	747578			.014027	10486	57
OUTPATIENT SERVICE COST CENTERS									
60.01 OUTPATIENT PSYCH SERVICES		12529	2465504				.005082		60.01
61 EMERGENCY		340184	58350537	13765682			.005830	80254	61
61.01 PCC		188854	7693336	79527			.024548	1952	61.01
62 OBSERVATION BEDS (NON-DISTINC		108011	6621225	1136874			.016313	18546	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		7067838	796937410	261949702				2189368	101

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					83797		53433	25
26 INTENSIVE CARE UNIT					5804		4669	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					5759		2294	31
33 NURSERY					3125			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					98485		60396	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155634514			44252832		19665027 37
38 RECOVERY ROOM		10032450			3061132		755630 38
40 ANESTHESIOLOGY		22117838			6583475		1999392 40
41 RADIOLOGY-DIAGNOSTIC		58473331			13686373		11193742 41
41.01 ULTRASOUND		20377788			5151582		3402009 41.01
41.02 CT SCAN		87060272			19956762		18673163 41.02
44 LABORATORY		157259978			52393730		3817804 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7007437			3750038		731287 47
48 INTRAVENOUS THERAPY		3101733			988238		724065 48
49 RESPIRATORY THERAPY		27101040			19097883		766891 49
50 PHYSICAL THERAPY		20071909			5858630		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		961553			673703		52
53 ELECTROCARDIOLOGY		37221366			13845284		6437634 53
53.01 CATH LAB		26296249			11940171		2776741 53.01
54 ELECTROENCEPHALOGRAPHY		755243			362739		82683 54
55 MEDICAL SUPPLIES CHARGED TO P		31815966			13878997		2247216 55
56 DRUGS CHARGED TO PATIENTS		48826809			28032166		2003008 56
56.01 EMG		1305600			122716		453978 56.01
56.02 PULMONARY FUNCTION		1325247			126785		402702 56.02
56.03 ANGIOGRAPHY		4102925			2456805		454431 56.03
57 RENAL DIALYSIS		957560			747578		8323 57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2465504					60.01
61 EMERGENCY		58350537			13765682		6861939 61
61.01 PCC		7693336			79527		948367 61.01
62 OBSERVATION BEDS (NON-DISTINC		6621225			1136874		898053 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		796937410			261949702		85304085 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.242706	.242706	.242706				37
38 RECOVERY ROOM	.274868	.274868	.274868				38
40 ANESTHESIOLOGY	.050073	.050073	.050073				40
41 RADIOLOGY-DIAGNOSTIC	.229436	.229436	.229436				41
41.01 ULTRASOUND	.107870	.107870	.107870				41.01
41.02 CT SCAN	.049268	.049268	.049268				41.02
44 LABORATORY	.114597	.114597	.114597				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	.498068	.498068	.498068				47
48 INTRAVENOUS THERAPY	.805452	.805452	.805452				48
49 RESPIRATORY THERAPY	.171790	.171790	.171790				49
50 PHYSICAL THERAPY	.385108	.385108	.385108				50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	.301520	.301520	.301520				52
53 ELECTROCARDIOLOGY	.153349	.153349	.153349				53
53.01 CATH LAB	.324715	.324715	.324715				53.01
54 ELECTROENCEPHALOGRAPHY	.241831	.241831	.241831				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.192068	.192068	.192068				55
56 DRUGS CHARGED TO PATIENTS	.303936	.303936	.303936				56
56.01 EMG	.231356	.231356	.231356				56.01
56.02 PULMONARY FUNCTION	.128562	.128562	.128562				56.02
56.03 ANGIOGRAPHY	.257368	.257368	.257368				56.03
57 RENAL DIALYSIS	.596702	.596702	.596702				57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES	.740950	.740950	.740950				60.01
61 EMERGENCY	.226746	.226746	.226746				61
61.01 PCC	.816581	.816581	.816581				61.01
62 OBSERVATION BEDS (NON-DISTINCT	.564674	.564674	.564674				62
63.50 RHC							63.50
63.60 FQHC							63.60
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	.303936	1
2 PROGRAM VACCINE CHARGES	2198	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	668	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
	5	5.01	5.02	5.03	5.04			
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		19665027						37
38 RECOVERY ROOM		755630						38
40 ANESTHESIOLOGY		1999392						40
41 RADIOLOGY-DIAGNOSTIC		11193742						41
41.01 ULTRASOUND		3402009						41.01
41.02 CT SCAN		18673163						41.02
44 LABORATORY		3817804						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		731287						47
48 INTRAVENOUS THERAPY		724065						48
49 RESPIRATORY THERAPY		766891						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		6437634						53
53.01 CATH LAB		2776741						53.01
54 ELECTROENCEPHALOGRAPHY		82683						54
55 MEDICAL SUPPLIES CHARGED TO PA		2247216						55
56 DRUGS CHARGED TO PATIENTS		2003008						56
56.01 EMG		453978						56.01
56.02 PULMONARY FUNCTION		402702						56.02
56.03 ANGIOGRAPHY		454431						56.03
57 RENAL DIALYSIS		8323						57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES								60.01
61 EMERGENCY		6861939						61
61.01 PCC		948367						61.01
62 OBSERVATION BEDS (NON-DISTINCT		898053						62
63.50 RHC								63.50
63.60 FQHC								63.60
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		85304085						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		85304085						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0062) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4772820					37
38 RECOVERY ROOM		207699					38
40 ANESTHESIOLOGY		100116					40
41 RADIOLOGY-DIAGNOSTIC		2568247					41
41.01 ULTRASOUND		366975					41.01
41.02 CT SCAN		919989					41.02
44 LABORATORY		437509					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		364231					47
48 INTRAVENOUS THERAPY		583200					48
49 RESPIRATORY THERAPY		131744					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		987205					53
53.01 CATH LAB		901649					53.01
54 ELECTROENCEPHALOGRAPHY		19995					54
55 MEDICAL SUPPLIES CHARGED TO PAT		431618					55
56 DRUGS CHARGED TO PATIENTS		608786					56
56.01 EMG		105031					56.01
56.02 PULMONARY FUNCTION		51772					56.02
56.03 ANGIOGRAPHY		116956					56.03
57 RENAL DIALYSIS		4966					57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY		1555917					61
61.01 PCC		774418					61.01
62 OBSERVATION BEDS (NON-DISTINCT		507107					62
63.50 RHC							63.50
63.60 FQHC							63.60
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		16517950					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		16517950					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677377	155634514	31715			.010778	342 37
38 RECOVERY ROOM		81159	10032450	4518			.008090	37 38
40 ANESTHESIOLOGY		125765	22117838				.005686	40
41 RADIOLOGY-DIAGNOSTIC		1246156	58473331	74254			.021312	1583 41
41.01 ULTRASOUND		225772	20377788	41164			.011079	456 41.01
41.02 CT SCAN		600770	87060272	166440			.006901	1149 41.02
44 LABORATORY		618815	157259978	696014			.003935	2739 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		51466	7007437				.007344	47
48 INTRAVENOUS THERAPY		32549	3101733	5980			.010494	63 48
49 RESPIRATORY THERAPY		177022	27101040	68264			.006532	446 49
50 PHYSICAL THERAPY		230388	20071909	88425			.011478	1015 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3028	961553	6426			.003149	20 52
53 ELECTROCARDIOLOGY		329931	37221366	91734			.008864	813 53
53.01 CATH LAB		393435	26296249				.014962	53.01
54 ELECTROENCEPHALOGRAPHY		7618	755243	14147			.010087	143 54
55 MEDICAL SUPPLIES CHARGED TO P		239109	31815966	81451			.007515	612 55
56 DRUGS CHARGED TO PATIENTS		221731	48826809	429240			.004541	1949 56
56.01 EMG		6116	1305600	1258			.004684	6 56.01
56.02 PULMONARY FUNCTION		9359	1325247	21882			.007062	155 56.02
56.03 ANGIOGRAPHY		127262	4102925				.031017	56.03
57 RENAL DIALYSIS		13432	957560				.014027	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		12529	2465504	3379			.005082	17 60.01
61 EMERGENCY		340184	58350537	276683			.005830	1613 61
61.01 PCC		188854	7693336				.024548	61.01
62 OBSERVATION BEDS (NON-DISTINC		108011	6621225				.016313	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7067838	796937410	2102974				13158 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155634514			31715		37
38 RECOVERY ROOM		10032450			4518		38
40 ANESTHESIOLOGY		22117838					40
41 RADIOLOGY-DIAGNOSTIC		58473331			74254		41
41.01 ULTRASOUND		20377788			41164		41.01
41.02 CT SCAN		87060272			166440		41.02
44 LABORATORY		157259978			696014		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7007437					47
48 INTRAVENOUS THERAPY		3101733			5980		48
49 RESPIRATORY THERAPY		27101040			68264		49
50 PHYSICAL THERAPY		20071909			88425		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		961553			6426		52
53 ELECTROCARDIOLOGY		37221366			91734		53
53.01 CATH LAB		26296249					53.01
54 ELECTROENCEPHALOGRAPHY		755243			14147		54
55 MEDICAL SUPPLIES CHARGED TO P		31815966			81451		55
56 DRUGS CHARGED TO PATIENTS		48826809			429240		56
56.01 EMG		1305600			1258		56.01
56.02 PULMONARY FUNCTION		1325247			21882		56.02
56.03 ANGIOGRAPHY		4102925					56.03
57 RENAL DIALYSIS		957560					57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2465504			3379		60.01
61 EMERGENCY		58350537			276683		61
61.01 PCC		7693336					61.01
62 OBSERVATION BEDS (NON-DISTINC		6621225					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		796937410			2102974		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[XX]	SUB I (14-S062)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				2303657		2303657
26 INTENSIVE CARE UNIT				266450		266450
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				243002		243002
33 NURSERY						
101 TOTAL				2813109		2813109

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	83797	1824			27.49	50142
26 INTENSIVE CARE UNIT	5804	198			45.91	9090
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5759	45			42.20	1899
33 NURSERY	3125	104				
101 TOTAL	98485	2171				61131

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB III [XX] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1677377	155634514	1198132			.010778	12913	37
38 RECOVERY ROOM		81159	10032450	100742			.008090	815	38
40 ANESTHESIOLOGY		125765	22117838	183564			.005686	1044	40
41 RADIOLOGY-DIAGNOSTIC		1246156	58473331	451877			.021312	9630	41
41.01 ULTRASOUND		225772	20377788	209056			.011079	2316	41.01
41.02 CT SCAN		600770	87060272	974244			.006901	6723	41.02
44 LABORATORY		618815	157259978	1981610			.003935	7798	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		51466	7007437	85886			.007344	631	47
48 INTRAVENOUS THERAPY		32549	3101733	29094			.010494	305	48
49 RESPIRATORY THERAPY		177022	27101040	526771			.006532	3441	49
50 PHYSICAL THERAPY		230388	20071909	94511			.011478	1085	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY		3028	961553	10110			.003149	32	52
53 ELECTROCARDIOLOGY		329931	37221366	423247			.008864	3752	53
53.01 CATH LAB		393435	26296249	448610			.014962	6712	53.01
54 ELECTROENCEPHALOGRAPHY		7618	755243	15512			.010087	156	54
55 MEDICAL SUPPLIES CHARGED TO P		239109	31815966	609703			.007515	4582	55
56 DRUGS CHARGED TO PATIENTS		221731	48826809	1097292			.004541	4983	56
56.01 EMG		6116	1305600	3242			.004684	15	56.01
56.02 PULMONARY FUNCTION		9359	1325247	2180			.007062	15	56.02
56.03 ANGIOGRAPHY		127262	4102925	92794			.031017	2878	56.03
57 RENAL DIALYSIS		13432	957560	54760			.014027	768	57
OUTPATIENT SERVICE COST CENTERS									
60.01 OUTPATIENT PSYCH SERVICES		12529	2465504				.005082		60.01
61 EMERGENCY		340184	58350537	816256			.005830	4759	61
61.01 PCC		188854	7693336	828			.024548	20	61.01
62 OBSERVATION BEDS (NON-DISTINC		108011	6621225				.016313		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		7067838	796937410	9410021				75373	101

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:01

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					83797		1824	25
26 INTENSIVE CARE UNIT					5804		198	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					5759		45	31
33 NURSERY					3125		104	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					98485		2171	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155634514			1198132		37
38 RECOVERY ROOM		10032450			100742		38
40 ANESTHESIOLOGY		22117838			183564		40
41 RADIOLOGY-DIAGNOSTIC		58473331			451877		41
41.01 ULTRASOUND		20377788			209056		41.01
41.02 CT SCAN		87060272			974244		41.02
44 LABORATORY		157259978			1981610		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7007437			85886		47
48 INTRAVENOUS THERAPY		3101733			29094		48
49 RESPIRATORY THERAPY		27101040			526771		49
50 PHYSICAL THERAPY		20071909			94511		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		961553			10110		52
53 ELECTROCARDIOLOGY		37221366			423247		53
53.01 CATH LAB		26296249			448610		53.01
54 ELECTROENCEPHALOGRAPHY		755243			15512		54
55 MEDICAL SUPPLIES CHARGED TO P		31815966			609703		55
56 DRUGS CHARGED TO PATIENTS		48826809			1097292		56
56.01 EMG		1305600			3242		56.01
56.02 PULMONARY FUNCTION		1325247			2180		56.02
56.03 ANGIOGRAPHY		4102925			92794		56.03
57 RENAL DIALYSIS		957560			54760		57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2465504					60.01
61 EMERGENCY		58350537			816256		61
61.01 PCC		7693336			828		61.01
62 OBSERVATION BEDS (NON-DISTINC		6621225					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		796937410			9410021		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0062) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1677377	155634514				.010778	37
38 RECOVERY ROOM		81159	10032450				.008090	38
40 ANESTHESIOLOGY		125765	22117838				.005686	40
41 RADIOLOGY-DIAGNOSTIC		1246156	58473331				.021312	41
41.01 ULTRASOUND		225772	20377788				.011079	41.01
41.02 CT SCAN		600770	87060272				.006901	41.02
44 LABORATORY		618815	157259978				.003935	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		51466	7007437				.007344	47
48 INTRAVENOUS THERAPY		32549	3101733				.010494	48
49 RESPIRATORY THERAPY		177022	27101040				.006532	49
50 PHYSICAL THERAPY		230388	20071909				.011478	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		3028	961553				.003149	52
53 ELECTROCARDIOLOGY		329931	37221366				.008864	53
53.01 CATH LAB		393435	26296249				.014962	53.01
54 ELECTROENCEPHALOGRAPHY		7618	755243				.010087	54
55 MEDICAL SUPPLIES CHARGED TO P		239109	31815966				.007515	55
56 DRUGS CHARGED TO PATIENTS		221731	48826809				.004541	56
56.01 EMG		6116	1305600				.004684	56.01
56.02 PULMONARY FUNCTION		9359	1325247				.007062	56.02
56.03 ANGIOGRAPHY		127262	4102925				.031017	56.03
57 RENAL DIALYSIS		13432	957560				.014027	57
OUTPATIENT SERVICE COST CENTERS								
60.01 OUTPATIENT PSYCH SERVICES		12529	2465504				.005082	60.01
61 EMERGENCY		340184	58350537				.005830	61
61.01 PCC		188854	7693336				.024548	61.01
62 OBSERVATION BEDS (NON-DISTINC		108011	6621225				.016313	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		7067838	796937410					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 CT SCAN							41.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CATH LAB							53.01
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
56.01 EMG							56.01
56.02 PULMONARY FUNCTION							56.02
56.03 ANGIOGRAPHY							56.03
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES							60.01
61 EMERGENCY							61
61.01 PCC							61.01
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		155634514					37
38 RECOVERY ROOM		10032450					38
40 ANESTHESIOLOGY		22117838					40
41 RADIOLOGY-DIAGNOSTIC		58473331					41
41.01 ULTRASOUND		20377788					41.01
41.02 CT SCAN		87060272					41.02
44 LABORATORY		157259978					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7007437					47
48 INTRAVENOUS THERAPY		3101733					48
49 RESPIRATORY THERAPY		27101040					49
50 PHYSICAL THERAPY		20071909					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		961553					52
53 ELECTROCARDIOLOGY		37221366					53
53.01 CATH LAB		26296249					53.01
54 ELECTROENCEPHALOGRAPHY		755243					54
55 MEDICAL SUPPLIES CHARGED TO P		31815966					55
56 DRUGS CHARGED TO PATIENTS		48826809					56
56.01 EMG		1305600					56.01
56.02 PULMONARY FUNCTION		1325247					56.02
56.03 ANGIOGRAPHY		4102925					56.03
57 RENAL DIALYSIS		957560					57
OUTPATIENT SERVICE COST CENTERS							
60.01 OUTPATIENT PSYCH SERVICES		2465504					60.01
61 EMERGENCY		58350537					61
61.01 PCC		7693336					61.01
62 OBSERVATION BEDS (NON-DISTINC		6621225					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		796937410					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S062) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	83797	5759					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	83797	5759					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	83797	5759					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)	53433	2294					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) (14-0062)	SUB I (PPS) (14-S062)	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	79741153	9226427					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	79741153	9226427					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	110312433	9063700					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	110312433	9063700					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.722866	1.017954					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1316.42	1573.83					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	79741153	9226427					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	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	951.60	1602.09				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	50846843	3675194				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	50846843	3675194				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	9362054	5804	1613.03	4669	7531237	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	53267120	403123				48
49 TOTAL PROGRAM INPATIENT COSTS	111645200	4078317				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1683227	96807				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2189368	13158				51
52 TOTAL PROGRAM EXCLUDABLE COST	3872595	109965				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	107772605	3968352				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) (14-0062)	SUB I (PPS) (14-S062)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET REPORT UPDATED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (PPS)
 (14-0062)(14-S062)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3929	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	951.60	84
85 OBSERVATION BED COST	3738836	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		79741153		3738836		86
87 NEW CAPITAL-RELATED COST	2303657	79741153	.028889	3738836	108011	87
88 NON PHYSICIAN ANESTHETIST		79741153		3738836		88
89 MEDICAL EDUCATION		79741153		3738836		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	83797	5759				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	83797	5759				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	83797	5759				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)	1824	45				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	3125					15
16 TITLE V OR XIX NURSERY DAYS	104					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) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	79741153	9144625					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	79741153	9144625					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	110312433	9063700					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30	110312433	9063700					30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.722866	1.008928					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33	1316.42	1573.83					33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	79741153	9144625					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

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) (14-0062)	SUB I (OTHER) (14-S062)	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	951.60	1587.88					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1735718	71455					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1735718	71455					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)			3125		104		42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
44	INTENSIVE CARE UNIT	9362054	5804	1613.03	198	319380		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (PPS) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	1834616						48
49	TOTAL PROGRAM INPATIENT COSTS	3889714	71455	1	1	1		49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	59232	1899					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	75373						51
52	TOTAL PROGRAM EXCLUDABLE COST	134605	1899					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3755109						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) (14-0062)	SUB I (OTHER) (14-S062)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54						54
55		10				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (OTHER)
 (14-0062)(14-S062)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3929	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	951.60	84
85 OBSERVATION BED COST	3738836	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST		79741153		3738836		86
87 NEW CAPITAL-RELATED COST	2303657	79741153	.028889	3738836	108011	87
88 NON PHYSICIAN ANESTHETIST		79741153		3738836		88
89 MEDICAL EDUCATION		79741153		3738836		89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0062)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		64850661		25
26 INTENSIVE CARE UNIT		8262036		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242706	44252832	10740428	37
38 RECOVERY ROOM	.274868	3061132	841407	38
40 ANESTHESIOLOGY	.050073	6583475	329654	40
41 RADIOLOGY-DIAGNOSTIC	.229436	13686373	3140147	41
41.01 ULTRASOUND	.107870	5151582	555701	41.01
41.02 CT SCAN	.049268	19956762	983230	41.02
44 LABORATORY	.114597	52393730	6004164	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.498068	3750038	1867774	47
48 INTRAVENOUS THERAPY	.805452	988238	795978	48
49 RESPIRATORY THERAPY	.172361	19097883	3291730	49
50 PHYSICAL THERAPY	.387753	5858630	2271701	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.301520	673703	203135	52
53 ELECTROCARDIOLOGY	.153349	13845284	2123160	53
53.01 CATH LAB	.326143	11940171	3894203	53.01
54 ELECTROENCEPHALOGRAPHY	.241831	362739	87722	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.192068	13878997	2665711	55
56 DRUGS CHARGED TO PATIENTS	.303936	28032166	8519984	56
56.01 EMG	.231356	122716	28391	56.01
56.02 PULMONARY FUNCTION	.128562	126785	16300	56.02
56.03 ANGIOGRAPHY	.257368	2456805	632303	56.03
57 RENAL DIALYSIS	.596702	747578	446081	57
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.740950			60.01
61 EMERGENCY	.226746	13765682	3121313	61
61.01 PCC	.816581	79527	64940	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.564674	1136874	641963	62
63.50 RHC				
63.60 FQHC				63.50
101 TOTAL		261949702	53267120	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		261949702		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S062)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		3869203		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242706	31715	7697	37
38 RECOVERY ROOM	.274868	4518	1242	38
40 ANESTHESIOLOGY	.050073			40
41 RADIOLOGY-DIAGNOSTIC	.229436	74254	17037	41
41.01 ULTRASOUND	.107870	41164	4440	41.01
41.02 CT SCAN	.049268	166440	8200	41.02
44 LABORATORY	.114597	696014	79761	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.498068			47
48 INTRAVENOUS THERAPY	.805452	5980	4817	48
49 RESPIRATORY THERAPY	.172361	68264	11766	49
50 PHYSICAL THERAPY	.387753	88425	34287	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.301520	6426	1938	52
53 ELECTROCARDIOLOGY	.153349	91734	14067	53
53.01 CATH LAB	.326143			53.01
54 ELECTROENCEPHALOGRAPHY	.241831	14147	3421	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.192068	81451	15644	55
56 DRUGS CHARGED TO PATIENTS	.303936	429240	130461	56
56.01 EMG	.231356	1258	291	56.01
56.02 PULMONARY FUNCTION	.128562	21882	2813	56.02
56.03 ANGIOGRAPHY	.257368			56.03
57 RENAL DIALYSIS	.596702			57
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.740950	3379	2504	60.01
61 EMERGENCY	.226746	276683	62737	61
61.01 PCC	.816581			61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.564674			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2102974	403123	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2102974		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0062)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		2780513		25
26 INTENSIVE CARE UNIT		423428		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.242706	1198132	290794	37
38 RECOVERY ROOM	.274868	100742	27691	38
40 ANESTHESIOLOGY	.050073	183564	9192	40
41 RADIOLOGY-DIAGNOSTIC	.229436	451877	103677	41
41.01 ULTRASOUND	.107870	209056	22551	41.01
41.02 CT SCAN	.049268	974244	47999	41.02
44 LABORATORY	.114597	1981610	227087	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.498068	85886	42777	47
48 INTRAVENOUS THERAPY	.805452	29094	23434	48
49 RESPIRATORY THERAPY	.172361	526771	90795	49
50 PHYSICAL THERAPY	.387753	94511	36647	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.301520	10110	3048	52
53 ELECTROCARDIOLOGY	.153349	423247	64905	53
53.01 CATH LAB	.326143	448610	146311	53.01
54 ELECTROENCEPHALOGRAPHY	.241831	15512	3751	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.192068	609703	117104	55
56 DRUGS CHARGED TO PATIENTS	.303936	1097292	333507	56
56.01 EMG	.231356	3242	750	56.01
56.02 PULMONARY FUNCTION	.128562	2180	280	56.02
56.03 ANGIOGRAPHY	.257368	92794	23882	56.03
57 RENAL DIALYSIS	.596702	54760	32675	57
OUTPATIENT SERVICE COST CENTERS				
60.01 OUTPATIENT PSYCH SERVICES	.740950			60.01
61 EMERGENCY	.226746	816256	185083	61
61.01 PCC	.816581	828	676	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.564674			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		9410021	1834616	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		9410021		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S062)	[] NF	[] TEFRA
[XX] TITLE XIX	[] SUB II	[] S/B-SNF	[XX] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.242706		37
38 RECOVERY ROOM	.274868		38
40 ANESTHESIOLOGY	.050073		40
41 RADIOLOGY-DIAGNOSTIC	.229436		41
41.01 ULTRASOUND	.107870		41.01
41.02 CT SCAN	.049268		41.02
44 LABORATORY	.114597		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.498068		47
48 INTRAVENOUS THERAPY	.805452		48
49 RESPIRATORY THERAPY	.171790		49
50 PHYSICAL THERAPY	.385108		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.301520		52
53 ELECTROCARDIOLOGY	.153349		53
53.01 CATH LAB	.324715		53.01
54 ELECTROENCEPHALOGRAPHY	.241831		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.192068		55
56 DRUGS CHARGED TO PATIENTS	.303936		56
56.01 EMG	.231356		56.01
56.02 PULMONARY FUNCTION	.128562		56.02
56.03 ANGIOGRAPHY	.257368		56.03
57 RENAL DIALYSIS	.596702		57
OUTPATIENT SERVICE COST CENTERS			
60.01 OUTPATIENT PSYCH SERVICES	.740950		60.01
61 EMERGENCY	.226746		61
61.01 PCC	.816581		61.01
62 OBSERVATION BEDS (NON-DISTINCT	.564674		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	58423970					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	19474657					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	2408609					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	332.42					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	80307236					6
7						7
7.01						7.01
8	80307236					8
9	6671942					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	86979178					16
17	192755					17
18	86786423					18
19	7595648					19
20	328128					20
21	699154					21
21.01	489408					21.01
21.02	453743					21.02
22	79352055					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0062)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	79352055					26
27						27
28	78854870					28
28.01						28.01
29	497185					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0062) 1	HOSPITAL (14-0062) 1.01	HOSPITAL (14-0062) 1.02	
1 MEDICAL AND OTHER SERVICES	668			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	16517950			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13761816			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	668			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	2198			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	2198			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	2198			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1530			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	668			17
17.01 TOTAL PPS PAYMENTS	13761816			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0062) 1	HOSPITAL (14-0062) 1.01	HOSPITAL (14-0062) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	3867796		18.01
19 SUBTOTAL	9894688		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	9894688		23
24 PRIMARY PAYER PAYMENTS	2453		24
25 SUBTOTAL	9892235		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	181128		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	126790		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	108949		27.02
28 SUBTOTAL	10019025		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10019025		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	9892132		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	126893		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S062)	SUB I (14-S062)	SUB I (14-S062)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S062)	SUB I (14-S062)	SUB I (14-S062)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0062) OCTOBER 1, 1997 PRIOR TO ON OR AFTER	
	1 1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL
(14-0062)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL
(14-0062)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0062)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		78854870		9892132	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 PROGRAM .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99			3.99	
4 TOTAL INTERIM PAYMENTS		78854870		9892132	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99	
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROGRAM TO PROVIDER TO .02				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S062)

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1813702				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	556685				1.09
1.10	NET IPF PPS ECT PAYMENTS	2239				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.734973				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	2372626				1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	2372626				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	2372626				4
5	PRIMARY PAYER PAYMENTS	4854				5
6	SUBTOTAL	2367772				6
7	DEDUCTIBLES	148320				7
8	SUBTOTAL	2219452				8
9	COINSURANCE	12544				9
10	SUBTOTAL	2206908				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	55682				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	38977				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	34963				11.02
12	SUBTOTAL	2245885				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S062)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	2245885				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	2206908				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	38977				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

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 (14-0062) (PPS)	SUB I (14-S062) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	71455				1
3	MEDICAL AND OTHER SERVICES					2
4	INTERNS AND RESIDENTS					3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O					4
6	COST OF TEACHING PHYSICIANS					5
7	SUBTOTAL	71455				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
	SUBTOTAL	71455				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES	9410021				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	9410021				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	9410021				20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9410021				21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		71455			22
23	COST OF COVERED SERVICES		71455			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		71455			30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31		71455			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			NF I
	HOSPITAL (14-0062) (PPS)	SUB I (14-S062) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST					34
35	SUBTOTAL					71455
36	COINSURANCE					35
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					36
38	REIMBURSABLE BAD DEBTS					37
38.01	REDUCED REIMBURSABLE BAD DEBTS					38
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.01
39	UTILIZATION REVIEW					38.02
40	SUBTOTAL					39
41	INPATIENT ROUTINE SERVICE COST					40
42	MEDICARE INPATIENT ROUTINE CHARGES					41
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					42
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					43
45	RATIO OF LINE 43 TO LINE 44					44
46	TOTAL CUSTOMARY CHARGES					45
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					46
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					47
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					48
50	OTHER ADJUSTMENTS					49
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					50
52	SUBTOTAL					51
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					52
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					53
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					54
56	SEQUESTRATION ADJUSTMENT					55
57	INTERIM PAYMENTS					56
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57
58	BALANCE DUE PROVIDER/PROGRAM					57.01
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					58
						59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6690000			1
2 TEMPORARY INVESTMENTS	18108000			2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	54896000			4
5 OTHER RECEIVABLES				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-24786000			6
7 INVENTORY	1365000			7
8 PREPAID EXPENSES				8
9 OTHER CURRENT ASSETS	28245000			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	84518000			11
FIXED ASSETS				
12 LAND	2883000			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	5902000			13
13.01 ACCUMULATED DEPRECIATION	-4692000			13.01
14 BUILDINGS	120351000			14
14.01 ACCUMULATED DEPRECIATION	-88252000			14.01
15 LEASEHOLD IMPROVEMENTS	21562000			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	128351000			18
18.01 ACCUMULATED DEPRECIATION	-91826000			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	94279000			21
OTHER ASSETS				
22 INVESTMENTS	170383000			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	79143000			25
26 TOTAL OTHER ASSETS	249526000			26
27 TOTAL ASSETS	428323000			27
LIABILITIES AND FUND BALANCES				
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5650000			28
29 SALARIES, WAGES & FEES PAYABLE	26121000			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	61294000			35
36 TOTAL CURRENT LIABILITIES	93065000			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE	124629000			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	51749000			41
42 TOTAL LONG TERM LIABILITIES	176378000			42
43 TOTAL LIABILITIES	269443000			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	158880000			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	158880000			51
52 TOTAL LIABILITIES AND FUND BALANCES	428323000			52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	229406000			1
2 NET INCOME (LOSS)	-36480523			2
3 TOTAL	192925477			3
4 ADDITIONS (CREDIT ADJUSTMENTS)	523			4
5 INVESTMENT GAINS	969000			5
6 REINSTATEMENT				6
7 UNREALIZED NET GAIN	-35015000			7
8				8
9				9
10 TOTAL ADDITIONS	-34045477			10
11 SUBTOTAL	158880000			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET CHANGE				13
14 TRANSFER TO AFFILIATE				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	158880000			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	123244000		123244000	2
4 SUBPROVIDER I	8528000		8528000	4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	131772000		131772000	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT				12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	131772000		131772000	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	421118000		421118000	18
18.50 ANCILLARY SERVICES		379541000	379541000	18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY		13988000	13988000	20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
24.01 HEALTH & FITNESS		657000	657000	24.01
24.02 PRIVATE DUTY		11174000	11174000	24.02
25 TOTAL PATIENT REVENUES	552890000	405360000	958250000	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		303122849	26
27 BAD DEBTS			27
28 OTHER			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		303122849	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	958250000	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	655910000	2
3	NET PATIENT REVENUES	302340000	3
4	LESS - TOTAL OPERATING EXPENSES	303122849	4
5	NET INCOME FROM SERVICE TO PATIENTS	-782849	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	-40231000	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	38183	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	1112587	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	211187	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	19341	21
22	RENTAL OF HOSPITAL SPACE	1735600	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COMMUNITY EDUCATION	49490	24
24.01	COMMUNITY THERAPY		24.01
24.02	PUMP RENTAL		24.02
24.03	MISCELLANEOUS	653124	24.03
24.04	SILVER SALES		24.04
24.05	HOME DELIVERED	57456	24.05
24.06	LIFELINE	61707	24.06
24.07	JOINT VENTURE	600162	24.07
24.08	BABY PHOTO	9612	24.08
24.09	OTHER		24.09
24.10	NEWSPAPERS		24.10
24.11	UNIFORMS	110	24.11
25	TOTAL OTHER INCOME	-35682441	25
26	TOTAL	-36465290	26
27	NEWSPAPER	15233	27
28			28
29			29
30	TOTAL OTHER EXPENSES	15233	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-36480523	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	2283759		310875		487215	3081849 5
6 SKILLED NURSING CARE	3606463					3606463 6
7 PHYSICAL THERAPY	816218			296927		1113145 7
8 OCCUPATIONAL THERAPY	154398			40798		195196 8
9 SPEECH PATHOLOGY	82357			2349		84706 9
10 MEDICAL SOCIAL SERVICES	67899					67899 10
11 HOME HEALTH AIDE	653158					653158 11
12 SUPPLIES					194341	194341 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	7664252		310875	340074	681556	8996757 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7470

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	25632	3107481	-518	3106963	5
6 SKILLED NURSING CARE		3606463		3606463	6
7 PHYSICAL THERAPY	102624	1215769		1215769	7
8 OCCUPATIONAL THERAPY		195196		195196	8
9 SPEECH PATHOLOGY		84706		84706	9
10 MEDICAL SOCIAL SERVICES		67899		67899	10
11 HOME HEALTH AIDE		653158		653158	11
12 SUPPLIES		194341		194341	12
13 DRUGS	3206	3206		3206	13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	131462	9128219	-518	9127701	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7470

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN MAINT	& TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	3106963					3106963	3106963	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	3606463					3606463	1861091	5467554
7 PHYSICAL THERAPY	1215769					1215769	627390	1843159
8 OCCUPATIONAL THERAPY	195196					195196	100730	295926
9 SPEECH PATHOLOGY	84706					84706	43712	128418
10 MEDICAL SOCIAL SERVICES	67899					67899	35039	102938
11 HOME HEALTH AIDE	653158					653158	337058	990216
12 SUPPLIES	194341					194341	100289	294630
13 DRUGS	3206					3206	1654	4860
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	9127701					9127701		9127701

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

VERSION: 2009.01
 06/01/2009 11:01

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-3106963	6020738	5
6 SKILLED NURSING CARE						3606463	6
7 PHYSICAL THERAPY						1215769	7
8 OCCUPATIONAL THERAPY						195196	8
9 SPEECH PATHOLOGY						84706	9
10 MEDICAL SOCIAL SERVICES						67899	10
11 HOME HEALTH AIDE						653158	11
12 SUPPLIES						194341	12
13 DRUGS						3206	13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-3106963	6020738	24
25 COST TO BE ALLOC (PER W/S H)						3106963	25
26 UNIT COST MULTIPLIER						.516044	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7470

WORKSHEET H-5
 PART I

HHA COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED		
			HHA A & G	TOTAL HHA COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		3318812			1
2 SKILLED NURSING CARE		6050898	1987990	8038888	2
3 PHYSICAL THERAPY		2039809	670169	2709978	3
4 OCCUPATIONAL THERAPY		327499	107598	435097	4
5 SPEECH PATHOLOGY		142119	46692	188811	5
6 MEDICAL SOCIAL SERVICES		113921	37428	151349	6
7 HOME HEALTH AIDE		1095864	360041	1455905	7
8 SUPPLIES		326065	107127	433192	8
9 DRUGS		5379	1767	7146	9
9.20 COST OF ADMINISTERING VACC					9.20
10 DME					10
11 HOME DIALYSIS AIDE SERVICE					11
12 RESPIRATORY THERAPY					12
13 PRIVATE DUTY NURSING					13
14 CLINIC					14
15 HEALTH PROMOTION ACTIVITIE					15
16 DAY CARE PROGRAM					16
17 HOME DELIVERED MEALS PROGR					17
18 HOMEMAKER SERVICE					18
19 ALL OTHERS					19
19.50 TELEMEDICINE					19.50
20 TOTALS		13420366	3318812	13420366	20
21 UNIT COST MULTIPLIER			.328545		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.	
	1	2	3	4	5	6.01	6.02	6.03	
1 ADMINISTRATIVE AND GENERAL			311	42834	125		122	740	1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			311	42834	125		122	740	20
21 TOTAL COST TO BE ALLOCATED			747	42623	2540207		312196	13502	21
22 UNIT COST MULTIPLIER			2.401929		20321.656000		2558.983607		22
22 UNIT COST MULTIPLIER				.995074				18.245946	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	ADMITTING	CASHIERING	RECON-	ADMINIS-	MAIN-	CLINICAL	OPERATION	LAUNDRY
	I/P REVENUES 6.04	I/P REVENUES 6.05	CILIATION 6A.06	TRATIVE + GENERAL ACCUM COST 6.06	TENANCE + REPAIRS SQUARE FEET 7	ENGINEER TIME SPENT 7.01	OF PLANT SQUARE FEET 8	& LINEN SERVICE POUNDS OF LAUNDRY 9
1 ADMINISTRATIVE AND GENERAL				2909275	311	2		1
2 SKILLED NURSING CARE				5467554				2
3 PHYSICAL THERAPY				1843159				3
4 OCCUPATIONAL THERAPY				295926				4
5 SPEECH PATHOLOGY				128418				5
6 MEDICAL SOCIAL SERVICES				102938				6
7 HOME HEALTH AIDE				990216				7
8 SUPPLIES				294630				8
9 DRUGS				4860				9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS				12036976	311	2		20
21 TOTAL COST TO BE ALLOCATED				1284249	9094	226		21
22 UNIT COST MULTIPLIER					29.241158			22
22 UNIT COST MULTIPLIER				.106692		113.000000		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	HOUSE-KEEPING TIME SPENT 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL			2			124614	3206	1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS			2			124614	3206	20
21 TOTAL COST TO BE ALLOCATED			2140			84363	3318	21
22 UNIT COST MULTIPLIER			1070.000000				1.034934	22
22 UNIT COST MULTIPLIER						.676995		22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7470

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	18	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 SKILLED NURSING CARE							2
3 PHYSICAL THERAPY							3
4 OCCUPATIONAL THERAPY							4
5 SPEECH PATHOLOGY							5
6 MEDICAL SOCIAL SERVICES							6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS							20
21 TOTAL COST TO BE ALLOCATED							21
22 UNIT COST MULTIPLIER							22
22 UNIT COST MULTIPLIER							22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7470

WORKSHEET H-6
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE	2	8038888		8038888	47224	170.23	1
2	PHYSICAL THERAPY	3	2709978		2709978	21381	126.75	2
3	OCCUPATIONAL THERAPY	4	435097		435097	2964	146.79	3
4	SPEECH PATHOLOGY	5	188811		188811	1181	159.87	4
5	MEDICAL SOCIAL SERV	6	151349		151349	546	277.20	5
6	HOME HEALTH AIDE SERV	7	1455905		1455905	10451	139.31	6
7	TOTAL		12980028		12980028	83747		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS								
OTHER PATIENT SERVICES		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	433192		433192	216477	2.001099	15
16	COST OF DRUGS	9	7146		7146	4800	1.488750	16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7470

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			
2 REASONABLE COST OF SERVICES		7146	1
2 TOTAL CHARGES		4800	2
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			3
4 AMOUNT 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(B)			4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES		4800	6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES		2346	8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	6311272	4003737	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	43242	47032	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	41181	36159	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	30671	35482	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	8983	4351	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	14523	10070	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	6449872	4143977	12
13 EXCESS REASONABLE COST		2346	13
14 SUBTOTAL	6449872	4141631	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	6449872	4141631	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	6449872	4141631	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	6449872	4141631	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	6449872	4141631	24
25 TOTAL INTERIM PAYMENTS	6449872	4141631	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7470

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6449872		4136831	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		4800	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		6449872		4141631	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01			5.01
	TO	.02			5.02
	PROVIDER	.03			5.03
	PROVIDER	.50			5.50
	TO	.51			5.51
	PROGRAM	.52			5.52
SUBTOTAL		.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.01
	PROVIDER TO	.02			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF			94167			94167	4
5 VOLUNTEER SERVICE COORDINATION	64717					64717	5
6 ADMINISTRATIVE AND GENERAL	310565				877397	1187962	6
7 INPATIENT CARE SERVICE							7
8 INPATIENT - GENERAL CARE							8
9 INPATIENT - RESPITE CARE							9
10 VISITING SERVICES					19200	19200	10
10.20 NURSING CARE	1374489					1374489	10.20
11 NURSING CARE-CONTINUOUS HOME CARE	65					65	11
12 PHYSICAL THERAPY	2109			221		2330	12
13 OCCUPATIONAL THERAPY				283		283	13
14 SPEECH/LANGUAGE PATHOLOGY							14
15 MEDICAL SOCIAL SERVICES	196160					196160	15
16 SPIRITUAL COUNSELING	40141					40141	16
17 DIETARY COUNSELING	17445					17445	17
18 COUNSELING - OTHER							18
18.20 HOME HEALTH AIDE AND HOMEMAKER	261313					261313	18.20
19 HH AIDE & HOMEMAKER-CONT. HOME CARE							19
20 OTHER							20
20.30 OTHER HOSPICE SERVICE COSTS							20.30
20.31 DRUGS, BIOLOGICAL & INFUSION THERAPY					426140	426140	20.31
20.32 ANALGESICS							20.32
21 SEDATIVES / HYPNOTICS							21
22 OTHER - SPECIFY							22
23 DURABLE MEDICAL EQUIPMENT/OXYGEN							23
24 PATIENT TRANSPORTATION							24
25 IMAGING SERVICES							25
26 LABS AND DIAGNOSTICS							26
27 MEDICAL SUPPLIES					28019	28019	27
28 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							28
29 RADIATION THERAPY							29
30 CHEMOTHERAPY							30
31 OTHER							31
32 HOSPICE NONREIMBURSABLE SERVICE							32
33 BEREAVEMENT PROGRAM COSTS	40680					40680	33
34 VOLUNTEER PROGRAM COSTS							34
35 FUNDRAISING							35
36 OTHER PROGRAM COSTS							36
37 TOTAL	2307684		94167	504	1350756	3753111	37

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1591

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF		94167		94167	4
5 VOLUNTEER SERVICE COORDINATION		64717		64717	5
6 ADMINISTRATIVE AND GENERAL	5767	1193729	-154	1193575	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		19200		19200	9
10 NURSING CARE		1374489		1374489	10
10.20 NURSING CARE-CONTINUOUS HOME CARE		65		65	10.20
11 PHYSICAL THERAPY		2330		2330	11
12 OCCUPATIONAL THERAPY		283		283	12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		196160		196160	14
15 SPIRITUAL COUNSELING		40141		40141	15
16 DIETARY COUNSELING		17445		17445	16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		261313		261313	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		426140		426140	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		28019		28019	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS		40680		40680	30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	5767	3758878	-154	3758724	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1591

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								64717
8	INPATIENT CARE SERVICE								240933
9	INPATIENT - GENERAL CARE								310565
10	INPATIENT - RESPITE CARE								7
11	VISITING SERVICES								8
12	PHYSICIAN SERVICES								9
13	NURSING CARE								242098
14	NURSING CARE-CONT.HOME CARE								1132391
15	PHYSICAL THERAPY								1374489
16	OCCUPATIONAL THERAPY								65
17	SPEECH/LANGUAGE PATHOLOGY								10.20
18	MEDICAL SOCIAL SERVICES								2109
19	SPIRITUAL COUNSELING								11
20	DIETARY COUNSELING								12
21	COUNSELING - OTHER								13
22	HH AIDE AND HOMEMAKER								196160
23	HH AIDE & HMKR-CONT.HME CARE								196160
24	OTHER								40141
25	OTHER HOSPICE SERVICE COSTS								17445
26	DRUGS, BIOL. & INFUS. THER.								261313
27	ANALGESICS								261313
28	SEDATIVES / HYPNOTICS								18.20
29	OTHER - SPECIFY								19
30	DURABLE MED. EQUIP./OXYGEN								20
31	PATIENT TRANSPORTATION								20.30
32	IMAGING SERVICES								20.31
33	LABS AND DIAGNOSTICS								20.32
34	MEDICAL SUPPLIES								21
35	OUTPAT.SERV.(INCL.E/R DEPT.)								22
36	RADIATION THERAPY								23
37	CHEMOTHERAPY								24
38	OTHER								25
39	HOSPICE NONREIMBURSABLE SERVICE								26
40	BEREAVEMENT PROGRAM COSTS								27
41	VOLUNTEER PROGRAM COSTS								28
42	FUNDRAISING								29
43	OTHER PROGRAM COSTS								40680
44	TOTAL								40680
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HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1591

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								34

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1591 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								221 11
16	OCCUPATIONAL THERAPY								283 12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								504 34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION & 0	CAP REL COST BLDG & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPOR- TATION 4	VOLUNTEER SERV. CO- ORDINATOR 5	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
GENERAL SERVICE COST CENTER									
1									1
2									2
3									3
4					94167				4
5						64717			5
6	1193575				94167	64717	1352459	1352459	6
7									7
8									8
9	19200						19200	10791	29991 9
10	1374489						1374489	772542	2147031 10
10.20	65						65	37	102 10.20
11	2330						2330	1310	3640 11
12	283						283	159	442 12
13									13
14	196160						196160	110253	306413 14
15	40141						40141	22562	62703 15
16	17445						17445	9805	27250 16
17									17
18	261313						261313	146873	408186 18
18.20									18.20
19									19
OTHER HOSPICE SERVICE COSTS									
20	426140						426140	239515	665655 20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25	28019						28019	15748	43767 25
26									26
27									27
28									28
29									29
HOSPICE NONREIMBURSABLE SERV.									
30	40680						40680	22864	63544 30
31									31
32									32
33									33
34	3758724				94167	64717	3758724		3758724 34

COST ALLOCATION - HOSPICE STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-4
 PART II

	CAP REL COST BLDG & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPO- RTATION (MILEAGE)	VOLUNTEER SERV. CO- ORDINATOR (HOURS)	RECONCIL- IATION 6A	ADMIN & GENERAL (ACCUM COST) 6
	1	2	3	4	5	6A	6
GENERAL SERVICE COST CENTER							
1 CAP REL COSTS-BLDG AND FIXT.							1
2 CAP REL COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION & MAINT.							3
4 TRANSPORTATION - STAFF				100			4
5 VOLUNTEER SERVICE COORD.					100		5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				100	100	-1352459	2406265 6
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE VISITING SERVICES							8
9 PHYSICIAN SERVICES							19200 9
10 NURSING CARE							1374489 10
10.20 NURSING CARE-CONTINUOUS HOME							65 10.20
11 PHYSICAL THERAPY							2330 11
12 OCCUPATIONAL THERAPY							283 12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES							196160 14
15 SPIRITUAL COUNSELING							40141 15
16 DIETARY COUNSELING							17445 16
17 COUNSELING - OTHER							17
18 HH AIDE AND HOMEMAKER							261313 18
18.20 HH AIDE & HMKR-CONT. HOME CA							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOL. & INFUS. THER.							426140 20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MED. EQUIP./OXYGEN							21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES							28019 25
26 OUTPAT.SERV.(INCL.E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS							40680 30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 COST TO BE ALLOCATED				94167	64717		1352459 34
35 UNIT COST MULTIPLIER				941.670000	647.170000		.562057 35

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		1301010			1
2 INPATIENT - GENERAL CARE					2
3 INPATIENT - RESPITE CARE					3
4 PHYSICIAN SERVICES		33191	10381	43572	4
5 NURSING CARE		2376102	743153	3119255	5
5.20 NURSING CARE-CONTINUOUS HOM		113	35	148	5.20
6 PHYSICAL THERAPY		4028	1260	5288	6
7 OCCUPATIONAL THERAPY		489	153	642	7
8 SPEECH/LANGUAGE PATHOLOGY					8
9 MEDICAL SOCIAL SERV. - DIRE		339105	106059	445164	9
10 SPIRITUAL COUNSELING		69393	21703	91096	10
11 DIETARY COUNSELING		30157	9432	39589	11
12 COUNSELING - OTHER					12
13 HOME HLTH AIDE & HOMEMAKERS		451736	141286	593022	13
13.20 HH AIDE & HMKR-CONT. HOME C					13.20
14 OTHER					14
15 DRUGS,BIOLOGICALS & INFUSIO		736675	230404	967079	15
15.30 ANALGESICS					15.30
15.31 SEDATIVES / HYPNOTICS					15.31
15.32 OTHER - SPECIFY					15.32
16 DURABLE MED. EQUIP./OXYGEN					16
17 PATIENT TRANSPORTATION					17
18 IMAGING SERVICES					18
19 LABS AND DIAGNOSTICS					19
20 MEDICAL SUPPLIES		48437	15149	63586	20
21 OUTPAT. SERV.(INCL.E/R DEPT					21
22 RADIATION THERAPY					22
23 CHEMOTHERAPY					23
24 OTHER					24
25 BEREAVEMENT PROGRAM COSTS		70324	21995	92319	25
26 VOLUNTEER PROGRAM COSTS					26
27 FUNDRAISING					27
28 OTHER PROGRAM COSTS					28
29 TOTALS		5460760		5460760	29
30 UNIT COST MULTIPLIER			.312762		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS FTES	COMMUNI- CATIONS # OF PHONES	PROCESSING TIME SPENT	PURCH & STORES # OF REQUISIT.
	1	2	3	4	5	6.01	6.02	6.03
1 ADMINISTRATIVE AND GENERAL				303	38			194
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				303	38			194
30 TOTAL COST TO BE ALLOCATED				302	772223			3540
31 UNIT COST MULTIPLIER					20321.657895			31
31 UNIT COST MULTIPLIER				.996700				18.247423

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	ADMITTING	CASHIERING	RECON- CILIATION	ADMINIS- TRATIVE + GENERAL	MAIN- TENANCE + REPAIRS	CLINICAL ENGINEER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	I/P REVENUES	I/P REVENUES		ACCUM COST	SQUARE FEET	TIME SPENT	SQUARE FEET	POUNDS OF LAUNDRY
	6.04	6.05	6A.06	6.06	7	7.01	8	9
1 ADMINISTRATIVE AND GENERAL				776065				1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES				29991				4
5 NURSING CARE				2147031				5
5.20 NURSING CARE-CONTINUOUS HOM				102				5.20
6 PHYSICAL THERAPY				3640				6
7 OCCUPATIONAL THERAPY				442				7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE				306413				9
10 SPIRITUAL COUNSELING				62703				10
11 DIETARY COUNSELING				27250				11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS				408186				13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO				665655				15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES				43767				20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS				63544				25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL				4534789				29
30 TOTAL COST TO BE ALLOCATED				483826				30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER				.106692				31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	HOUSE-KEEPING TIME SPENT 10	DIETARY MEALS SERVED 11	CAFETERIA FTES 12	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED 13	NURSING ADMINIS-TRATION FTES 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL						1569	426140	1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL						1569	426140	29
30 TOTAL COST TO BE ALLOCATED						1062	441083	30
31 UNIT COST MULTIPLIER							1.035066	31
31 UNIT COST MULTIPLIER						.676864		31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1591
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	NURSING SCHOOL	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	
	18	20	21	22	23	24	
1 ADMINISTRATIVE AND GENERAL							1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES							4
5 NURSING CARE							5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE							9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS							13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO							15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES							20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTAL							29
30 TOTAL COST TO BE ALLOCATED							30
31 UNIT COST MULTIPLIER							31
31 UNIT COST MULTIPLIER							31

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/01/2009 11:01

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1591

WORKSHEET K-5
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.385108		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.301520		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.303936	52370	4
4.01	EMG	56.01	0.231356		4.01
4.02	PULMONARY FUNCTION	56.02	0.128562		4.02
4.03	ANGIOGRAPHY	56.03	0.257368		4.03
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.114597	5941	6
7	MEDICAL SUPPLIES	55	0.192068	15168	7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.226746	10291	8
8.01	PCC	61.01	0.816581		8.01
9	RADIATION THERAPY	41	0.229436	1595	9
9.01	ULTRASOUND	41.01	0.107870		9.01
9.02	CT SCAN	41.02	0.049268	8328	9.02
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS			22620	11

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.01
06/01/2009 11:01

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1591

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				5483380	1
2 TOTAL UNDUPLICATED DAYS				33504	2
3 AGGREGATE COST PER DIEM				163.66	3
4 UNDUPLICATED MEDICARE DAYS	32347				4
5 AGGREGATE MEDICARE COST	5293910				5
6 UNDUPLICATED MEDICAID DAYS		88			6
7 AGGREGATE MEDICAID COST		14402			7
8 UNDUPLICATED SNF DAYS	10273				8
9 AGGREGATE SNF COST	1681279				9
10 UNDUPLICATED NF DAYS		29			10
11 AGGREGATE NF COST		4746			11
12 OTHER UNDUPLICATED DAYS			1069		12
13 AGGREGATE COST FOR OTHER DAYS			174953		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0062)	HOSPITAL (14-0062)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	6594198				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4					4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
					[E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5					5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01					5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02					5.02
					SUM OF LINES 5 AND 5.01
5.03					5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04					5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6					6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

CALCULATION OF CAPITAL PAYMENT - TITLE XIX - COST METHOD

WORKSHEET L

	HOSPITAL (14-0062)	HOSPITAL (14-0062)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3					3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01					5.01
5.02					5.02
5.03					5.03
5.04					5.04
6					6
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.01 COMMUNICATIONS					6.01
6.02 DATA PROCESSING					6.02
6.03 PURCHASING & STORES					6.03
6.04 ADMITTING					6.04
6.05 CASHIERING					6.05
6.06 ADMINISTRATIVE & GENERAL					6.06
7 MAINTENANCE & REPAIRS					7
7.01 CLINICAL ENGINEERING					7.01
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 CT SCAN					41.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CATH LAB					53.01
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
56.01 EMG					56.01
56.02 PULMONARY FUNCTION					56.02
56.03 ANGIOGRAPHY					56.03
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60.01 OUTPATIENT PSYCH SERVICES					60.01
61 EMERGENCY					61
61.01 PCC					61.01
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
70 I&R SERVICES-NOT APPRVD PRGM					70
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01

PROVIDER NO. 14-0062 PALOS COMMUNITY HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/01/2009 11:01

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
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 NEW DIRECTION					00
00.01 HOME DELIVERED MEALS					00.01
00.02 PHP MEALS					00.02
00.05 RESIDENCE/ST. GEORGE CORPORATIO					00.05
00.06 PRIVATE DUTY NURSING					00.06
00.07 PHYSICIAN REFERRAL CENTER					00.07
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	63.76		2.18				65.94 25
26 INTENSIVE CARE UNIT	80.44		3.41				83.85 26
33 NURSERY			3.33				3.33 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	28.43	12.64	0.77				41.84 37
38 RECOVERY ROOM	30.51	7.53	1.00				39.04 38
40 ANESTHESIOLOGY	29.77	9.04	0.83				39.64 40
41 RADIOLOGY-DIAGNOSTIC	23.41	19.14	0.77				43.32 41
41.01 ULTRASOUND	25.28	16.69	1.03				43.00 41.01
41.02 CT SCAN	22.92	21.45	1.12				45.49 41.02
44 LABORATORY	33.32	2.43	1.26				37.01 44
47 BLOOD STORING, PROCESSING & TRA	53.52	10.44	1.23				65.19 47
48 INTRAVENOUS THERAPY	31.86	23.34	0.94				56.14 48
49 RESPIRATORY THERAPY	70.47	2.83	1.94				75.24 49
50 PHYSICAL THERAPY	29.19		0.47				29.66 50
52 SPEECH PATHOLOGY	70.06		1.05				71.11 52
53 ELECTROCARDIOLOGY	37.20	17.30	1.14				55.64 53
53.01 CATH LAB	45.41	10.56	1.71				57.68 53.01
54 ELECTROENCEPHALOGRAPHY	48.03	10.95	2.05				61.03 54
55 MEDICAL SUPPLIES CHARGED TO PAT	43.62	7.06	1.92				52.60 55
56 DRUGS CHARGED TO PATIENTS	57.41	4.10	2.25				63.76 56
56.01 EMG	9.40	34.77	0.25				44.42 56.01
56.02 PULMONARY FUNCTION	9.57	30.39	0.16				40.12 56.02
56.03 ANGIOGRAPHY	59.88	11.08	2.26				73.22 56.03
57 RENAL DIALYSIS	78.07	0.87	5.72				84.66 57
61 EMERGENCY	23.59	11.76	1.40				36.75 61
61.01 PCC	1.03	12.33	0.01				13.37 61.01
62 OBSERVATION BEDS (NON-DISTINCT	17.17	13.56					30.73 62
101 TOTAL CHARGES	28.21	9.19	1.01				38.41 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	39.83		0.78				40.61 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.02						0.02 37
38 RECOVERY ROOM	0.05						0.05 38
41 RADIOLOGY-DIAGNOSTIC	0.13						0.13 41
41.01 ULTRASOUND	0.20						0.20 41.01
41.02 CT SCAN	0.19						0.19 41.02
44 LABORATORY	0.44						0.44 44
48 INTRAVENOUS THERAPY	0.19						0.19 48
49 RESPIRATORY THERAPY	0.25						0.25 49
50 PHYSICAL THERAPY	0.44						0.44 50
52 SPEECH PATHOLOGY	0.67						0.67 52
53 ELECTROCARDIOLOGY	0.25						0.25 53
54 ELECTROENCEPHALOGRAPHY	1.87						1.87 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.26						0.26 55
56 DRUGS CHARGED TO PATIENTS	0.88						0.88 56
56.01 EMG	0.10						0.10 56.01
56.02 PULMONARY FUNCTION	1.65						1.65 56.02
60.01 OUTPATIENT PSYCH SERVICES	0.14						0.14 60.01
61 EMERGENCY	0.47						0.47 61
101 TOTAL CHARGES	0.23						0.23 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	2211284	.79	-2211284	-1.79		3
4	NEW CAP REL COSTS-MVBLE EQUIP	7521368	2.70	-7521368	-6.10		4
5	EMPLOYEE BENEFITS	48432536	17.39	-48432536	-39.29		5
6.01	COMMUNICATIONS	611518	.22	-611518	-.50		6.01
6.02	DATA PROCESSING	5308595	1.91	-5308595	-4.31		6.02
6.03	PURCHASING & STORES	562835	.20	-562835	-.46		6.03
6.04	ADMITTING	2489886	.89	-2489886	-2.02		6.04
6.05	CASHIERING	3865506	1.39	-3865506	-3.14		6.05
6.06	ADMINISTRATIVE & GENERAL	22145860	7.95	-22145860	-17.96		6.06
7	MAINTENANCE & REPAIRS	6345534	2.28	-6345534	-5.15		7
7.01	CLINICAL ENGINEERING	618340	.22	-618340	-.50		7.01
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE	1619830	.58	-1619830	-1.31		9
10	HOUSEKEEPING	3729677	1.34	-3729677	-3.03		10
11	DIETARY	3144471	1.13	-3144471	-2.55		11
12	CAFETERIA	996651	.36	-996651	-.81		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	2440691	.88	-2440691	-1.98		14
15	CENTRAL SERVICES & SUPPLY	3428055	1.23	-3428055	-2.78		15
16	PHARMACY	4247830	1.53	-4247830	-3.45		16
17	MEDICAL RECORDS & LIBRARY	2709393	.97	-2709393	-2.20		17
18	SOCIAL SERVICE	847083	.30	-847083	-.69		18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	39341204	14.13	40356784	32.74	79697988	28.62
26	INTENSIVE CARE UNIT	5154427	1.85	4205730	3.41	9360157	3.36
31	SUBPROVIDER I	4927286	1.77	4217339	3.42	9144625	3.28
33	NURSERY						33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	23076013	8.29	14697436	11.92	37773449	13.57
38	RECOVERY ROOM	1529145	.55	1228455	1.00	2757600	.99
40	ANESTHESIOLOGY	409899	.15	697616	.57	1107515	.40
41	RADIOLOGY-DIAGNOSTIC	7318533	2.63	6097344	4.95	13415877	4.82
41.01	ULTRASOUND	1242139	.45	956005	.78	2198144	.79
41.02	CT SCAN	2071297	.74	2217981	1.80	4289278	1.54
44	LABORATORY	10454771	3.75	7566820	6.14	18021591	6.47
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
47	BLOOD STORING, PROCESSING & TRA	2813779	1.01	676398	.55	3490177	1.25
48	INTRAVENOUS THERAPY	1627002	.58	871296	.71	2498298	.90
49	RESPIRATORY THERAPY	2623152	.94	2032528	1.65	4655680	1.67

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	4586267	1.65	3143578	2.55	7729845	2.78	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	182724	.07	107203	.09	289927	.10	52
53 ELECTROCARDIOLOGY	2899523	1.04	2808353	2.28	5707876	2.05	53
53.01 CATH LAB	5672866	2.04	2865922	2.32	8538788	3.07	53.01
54 ELECTROENCEPHALOGRAPHY	89662	.03	92979	.08	182641	.07	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3614314	1.30	2496519	2.03	6110833	2.19	55
56 DRUGS CHARGED TO PATIENTS	7225000	2.59	7615210	6.18	14840210	5.33	56
56.01 EMG	164446	.06	137612	.11	302058	.11	56.01
56.02 PULMONARY FUNCTION	95515	.03	74861	.06	170376	.06	56.02
56.03 ANGIOGRAPHY	642566	.23	413397	.34	1055963	.38	56.03
57 RENAL DIALYSIS	459536	.17	111842	.09	571378	.21	57
60.01 OUTPATIENT PSYCH SERVICES	1197166	.43	629649	.51	1826815	.66	60.01
61 EMERGENCY	6818719	2.45	6412020	5.20	13230739	4.75	61
61.01 PCC	3756926	1.35	2525309	2.05	6282235	2.26	61.01
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
70 I&R SERVICES-NOT APPRVD PRGM			67986	.06	67986	.02	70
71 HOME HEALTH AGENCY	9127701	3.28	4292665	3.48	13420366	4.82	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	3758724	1.35	1702036	1.38	5460760	1.96	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	366207	.13	161172	.13	527379	.19	96
98 PHYSICIANS' PRIVATE OFFICES	807202	.29	808195	.66	1615397	.58	98
100 NEW DIRECTION	317062	.11	127946	.10	445008	.16	100
100.01 HOME DELIVERED MEALS			259459	.21	259459	.09	100.01
100.02 PHP MEALS							100.02
100.05 RESIDENCE/ST. GEORGE CORPORATIO			21730	.02	21730	.01	100.05
100.06 PRIVATE DUTY NURSING	691643	.25	523973	.43	1215616	.44	100.06
100.07 PHYSICIAN REFERRAL CENTER	93863	.03	55595	.05	149458	.05	100.07
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	278433222	100.00	0	.00	278433222	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	1677377	155634514	.010778	44252832	476957	37
38 RECOVERY ROOM	81159	10032450	.008090	3061132	24765	38
40 ANESTHESIOLOGY	125765	22117838	.005686	6583475	37434	40
41 RADIOLOGY-DIAGNOSTIC	1246156	58473331	.021312	13686373	291684	41
41.01 ULTRASOUND	225772	20377788	.011079	5151582	57074	41.01
41.02 CT SCAN	600770	87060272	.006901	19956762	137722	41.02
44 LABORATORY	618815	157259978	.003935	52393730	206169	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	51466	7007437	.007344	3750038	27540	47
48 INTRAVENOUS THERAPY	32549	3101733	.010494	988238	10371	48
49 RESPIRATORY THERAPY	177022	27101040	.006532	19097883	124747	49
50 PHYSICAL THERAPY	230388	20071909	.011478	5858630	67245	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	3028	961553	.003149	673703	2121	52
53 ELECTROCARDIOLOGY	329931	37221366	.008864	13845284	122725	53
53.01 CATH LAB	393435	26296249	.014962	11940171	178649	53.01
54 ELECTROENCEPHALOGRAPHY	7618	755243	.010087	362739	3659	54
55 MEDICAL SUPPLIES CHARGED TO PAT	239109	31815966	.007515	13878997	104301	55
56 DRUGS CHARGED TO PATIENTS	221731	48826809	.004541	28032166	127294	56
56.01 EMG	6116	1305600	.004684	122716	575	56.01
56.02 PULMONARY FUNCTION	9359	1325247	.007062	126785	895	56.02
56.03 ANGIOGRAPHY	127262	4102925	.031017	2456805	76203	56.03
57 RENAL DIALYSIS	13432	957560	.014027	747578	10486	57
OUTPATIENT SERVICE COST CENTERS						
60.01 OUTPATIENT PSYCH SERVICES	12529	2465504	.005082			60.01
61 EMERGENCY	340184	58350537	.005830	13765682	80254	61
61.01 PCC	188854	7693336	.024548	79527	1952	61.01
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	108011	6621225	.016313	1136874	18546	62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	7067838	796937410		261949702	2189368	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	2303657		2303657	83797	27.49	53433	1468873 25
26 INTENSIVE CARE UNIT	266450		266450	5804	45.91	4669	214354 26
101 TOTAL	2570107		2570107			58102	1683227 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 1683227

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2189368

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 3872595

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	107772605
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	335062399
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.322

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	4078317
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	5972177
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.683

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)	3872595
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.012

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)	16512984
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)	85295762
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.194