

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [XX] RE-OPENING 1
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [XX] MCR CODE 1

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 COMMUNITY HOSPITAL OF OTTAWA (14-0110) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 05/01/2007 AND ENDING 04/30/2008, 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	2	3	4	
1	HOSPITAL	986206	356866	1786250	1
2	SUBPROVIDER I	208947		984617	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY	1	485		7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	1195154	357351	2770867	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: 1100 EAST NORRIS DRIVE P.O. BOX: 1
 1.01 CITY: OTTAWA STATE: IL ZIP CODE: 61350 COUNTY: LASALLE 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)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	COMMUNITY HOSPITAL OF OTTAWA	14-0110	07/01/1966	N	P	O	2
3	SUBPROVIDER I	COMMUNITY PSYCH UNIT	14-S110	05/01/1984	N	T	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	OTTAWA VISITING NURSING SERVICE	14-7048	11/01/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	HOSPICE OF COMMUNITY HOSPITAL	14-1570	02/01/1984				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 05/01/2007	TO: 04/30/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?			YES				21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			2		Y		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.			YES				21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO				22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO				23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE(mm/dd/yyyy)							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE (mm/dd/yyyy)							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CTR, ENTER THE CERT. DATE (mm/dd/yyyy)							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERT. DATE (mm/dd/yyyy)							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2							24
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)							25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.			NO	27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	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.	NO	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O.BOX:
40.03	CITY:		STATE: ZIP CODE:
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?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N			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.			1		53	
53.01	MDH PERIOD:	BEGINNING: 05/01/2007		ENDING: 04/30/2008		53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54	
	PREMIUMS:	PAID LOSSES: 290000	AND/OR SELF INSURANCE:				
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55	
			DATE	Y/N	LIMIT	Y/N	FEES
			0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		/ /	NO	0.00	NO	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES		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	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO		60.01

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		1540	536	3367	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		1540	536	3367	12
13	RPCH VISITS					13
14	SUBPROVIDER I		263	348	1050	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	27227469		27227469	1067063.00	25.52		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	150710		150710	2080.00	72.46		3
4 PHYSICIAN - PART A	211069		211069	1345.00	156.93		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	486552		486552	3134.00	155.25		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	3155386	220389	3375775	139163.00	24.26		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	2171572		2171572	25019.00	86.80		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'	448493		448493	2881.00	155.67		9.03
10 CONTRACT LABOR: PHYSICIAN PART A	1748542		1748542	17198.00	101.67		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)	8416160		8416160			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1191155		1191155			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	28800		28800			CMS 339	17
18 PHYSICIAN PART A	65285		65285			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	160461		160461			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	269395		269395	11031.00	24.42		21
22 ADMINISTRATIVE & GENERAL	2665879	-45002	2620877	125233.00	20.93		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	939406		939406	47664.00	19.71		24
25 LAUNDRY & LINEN SERVICE	37796		37796	3270.00	11.56		25
26 HOUSEKEEPING	708626		708626	62562.00	11.33		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	722002		722002	53494.00	13.50		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	961688		961688	28737.00	33.47		30
31 CENTRAL SERVICES AND SUPPLY	179984		179984	12230.00	14.72		31
32 PHARMACY	734926		734926	18881.00	38.92		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1113029		1113029	62501.00	17.81		33
34 SOCIAL SERVICE	131498		131498	4792.00	27.44		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		A-6	3	4	5		
1 NET SALARIES	26590207		26590207	1061849.00	25.04		1
2 EXCLUDED AREA SALARIES	3155386	220389	3375775	139163.00	24.26		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	23434821	-220389	23214432	922686.00	25.16		3
4 SUBTOTAL OTHER WAGES & REL COSTS	4368607		4368607	45098.00	96.87		4
5 SUBTOTAL WAGE-RELATED COSTS	8481445		8481445		36.54%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	36284873	-220389	36064484	967784.00	37.27		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	8464229	-45002	8419227	430395.00	19.56		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7048

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LASALLE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		696		28	724	1
2 UNDUPLICATED CENSUS COUNT		474.00		50.00	524.00	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)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	5.71	.06	5.77	5
6 DIRECT NURSING SERVICE	4.44	.15	4.59	6
7 NURSING SUPERVISOR	1.00		1.00	7
8 PHYSICAL THERAPY SERVICE	2.73	.08	2.81	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.22		.22	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.12		.12	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.07		.07	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	2.02		2.02	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				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	1.01	1	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)			16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7048

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2						
21	3453		150	87		46	3736	21
22	687675		29940	17280		9200	744095	22
23	2739		7	96		20	2862	23
24	545475		1400	19110		4000	569985	24
25	183		1	2			186	25
26	36090		200	400			36690	26
27	81					25	106	27
28	16110					5000	21110	28
29	47		1	4		1	53	29
30	9370		200	785		200	10555	30
31	643		1	41		11	696	31
32	72065		113	4588		1243	78009	32
33	7146		160	230		103	7639	33
34								34
35	1366785		31853	42163		19643	1460444	35
36	487		58	16		4	565	36
37								37
38	5397		143	79			5619	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. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
 08/11/2008 23:06

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1570

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							1
2 ROUTINE HOME CARE	3248	113			216	3577	2
3 INPATIENT RESPITE CARE							3
4 GENERAL INPATIENT CARE	18				9	27	4
5 TOTAL HOSPICE DAYS	3266	113			225	3604	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	71	3			5	79	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	46.00	37.67			45.00	45.62	8
9 UNDUPLICATED CENSUS COUNT	71	3			5	79	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	6526720 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	43582 20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	6570302 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.420142 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	23023550 28
29	TOTAL GROSS MEDICAID COST	9673160 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	10329409 30
31	UNCOMPENSATED CARE COST	4339819 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	9673160 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		1822485	1822485	-1327752	494733	-143615	351118	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				699	699		699	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2367990	2367990	2871	2370861	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2355939	2355939		2355939	4
5	0500 EMPLOYEE BENEFITS	269395	8182124	8451519	1866339	10317858	-4550	10313308	5
6	0600 ADMINISTRATIVE & GENERAL	2665879	9962157	12628036	-1092303	11535733	-5876639	5659094	6
8	0800 OPERATION OF PLANT	939406	1976129	2915535	-49717	2865818	-28155	2837663	8
9	0900 LAUNDRY & LINEN SERVICE	37796	259421	297217	-2687	294530		294530	9
10	1000 HOUSEKEEPING	708626	172941	881567	-54233	827334		827334	10
11	1100 DIETARY	722002	750802	1472804	-63379	1409425	-350396	1059029	11
12	1200 CAFETERIA								12
14	1400 NURSING ADMINISTRATION	961688	249900	1211588	-98236	1113352		1113352	14
15	1500 CENTRAL SERVICES & SUPPLY	179984	434700	614684	-325420	289264		289264	15
16	1600 PHARMACY	734926	1622524	2357450	-1599711	757739		757739	16
17	1700 MEDICAL RECORDS & LIBRARY	1113029	341511	1454540	-130893	1323647	-3557	1320090	17
18	1800 SOCIAL SERVICE	131498	12619	144117	-9311	134806		134806	18
20	2000 NONPHYSICIAN ANESTHETISTS				226835	226835	-226835		20
24	2400 PARAMED ED PRGM-(SPECIFY)	72216	40444	112660	-10719	101941	-5870	96071	24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2680449	577478	3257927	-546157	2711770	-2659	2709111	25
26	2600 INTENSIVE CARE UNIT	663472	102317	765789	-73943	691846		691846	26
31	3100 SUBPROVIDER I	1634531	213307	1847838	164569	2012407		2012407	31
33	3300 NURSERY	196497	38962	235459	-19044	216415		216415	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	727064	2338543	3065607	-181631	2883976		2883976	37
38	3800 RECOVERY ROOM	155533	16112	171645	-11450	160195		160195	38
39	3900 DELIVERY ROOM & LABOR ROOM				135810	135810		135810	39
40	4000 ANESTHESIOLOGY	814359	1347715	2162074	-320147	1841927	-1325307	516620	40
41	4100 RADIOLOGY-DIAGNOSTIC	1749094	1737181	3486275	-697497	2788778	-5830	2782948	41
41.01	3430 MAGNETIC RESONANCE IMAGING MRI		1138033	1138033	-245990	892043		892043	41.01
44	4400 LABORATORY	825976	1976430	2802406	-146262	2656144		2656144	44
48	4800 INTRAVENOUS THERAPY	431726	158539	590265	-7822	582443		582443	48
49	4900 RESPIRATORY THERAPY	544377	256735	801112	-73556	727556	-128	727428	49
50	5000 PHYSICAL THERAPY	1252390	585818	1838208	-164087	1674121	-13103	1661018	50
51	5100 OCCUPATIONAL THERAPY	128782	19313	148095	-9133	138962		138962	51
52	5200 SPEECH PATHOLOGY	80315	90515	170830	-9686	161144		161144	52
53	5300 ELECTROCARDIOLOGY	119941	84561	204502	-10358	194144	-51394	142750	53
54	5400 ELECTROENCEPHALOGRAPHY	35173	10931	46104	-117	45987	-7275	38712	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				251796	251796		251796	55
56	5600 DRUGS CHARGED TO PATIENTS				1489925	1489925	-13708	1476217	56
58	5800 ASC (NON-DISTINCT PART)	2097763	938809	3036572	-301833	2734739	-628719	2106020	58
59	3160 CARDIAC REHAB	16364	64598	80962	-5266	75696		75696	59
59.01	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVI OUTPATIENT SERVICE COST CENTERS	1903889	200727	2104616	-410757	1693859	-797560	896299	59.01
61	6100 EMERGENCY	1184690	3499144	4683834	-77633	4606201	-1578986	3027215	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY	1158890	252617	1411507	-126054	1285453	-16458	1268995	71
	SPECIAL PURPOSE COST CENTERS								
88	8800 INTEREST EXPENSE		650917	650917	-650917				88
93	9300 HOSPICE	122713	127988	250701	-9836	240865	-56870	183995	93
94	6950 HOME MAKER	167036	78548	245584	-5236	240348		240348	94
95	SUBTOTALS	27227469	42333595	69561064	-8871	69552193	-11134743	58417450	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN								96
98	9800 PHYSICIANS' PRIVATE OFFICES		198500	198500	8871	207371		207371	98
100	7950 MEALS ON WHEELS								100
101	TOTAL	27227469	42532095	69759564		69759564	-11134743	58624821	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 INSURANCE	A	OLD CAP REL COSTS-BLDG & FIXT	1		10306	1
2	A	OLD CAP REL COSTS-MVBLE EQUIP	2		46	2
3	A	NEW CAP REL COSTS-BLDG & FIXT	3		42439	3
4	A	NEW CAP REL COSTS-MVBLE EQUIP	4		23151	4
5						5
6 ESTABLISH COST CENTER	B	DELIVERY ROOM & LABOR ROOM	39	149750	10102	6
7						7
8 EQUIPMENT RENTALS	C	NEW CAP REL COSTS-MVBLE EQUIP	4		42440	8
9	C					9
10	C					10
11	C					11
12	C					12
13	C					13
14	C					14
15						15
16 ER CLERICAL	E	EMERGENCY	61	45002		16
17						17
18 SUPERVISOR SALARY	F	HOMEMAKER	94	21390		18
19						19
20						20
21 C SECTION COSTS	G	OPERATING ROOM	37	22523	1519	21
22						22
23 CLOSE ACCOUNT	H	OLD CAP REL COSTS-BLDG & FIXT	1		650917	23
24						24
25 CRNA FEES	I	NONPHYSICIAN ANESTHETISTS	20		226835	25
26						26
27 DEPRECIATION SEGREGATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		1988322	27
28	J	OLD CAP REL COSTS-MVBLE EQUIP	2		653	28
29						29
30						30
31 MOB HOSPITAL STORAGE	K	ADMINISTRATIVE & GENERAL	6		22370	31
32						32
33 PSYCHIATRIC ADMINISTRATION	L	SUBPROVIDER I	31	220389	74658	33
34						34
35 COST OF GOODS SOLD	M	MEDICAL SUPPLIES CHARGED TO P	55		251796	35
36 SUBTOTAL				459054	3345554	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
1	1	6	7	8	9	10	10
1 INSURANCE	A	ADMINISTRATIVE & GENERAL	6		75942		12 1
2	A						12 2
3	A						12 3
4	A						12 4
5							5
6 ESTABLISH COST CENTER	B	ADULTS & PEDIATRICS	25	149750	10102		6
7							7
8 EQUIPMENT RENTALS	C	NURSING ADMINISTRATION	14		3600		10 8
9	C	ADMINISTRATIVE & GENERAL	6		11619		9
10	C	CENTRAL SERVICES & SUPPLY	15		6850		10
11	C	ADULTS & PEDIATRICS	25		3135		11
12	C	OPERATING ROOM	37		917		12
13	C	ANESTHESIOLOGY	40		16080		13
14	C	ASC (NON-DISTINCT PART)	58		239		14
15							15
16 ER CLERICAL	E	ADMINISTRATIVE & GENERAL	6	45002			16
17							17
18 SUPERVISOR SALARY	F	HOME HEALTH AGENCY	71	21390			18
19							19
20							20
21 C SECTION COSTS	G	DELIVERY ROOM & LABOR ROOM	39	22523	1519		21
22							22
23 CLOSE ACCOUNT	H	INTEREST EXPENSE	88		650917		11 23
24							24
25 CRNA FEES	I	ANESTHESIOLOGY	40		226835		25
26							26
27 DEPRECIATION SEGREGATION	J	OLD CAP REL COSTS-BLDG & FIXT	1		1988975		9 27
28	J						9 28
29							29
30							30
31 MOB HOSPITAL STORAGE	K	PHYSICIANS' PRIVATE OFFICES	98		22370		31
32							32
33 PSYCHIATRIC ADMINISTRATION	L	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01	220389	74658		33
34							34
35 COST OF GOODS SOLD	M	CENTRAL SERVICES & SUPPLY	15		251796		35
36 SUBTOTAL				459054	3345554		36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
		2	3	4	5	
1	M	DRUGS CHARGED TO PATIENTS	56		1489925	1
2						2
3 FICA	N	EMPLOYEE BENEFITS	5		1867663	3
4	N					4
5	N					5
6	N					6
7	N					7
8	N					8
9	N					9
10	N					10
11	N					11
12	N					12
13	N					13
14	N					14
15	N					15
16	N					16
17	N					17
18	N					18
19	N					19
20	N					20
21	N					21
22	N					22
23	N					23
24	N					24
25	N					25
26	N					26
27	N					27
28	N					28
29	N					29
30	N					30
31	N					31
32	N					32
33	N					33
34	N					34
35	N					35
36 SUBTOTAL				459054	6703142	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	M	PHARMACY	16		1489925	1
2						2
3 FICA	N	ADMINISTRATIVE & GENERAL	6		184492	3
4	N	OPERATION OF PLANT	8		68370	4
5	N	LAUNDRY & LINEN SERVICE	9		2687	5
6	N	HOUSEKEEPING	10		50034	6
7	N	DIETARY	11		51139	7
8	N	NURSING ADMINISTRATION	14		69437	8
9	N	CENTRAL SERVICES & SUPPLY	15		13177	9
10	N	PHARMACY	16		50193	10
11	N	MEDICAL RECORDS & LIBRARY	17		80159	11
12	N	SOCIAL SERVICE	18		9155	12
13	N	PARAMED ED PRGM-(SPECIFY)	24		5432	13
14	N	ADULTS & PEDIATRICS	25		222424	14
15	N	INTENSIVE CARE UNIT	26		53213	15
16	N	SUBPROVIDER I	31		119081	16
17	N	NURSERY	33		14763	17
18	N	OPERATING ROOM	37		53541	18
19	N	RECOVERY ROOM	38		11220	19
20	N	ANESTHESIOLOGY	40		39967	20
21	N	RADIOLOGY-DIAGNOSTIC	41		126310	21
22	N	LABORATORY	44		59975	22
23	N	RESPIRATORY THERAPY	49		39053	23
24	N	PHYSICAL THERAPY	50		89645	24
25	N	OCCUPATIONAL THERAPY	51		9020	25
26	N	SPEECH PATHOLOGY	52		5917	26
27	N	ELECTROCARDIOLOGY	53		8140	27
28	N	ELECTROENCEPHALOGRAPHY	54		10	28
29	N	ASC (NON-DISTINCT PART)	58		128644	29
30	N	CARDIAC REHAB	59		1188	30
31	N	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01		108582	31
32	N	EMERGENCY	61		86474	32
33	N	HOME HEALTH AGENCY	71		84368	33
34	N	HOSPICE	93		9836	34
35	N	HOMEMAKER	94		12017	35
36 SUBTOTAL				459054	6703142	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1
			COST CENTER	LINE #	SALARY	
2			2	3	4	5
3	CONSOLIDATE EQUIP DEPRECIATION	0	NEW CAP REL COSTS-MVBLE EQUIP	4		2290348
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36	SUBTOTAL				459054	8993490

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1						1
2						2
3 CONSOLIDATE EQUIP DEPRECIATION	O	EMPLOYEE BENEFITS	5		1324	9 3
4	O	ADMINISTRATIVE & GENERAL	6		234582	4
5	O	OPERATION OF PLANT	8		59603	5
6	O	HOUSEKEEPING	10		4199	6
7	O	DIETARY	11		12240	7
8	O	NURSING ADMINISTRATION	14		25199	8
9	O	CENTRAL SERVICES & SUPPLY	15		53597	9
10	O	PHARMACY	16		59593	10
11	O	MEDICAL RECORDS & LIBRARY	17		50734	11
12	O	SOCIAL SERVICE	18		156	12
13	O	PARAMED ED PRGM-(SPECIFY)	24		5287	13
14	O	ADULTS & PEDIATRICS	25		160746	14
15	O	INTENSIVE CARE UNIT	26		20730	15
16	O	SUBPROVIDER I	31		11397	16
17	O	NURSERY	33		4281	17
18	O	OPERATING ROOM	37		151215	18
19	O	RECOVERY ROOM	38		230	19
20	O	ANESTHESIOLOGY	40		37265	20
21	O	RADIOLOGY-DIAGNOSTIC	41		571187	21
22	O	MAGNETIC RESONANCE IMAGING MR	41.01		245990	22
23	O	LABORATORY	44		86287	23
24	O	INTRAVENOUS THERAPY	48		7822	24
25	O	RESPIRATORY THERAPY	49		34503	25
26	O	PHYSICAL THERAPY	50		74442	26
27	O	OCCUPATIONAL THERAPY	51		113	27
28	O	SPEECH PATHOLOGY	52		3769	28
29	O	ELECTROCARDIOLOGY	53		2218	29
30	O	ELECTROENCEPHALOGRAPHY	54		107	30
31	O	ASC (NON-DISTINCT PART)	58		172950	31
32	O	CARDIAC REHAB	59		4078	32
33	O	PSYCHIATRIC/PSYCHOLOGICAL SER	59.01		7128	33
34	O	EMERGENCY	61		36161	34
35	O	HOME HEALTH AGENCY	71		27194	35
36 SUBTOTAL				459054	8869469	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1	O				1
2	O				2
3					3
4					4
5	NORRIS BLDG OVERHEAD	P	NEW CAP REL COSTS-BLDG & FIXT	3	337229
6		P	OPERATION OF PLANT	8	78256
7		P	PHYSICIANS' PRIVATE OFFICES	98	147551
8					8
9					9
10	MERCURY CIRCLE OVERHEAD	Q	HOME HEALTH AGENCY	71	6898
11					10
12					11
13					12
14					13
15					14
16					15
17					16
18					17
19					18
20					19
21					20
22					21
23					22
24					23
25					24
26					25
27					26
28					27
29					28
30					29
31					30
32					31
33					32
34					33
35					34
36	TOTAL RECLASSIFICATIONS				35
				459054	9563424

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	O	HOMEMAKER	94		14609	1
2	O	PHYSICIANS' PRIVATE OFFICES	98		109412	2
3						3
4						4
5	P	ADMINISTRATIVE & GENERAL	6		563036	9 5
6	P					6
7	P					7
8						8
9						9
10	Q	PHYSICIANS' PRIVATE OFFICES	98		6898	10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36		TOTAL RECLASSIFICATIONS		459054	9563424	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	105342					105342		1
2 LAND IMPROVEMENTS	242003					242003		2
3 BUILDINGS AND FIXTURES	9846975					9846975		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	399914					399914		6
7 SUBTOTAL	10594234					10594234		7
8 RECONCILING ITEMS								8
9 TOTAL	10594234					10594234		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								1
2 LAND IMPROVEMENTS	2059381	361891		361891		2421272		2
3 BUILDINGS AND FIXTURES	33917452	5278833		5278833		39196285		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	18973891	3944626		3944626	531518	22386999		6
7 SUBTOTAL	54950724	9585350		9585350	531518	64004556		7
8 RECONCILING ITEMS								8
9 TOTAL	54950724	9585350		9585350	531518	64004556		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	10088978		10088978	.135434				1
2 OLD CAP REL COSTS-MVBLE EQUIP	399914		399914	.005368				2
3 NEW CAP REL COSTS-BLDG & FIXT	41617557		41617557	.558675				3
4 NEW CAP REL COSTS-MVBLE EQUIP	22386999		22386999	.300523				4
5 TOTAL	74493448		74493448	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	-121704		462516	10306			351118	1
2 OLD CAP REL COSTS-MVBLE EQUIP	653			46			699	2
3 NEW CAP REL COSTS-BLDG & FIXT	2328422			42439			2370861	3
4 NEW CAP REL COSTS-MVBLE EQUIP	2290348	42440		23151			2355939	4
5 TOTAL	4497719	42440	462516	75942			5078617	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	1822485						1822485	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	1822485						1822485	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST A-7 REF
			COST CENTER	LINE NO.	5	
	1	2	3	4	5	
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	-188401	OLD CAP REL COSTS-BLDG & FIXT	1	11	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		4
5 INVESTMENT INCOME-OTHER						5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-21902	ADMINISTRATIVE & GENERAL	6		6
7 REFUNDS AND REBATES OF EXPENSES	B	500	EMPLOYEE BENEFITS	5		7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-13885	OPERATION OF PLANT	8		8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-9949	ADMINISTRATIVE & GENERAL	6		9
10 TELEVISION AND RADIO SERVICE	A	-3464	OPERATION OF PLANT	8		10
11 PARKING LOT						11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST					
	A-8-2	-4401001				12
13 SALE OF SCRAP, WASTE, ETC.	B	-1240	RADIOLOGY-DIAGNOSTIC	41		13
14 RELATED ORGANIZATION TRANSACTIONS	WKST					
	A-8-1					14
15 LAUNDRY AND LINEN SERVICE						15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-350396	DIETARY	11		16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS						17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-128	RESPIRATORY THERAPY	49		18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-13708	DRUGS CHARGED TO PATIENTS	56		19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-3557	MEDICAL RECORDS & LIBRARY	17		20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)	B	-5870	PARAMED ED PRGM-(SPECIFY)	24		21
22 VENDING MACHINES	B	-3164	OPERATION OF PLANT	8		22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES						23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT						24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49		25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50		26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST					
	A-8-3		HOME HEALTH AGENCY	71		27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89		28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1		29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2		30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3		31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4		32
33 NON-PHYSICIAN ANESTHETIST	A	-226835	NONPHYSICIAN ANESTHETISTS	20		33
34 PHYSICIANS' ASSISTANT						34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST					
	WKST A-8-4					
37 HOSPICE PHYSICIAN FEES	A	-17500	HOSPICE	93		36
38						37
39 COMMUNITY EDUCATION REVENUE	B	-14615	ADMINISTRATIVE & GENERAL	6		38
40 TRUSTEE FEES	A	3614	ADMINISTRATIVE & GENERAL	6		39
41 EXECUTIVE ALCOHOL	A	-366	ADMINISTRATIVE & GENERAL	6		40
42 MISCELLANEOUS REVENUE	B	-2618	ADULTS & PEDIATRICS	25		41
43						42
44 MALPRACTICE PAID LOSSES	A	10000	ADMINISTRATIVE & GENERAL	6		43
45 NON ALLOWABLE TAXES	A	-19005	ADMINISTRATIVE & GENERAL	6		44
46 EMPLOYEE DINNER DANCE ALCOHOL	A	-1523	EMPLOYEE BENEFITS	5		45
47 ADVERTISING	A	-40840	ADMINISTRATIVE & GENERAL	6		46
47.01 ADVERTISING	A	-3808	HOME HEALTH AGENCY	71		47
47.02 ADVERTISING	A	-1222	HOSPICE	93		47.01
47.03 ADVERTISING	A	-678	ASC (NON-DISTINCT PART)	58		47.02
47.04 ADVERTISING	A	-2120	RADIOLOGY-DIAGNOSTIC	41		47.03
48 AHA LOBBYING FEES	A	-4355	ADMINISTRATIVE & GENERAL	6		47.04
49 IHA LOBBYING FEES	A	-22219	ADMINISTRATIVE & GENERAL	6		48
49.02 HOSPICE LOBBYING FEES	B	-129	HOSPICE	93		49
49.03 CABLE SERVICE	A	-7642	OPERATION OF PLANT	8		49.02
49.04 PHYSICIAN GUARANTEES	A	-409098	ADMINISTRATIVE & GENERAL	6		49.03
49.05 PSYCHIATRIC WINE	A	-186	PSYCHIATRIC/PSYCHOLOGICAL SERVI	59.01		49.04
49.06 ALCOHOL GOLF OUTING	A	-3739	ADMINISTRATIVE & GENERAL	6		49.05
49.07 ALCOHOL CHRISTMAS PARTY	A	-8	ADMINISTRATIVE & GENERAL	6		49.06
49.08 INVESTMENT CONSULTING FEES	A	308366	ADMINISTRATIVE & GENERAL	6		49.07
49.10 ROTARY FEES	A	-300	ADMINISTRATIVE & GENERAL	6		49.08
49.12 PHYSICIAN RECRUITING EXPENSE	A	-15551	ADMINISTRATIVE & GENERAL	6		49.10
49.13 PHYSICIAN PLANTS	A	-325	ADMINISTRATIVE & GENERAL	6		49.12
49.16 BAD DEBT EXPENSE	A	-4467411	ADMINISTRATIVE & GENERAL	6		49.13
49.17 CONTRIBUTIONS UNITED WAY	A	-15826	ADMINISTRATIVE & GENERAL	6		49.16
49.19 LIFELINE REVENUES	B	-12650	HOME HEALTH AGENCY	71		49.17

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
			COST CENTER	LINE NO.	
	1	2	3	4	5
49.20 FUND RAISING POSTAGE	A	-561	ADMINISTRATIVE & GENERAL	6	49.20
49.22 HOSPICE REVENUE	B	-11881	HOSPICE	93	49.22
49.23 CREDIT BALANCE HOSPITAL OUTING	A	1705	ADMINISTRATIVE & GENERAL	6	49.23
49.26 GOLF OUTING ALCOHOL	A	-1343	EMPLOYEE BENEFITS	5	49.26
49.27 INVESTMENT CONSULTING FEES	A	94	ADMINISTRATIVE & GENERAL	6	49.27
49.30 NURSES LIQUOR	A	-41	ADULTS & PEDIATRICS	25	49.30
49.31 PHYSICIAN GIFTS	A	-1323	ADMINISTRATIVE & GENERAL	6	49.31
49.32 LIQUOR LICENSE RENEWAL	A	-450	ADMINISTRATIVE & GENERAL	6	49.32
49.33 CHAMBER OF COMMERCE ALCOHOL	A	-50	ADMINISTRATIVE & GENERAL	6	49.33
49.34 IMPROPER INTEREST CAPITALIZATION	A	98185	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.34
49.36 GROUDBREADING ALCOHOL	A	-66	ADMINISTRATIVE & GENERAL	6	49.36
49.37 CONVACARE RESP REVENUE	B	-26138	HOSPICE	93	49.37
49.38 JOLIET JACKJAMMER TICKETS	A	-2184	EMPLOYEE BENEFITS	5	49.38
49.39 AMORTIZATION START UP COSTS	A	2871	NEW CAP REL COSTS-BLDG & FIXT	3	9 49.39
49.40 MEDICAID TAX ASSESSMENT - APPEAL	A	-1136678	ADMINISTRATIVE & GENERAL	6	49.40
49.41 DEPARTMENT MANAGERS PARTY ALCOHOL	A	-123	ADMINISTRATIVE & GENERAL	6	49.41
49.42 NEW PHYSICIAN RECEPTION ALCOHOL	A	-55	ADMINISTRATIVE & GENERAL	6	49.42
49.43 EMPLOYEE CHRISTMAS PARTY ALCOHOL	A	-1346	ADMINISTRATIVE & GENERAL	6	49.43
49.44 GOLF OUTING FEES	A	-3000	ADMINISTRATIVE & GENERAL	6	49.44
49.45 PATIENT TRANSPORTATION	A	-6379	ADMINISTRATIVE & GENERAL	6	49.45
49.46 GOODWILL AMORTIZATION	A	-39722	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.46
49.49 BOARD CHRISTMAS PARTY ALCOHOL	A	-137	ADMINISTRATIVE & GENERAL	6	49.49
49.50 PHYSICIAN CHRISTMAS PARTY	A	-928	ADMINISTRATIVE & GENERAL	6	49.50
49.51 REIMBURSEMENT CONSULTANT ALCOHOL	A	-105	ADMINISTRATIVE & GENERAL	6	49.51
49.52 INTEREST INCOME INSURANCE COMPANI	B	-13677	OLD CAP REL COSTS-BLDG & FIXT	1	9 49.52
49.53 MISC ADMIN GOLF LIQUOR ADVERTISIN	A	-1488	ADMINISTRATIVE & GENERAL	6	49.53
49.54 GOLF OUTINGS	A	-950	ADMINISTRATIVE & GENERAL	6	49.54
49.55 CONTRA UTILITY ACCOUNT	B	-2949	ASC (NON-DISTINCT PART)	58	49.55
49.56 BOARD MEMBERS GIFTS	A	-1270	ADMINISTRATIVE & GENERAL	6	49.56
50 TOTAL		-11134743			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

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

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
1	2	3	4	5	6	7	8	9	
2	59.01 PSYCHIATRIC/PSYCHOLOGICA	GLAVIN	952733	687770	264963	154100	2097	155359	7768
3	44 LABORATORY	TOMAS	85000		85000	215700	1212	125687	6284
4	53 ELECTROCARDIOLOGY	GHAFOOR	51394	51394					
5	54 ELECTROENCEPHALOGRAPHY	BENAVIDES	7275	7275					
6	50 PHYSICAL THERAPY	POWELL	53995		53995	177200	480	40892	2045
7	61 EMERGENCY	POWELL	2737005	1442409	1294596	177200	13593	1158019	57901
8	58 ASC (NON-DISTINCT PART)	GUERRERO	165377	148242	17135	177200	191	16272	814
9	58 ASC (NON-DISTINCT PART)	SWONG	374211	213018	161193	177200	918	78207	3910
10	58 ASC (NON-DISTINCT PART)	CABALFIN	226413	169055	57358	177200	545	46430	2322
12	41 RADIOLOGY-DIAGNOSTIC	GOLIATH	25000		25000	225300	208	22530	1127
13	40 ANESTHESIOLOGY	MEDICAL DR ASSOCIAT	215128	215128					
14	40 ANESTHESIOLOGY	GWARNICKI	98240	98240					
15	40 ANESTHESIOLOGY	SYCAMORE ANESTHESIA	29837	29837					
16	40 ANESTHESIOLOGY	MALIK	396582	396582					
17	40 ANESTHESIOLOGY	ST. MARYS ANESTHESI	169421	169421					
18	40 ANESTHESIOLOGY	BAYLEY	322106	214903	107203	200300	623	59994	3000
19	40 ANESTHESIOLOGY	WANG	182587	132376	50211	200300	297	28600	1430
101	TOTAL		6092304	3975650	2116654		20164	1731990	86601

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
2	59.01 PSYCHIATRIC/PSYCHOLOGICA	GLAVIN				155359	109604	797374
3	44 LABORATORY	TOMAS				125687		
4	53 ELECTROCARDIOLOGY	GHAFOOR						51394
5	54 ELECTROENCEPHALOGRAPHY	BENAVIDES						7275
6	50 PHYSICAL THERAPY	POWELL				40892	13103	13103
7	61 EMERGENCY	POWELL				1158019	136577	1578986
8	58 ASC (NON-DISTINCT PART)	GUERRERO				16272	863	149105
9	58 ASC (NON-DISTINCT PART)	SWONG				78207	82986	296004
10	58 ASC (NON-DISTINCT PART)	CABALFIN				46430	10928	179983
12	41 RADIOLOGY-DIAGNOSTIC	GOLIATH				22530	2470	2470
13	40 ANESTHESIOLOGY	MEDICAL DR ASSOCIAT						215128
14	40 ANESTHESIOLOGY	GWARNICKI						98240
15	40 ANESTHESIOLOGY	SYCAMORE ANESTHESIA						29837
16	40 ANESTHESIOLOGY	MALIK						396582
17	40 ANESTHESIOLOGY	ST. MARYS ANESTHESI						169421
18	40 ANESTHESIOLOGY	BAYLEY				59994	47209	262112
19	40 ANESTHESIOLOGY	WANG				28600	21611	153987
101	TOTAL					1731990	425351	4401001

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-
	FOR COST	BLDGS &	MOVABLE	BLDGS &	MOVABLE	BENEFITS		TRATIVE &
	ALLOCATION	FIXTURES	EQUIPMENT	FIXTURES	EQUIPMENT			GENERAL
	0	1	2	3	4	5	5A	6
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	351118	351118						1
2 OLD CAP REL COSTS-MVBLE EQUIP	699		699					2
3 NEW CAP REL COSTS-BLDG & FIXT	2370861			2370861				3
4 NEW CAP REL COSTS-MVBLE EQUIP	2355939				2355939			4
5 EMPLOYEE BENEFITS	10313308	1997		13484	1350	10330139		5
6 ADMINISTRATIVE & GENERAL	5659094	37158		250903	257158	1004297	7208610	7208610 6
8 OPERATION OF PLANT	2837663	71871	699	485298	77471	359974	3832976	537387 8
9 LAUNDRY & LINEN SERVICE	294530	1963		13256		14483	324232	45458 9
10 HOUSEKEEPING	827334	1456		9831	4282	271541	1114444	156246 10
11 DIETARY	1059029	9863		66600	11976	276666	1424134	199665 11
12 CAFETERIA		7194		48577			55771	7819 12
14 NURSING ADMINISTRATION	1113352	2834		19138	31489	368512	1535325	215254 14
15 CENTRAL SERVICES & SUPPLY	289264	2210		14921	59873	68969	435237	61021 15
16 PHARMACY	757739	3278		22133	60771	281618	1125539	157802 16
17 MEDICAL RECORDS & LIBRARY	1320090	2204		14881	45946	426505	1809626	253711 17
18 SOCIAL SERVICE	134806	835		5641	159	50389	191830	26895 18
20 NONPHYSICIAN ANESTHETISTS								20
24 PARAMED ED PRGM-(SPECIFY)	96071	1520		10261	5392	27673	140917	19757 24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	2709111	26087		176151	162306	969746	4043401	566889 25
26 INTENSIVE CARE UNIT	691846	3630		24510	21140	254238	995364	139551 26
31 SUBPROVIDER I	2012407	18096		122188	11933	710792	2875416	403136 31
33 NURSERY	216415	1307		8824	4366	75296	306208	42931 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2883976	16825		113606	154205	287236	3455848	484513 37
38 RECOVERY ROOM	160195	1400		9455	235	59599	230884	32370 38
39 DELIVERY ROOM & LABOR ROOM	135810	1967		13282	1618	48752	201429	28241 39
40 ANESTHESIOLOGY	516620	1032		6970	38001	312057	874680	122631 40
41 RADIOLOGY-DIAGNOSTIC	2782948	18048		121866	582351	670241	4175454	585406 41
41.01 MAGNETIC RESONANCE IMAGING MRI	892043	151		1021	250854		1144069	160400 41.01
44 LABORATORY	2656144	6965		47033	87993	316508	3114643	436676 44
48 INTRAVENOUS THERAPY	582443	239		1612	165434	749728	749728	105113 48
49 RESPIRATORY THERAPY	727428	2220		14988	35185	208601	988422	138578 49
50 PHYSICAL THERAPY	1661018	28958		195530	75813	479907	2441226	342262 50
51 OCCUPATIONAL THERAPY	138962	1659		11201	115	49348	201285	28220 51
52 SPEECH PATHOLOGY	161144	1718		11604	3845	30776	209087	29314 52
53 ELECTROCARDIOLOGY	142750	161		1088	2262	45961	192222	26950 53
54 ELECTROENCEPHALOGRAPHY	38712	215		1450	109	13478	53964	7566 54
55 MEDICAL SUPPLIES CHARGED TO PAT	251796						251796	35302 55
56 DRUGS CHARGED TO PATIENTS	1476217						1476217	206967 56
58 ASC (NON-DISTINCT PART)	2106020	27018		182436	175418	803848	3294740	461926 58
59 CARDIAC REHAB	75696	274		1853	4159	6271	88253	12373 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	896299	37725		254731	6958	645105	1840818	258085 59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	3027215	5233		35335	36876	471209	3575868	501340 61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	1268995	1516		10234	46904	435882	1763531	247249 71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE	183995	438		2955		47023	234411	32865 93
94 HOMEMAKER	240348				14898	72204	327450	45909 94
95 SUBTOTALS	58417450	347265	699	2344847	2273411	10330139	58305055	7163778 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		1500		10126			11626	1630 96
98 PHYSICIANS' PRIVATE OFFICES	207371	2353		15888	82528		308140	43202 98
100 MEALS ON WHEELS								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	58624821	351118	699	2370861	2355939	10330139	58624821	7208610 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT	4370363								8
9 LAUNDRY & LINEN SERVICE	35735	405425							9
10 HOUSEKEEPING	26502		1297192						10
11 DIETARY	179541		39010	1842350					11
12 CAFETERIA	130954		14629	1358838	1568011				12
14 NURSING ADMINISTRATION	51592		34134		63724	1900029			14
15 CENTRAL SERVICES & SUPPLY	40224		2519		27420		566421		15
16 PHARMACY	59666		14629		43224			1400860	16
17 MEDICAL RECORDS & LIBRARY	40115		9753		144967	147457	2520		17
18 SOCIAL SERVICE	15206		1822		10702				18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	27661		13932		11100	26298			24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	474867	123097	342489	230626	132885	314821	4779		25
26 INTENSIVE CARE UNIT	66074	14061	44717	16874	36430	86307	9382		26
31 SUBPROVIDER I	329395	21008	76037	189879	132926	314920			31
33 NURSERY	23787	848	4876		14252	33765			33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	306260	31249	83593		64517	152848	103359		37
38 RECOVERY ROOM	25488	7286	3483		9654	22872			38
39 DELIVERY ROOM & LABOR ROOM	35807		7395		7179	17009			39
40 ANESTHESIOLOGY	18790				21037		3286		40
41 RADIOLOGY-DIAGNOSTIC	328526	45768	38956		131795				41
41.01 MAGNETIC RESONANCE IMAGING MRI	2752		6966		47739				41.01
44 LABORATORY	126791		39010		100464		165		44
48 INTRAVENOUS THERAPY	4345				36731		16578		48
49 RESPIRATORY THERAPY	40405		2519		32907				49
50 PHYSICAL THERAPY	527111	22105	58515		127666				50
51 OCCUPATIONAL THERAPY	30195	22105			8690				51
52 SPEECH PATHOLOGY	31281	22105	2894		5529				52
53 ELECTROCARDIOLOGY	2933		3135		21362				53
54 ELECTROENCEPHALOGRAPHY	3910		3135		209				54
55 MEDICAL SUPPLIES CHARGED TO PAT							419791		55
56 DRUGS CHARGED TO PATIENTS								1400860	56
58 ASC (NON-DISTINCT PART)	491811	35114	192076	30067	117821	279135	3400		58
59 CARDIAC REHAB	4996		3135		4093				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	686704	6872	68053	11806	87820	208058			59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	95256	53807	117030	4260	125168	296539	3161		61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	27588		26578						71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	7965		1286						93
94 HOMEMAKER									94
95 SUBTOTALS	4300233	405425	1256306	1842350	1568011	1900029	566421	1400860	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	27299								96
98 PHYSICIANS' PRIVATE OFFICES	42831		40886						98
100 MEALS ON WHEELS									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4370363	405425	1297192	1842350	1568011	1900029	566421	1400860	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	RECORDS & LIBRARY	SERVICE	EDUCATION		POST STEP- DOWN ADJS	
	17	18	24	25	26	27
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY	2408149					17
18 SOCIAL SERVICE	733	247188				18
20 NONPHYSICIAN ANESTHETISTS						20
24 PARAMED ED PRGM-(SPECIFY)			239665			24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	240336	219137	209244	6902571	6902571	25
26 INTENSIVE CARE UNIT	32135	23217		1464112	1464112	26
31 SUBPROVIDER I	299081			4641798	4641798	31
33 NURSERY	22833			449500	449500	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	29316			4711503	4711503	37
38 RECOVERY ROOM	5920			337957	337957	38
39 DELIVERY ROOM & LABOR ROOM	1409			298469	298469	39
40 ANESTHESIOLOGY	6089			1046513	1046513	40
41 RADIOLOGY-DIAGNOSTIC	695412			6001317	6001317	41
41.01 MAGNETIC RESONANCE IMAGING MRI				1361926	1361926	41.01
44 LABORATORY	23340		3289	3844378	3844378	44
48 INTRAVENOUS THERAPY	1579			914074	914074	48
49 RESPIRATORY THERAPY	564		13771	1217166	1217166	49
50 PHYSICAL THERAPY	53953			3572838	3572838	50
51 OCCUPATIONAL THERAPY	20690			311185	311185	51
52 SPEECH PATHOLOGY	20690			320900	320900	52
53 ELECTROCARDIOLOGY	62635			309237	309237	53
54 ELECTROENCEPHALOGRAPHY	507			69291	69291	54
55 MEDICAL SUPPLIES CHARGED TO PAT				706889	706889	55
56 DRUGS CHARGED TO PATIENTS	2255		2775	3089074	3089074	56
58 ASC (NON-DISTINCT PART)	291808	2344		5200242	5200242	58
59 CARDIAC REHAB	2875			115725	115725	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	383026			3551242	3551242	59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	210963	2490	10586	4996468	4996468	61
62 OBSERVATION BEDS (NON-DISTINCT						62
OTHER REIMBURSABLE COST CENTERS						
71 HOME HEALTH AGENCY				2064946	2064946	71
SPECIAL PURPOSE COST CENTERS						
93 HOSPICE				276527	276527	93
94 HOMEMAKER				373359	373359	94
95 SUBTOTALS	2408149	247188	239665	58149207	58149207	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN				40555	40555	96
98 PHYSICIANS' PRIVATE OFFICES				435059	435059	98
100 MEALS ON WHEELS						100
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	2408149	247188	239665	58624821	58624821	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS		1997		1997	1997			5
6 ADMINISTRATIVE & GENERAL		37158		37158	198	37356		6
8 OPERATION OF PLANT		71871	699	72570	70	2787	75427	8
9 LAUNDRY & LINEN SERVICE		1963		1963	3	236	617	2819 9
10 HOUSEKEEPING		1456		1456	52	810	457	10
11 DIETARY		9863		9863	53	1035	3099	11
12 CAFETERIA		7194		7194		41	2260	12
14 NURSING ADMINISTRATION		2834		2834	71	1116	890	14
15 CENTRAL SERVICES & SUPPLY		2210		2210	13	316	694	15
16 PHARMACY		3278		3278	54	818	1030	16
17 MEDICAL RECORDS & LIBRARY		2204		2204	82	1316	692	17
18 SOCIAL SERVICE		835		835	10	139	262	18
20 NONPHYSICIAN ANESTHETISTS								20
24 PARAMED ED PRGM-(SPECIFY)		1520		1520	5	102	477	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		26087		26087	187	2940	8196	855 25
26 INTENSIVE CARE UNIT		3630		3630	49	724	1140	98 26
31 SUBPROVIDER I		18096		18096	137	2090	5685	146 31
33 NURSERY		1307		1307	15	223	411	6 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		16825		16825	55	2512	5286	217 37
38 RECOVERY ROOM		1400		1400	12	168	440	51 38
39 DELIVERY ROOM & LABOR ROOM		1967		1967	9	146	618	39
40 ANESTHESIOLOGY		1032		1032	60	636	324	40
41 RADIOLOGY-DIAGNOSTIC		18048		18048	129	3014	5670	318 41
41.01 MAGNETIC RESONANCE IMAGING MRI		151		151		832	47	41.01
44 LABORATORY		6965		6965	61	2264	2188	44
48 INTRAVENOUS THERAPY		239		239	32	545	75	48
49 RESPIRATORY THERAPY		2220		2220	40	719	697	49
50 PHYSICAL THERAPY		28958		28958	93	1775	9097	154 50
51 OCCUPATIONAL THERAPY		1659		1659	10	146	521	154 51
52 SPEECH PATHOLOGY		1718		1718	6	152	540	154 52
53 ELECTROCARDIOLOGY		161		161	9	140	51	53
54 ELECTROENCEPHALOGRAPHY		215		215	3	39	67	54
55 MEDICAL SUPPLIES CHARGED TO PAT						183		55
56 DRUGS CHARGED TO PATIENTS						1073		56
58 ASC (NON-DISTINCT PART)		27018		27018	155	2395	8488	244 58
59 CARDIAC REHAB		274		274	1	64	86	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		37725		37725	125	1338	11855	48 59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		5233		5233	91	2600	1644	374 61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY		1516		1516	84	1282	476	71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE		438		438	9	170	137	93
94 HOMEMAKER					14	238		94
95 SUBTOTALS		347265	699	347964	1997	37124	74217	2819 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		1500		1500		8	471	96
98 PHYSICIANS' PRIVATE OFFICES		2353		2353		224	739	98
100 MEALS ON WHEELS								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		351118	699	351817	1997	37356	75427	2819 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	2775								10
11 DIETARY	83	14133							11
12 CAFETERIA	31	10423	19949						12
14 NURSING ADMINISTRATION	73		811	5795					14
15 CENTRAL SERVICES & SUPPLY	5		349		3587				15
16 PHARMACY	31		550			5761			16
17 MEDICAL RECORDS & LIBRARY	21		1845	450	16		6626		17
18 SOCIAL SERVICE	4		136				2	1388	18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	30		141	80					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	734	1769	1691	961	30		661	1231	25
26 INTENSIVE CARE UNIT	96	129	463	263	59		88	130	26
31 SUBPROVIDER I	163	1457	1691	960			823		31
33 NURSERY	10		181	103			63		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	179		821	466	655		81		37
38 RECOVERY ROOM	7		123	70			16		38
39 DELIVERY ROOM & LABOR ROOM	16		91	52			4		39
40 ANESTHESIOLOGY			268		21		17		40
41 RADIOLOGY-DIAGNOSTIC	83		1677				1915		41
41.01 MAGNETIC RESONANCE IMAGING MRI	15		607						41.01
44 LABORATORY	83		1278		1		64		44
48 INTRAVENOUS THERAPY			467		105		4		48
49 RESPIRATORY THERAPY	5		419				2		49
50 PHYSICAL THERAPY	125		1624				148		50
51 OCCUPATIONAL THERAPY			111				57		51
52 SPEECH PATHOLOGY	6		70				57		52
53 ELECTROCARDIOLOGY	7		272				172		53
54 ELECTROENCEPHALOGRAPHY	7		3				1		54
55 MEDICAL SUPPLIES CHARGED TO PAT					2658				55
56 DRUGS CHARGED TO PATIENTS						5761	6		56
58 ASC (NON-DISTINCT PART)	411	231	1499	851	22		803	13	58
59 CARDIAC REHAB	7		52				8		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	146	91	1117	635			1054		59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	250	33	1592	904	20		580	14	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	57								71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	3								93
94 HOMEMAKER									94
95 SUBTOTALS	2688	14133	19949	5795	3587	5761	6626	1388	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES	87								98
100 MEALS ON WHEELS									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2775	14133	19949	5795	3587	5761	6626	1388	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
24 PARAMED ED PRGM-(SPECIFY)	2355			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		45342		25 45342
26 INTENSIVE CARE UNIT		6869		26 6869
31 SUBPROVIDER I		31248		31 31248
33 NURSERY		2319		33 2319
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		27097		37 27097
38 RECOVERY ROOM		2287		38 2287
39 DELIVERY ROOM & LABOR ROOM		2903		39 2903
40 ANESTHESIOLOGY		2358		40 2358
41 RADIOLOGY-DIAGNOSTIC		30854		41 30854
41.01 MAGNETIC RESONANCE IMAGING MRI		1652		41.01 1652
44 LABORATORY		12904		44 12904
48 INTRAVENOUS THERAPY		1467		48 1467
49 RESPIRATORY THERAPY		4102		49 4102
50 PHYSICAL THERAPY		41974		50 41974
51 OCCUPATIONAL THERAPY		2658		51 2658
52 SPEECH PATHOLOGY		2703		52 2703
53 ELECTROCARDIOLOGY		812		53 812
54 ELECTROENCEPHALOGRAPHY		335		54 335
55 MEDICAL SUPPLIES CHARGED TO PAT		2841		55 2841
56 DRUGS CHARGED TO PATIENTS		6840		56 6840
58 ASC (NON-DISTINCT PART)		42130		58 42130
59 CARDIAC REHAB		492		59 492
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		54134		59.01 54134
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		13335		61 13335
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
71 HOME HEALTH AGENCY		3415		71 3415
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		757		93 757
94 HOMEMAKER		252		94 252
95 SUBTOTALS		344080		95 344080
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		1979		96 1979
98 PHYSICIANS' PRIVATE OFFICES		3403		98 3403
100 MEALS ON WHEELS				100
101 CROSS FOOT ADJUSTMENTS	2355	2355		101 2355
102 NEGATIVE COST CENTER				102
103 TOTAL	2355	351817		103 351817

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		13484	1350	14834	14834				5
6 ADMINISTRATIVE & GENERAL	250903		257158	508061	1449	509510			6
8 OPERATION OF PLANT	485298		77471	562769	517	37985	601271		8
9 LAUNDRY & LINEN SERVICE		13256		13256	21	3213	4916	21406	9
10 HOUSEKEEPING		9831	4282	14113	390	11044	3646		10
11 DIETARY	66600		11976	78576	397	14113	24701		11
12 CAFETERIA	48577			48577		553	18017		12
14 NURSING ADMINISTRATION		19138	31489	50627	529	15215	7098		14
15 CENTRAL SERVICES & SUPPLY	14921		59873	74794	99	4313	5534		15
16 PHARMACY	22133		60771	82904	404	11154	8209		16
17 MEDICAL RECORDS & LIBRARY	14881		45946	60827	612	17933	5519		17
18 SOCIAL SERVICE		5641	159	5800	72	1901	2092		18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)		10261	5392	15653	40	1396	3806		24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		176151	162306	338457	1392	40070	65332	6499	25
26 INTENSIVE CARE UNIT		24510	21140	45650	365	9864	9090	742	26
31 SUBPROVIDER I		122188	11933	134121	1020	28495	45318	1109	31
33 NURSERY		8824	4366	13190	108	3035	3273	45	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		113606	154205	267811	412	34247	42135	1650	37
38 RECOVERY ROOM		9455	235	9690	86	2288	3507	385	38
39 DELIVERY ROOM & LABOR ROOM		13282	1618	14900	70	1996	4926		39
40 ANESTHESIOLOGY		6970	38001	44971	448	8668	2585		40
41 RADIOLOGY-DIAGNOSTIC		121866	582351	704217	962	41354	45198	2417	41
41.01 MAGNETIC RESONANCE IMAGING MRI		1021	250854	251875		11338	379		41.01
44 LABORATORY		47033	87993	135026	454	30866	17444		44
48 INTRAVENOUS THERAPY		1612		1612	237	7430	598		48
49 RESPIRATORY THERAPY		14988	35185	50173	299	9795	5559		49
50 PHYSICAL THERAPY		195530	75813	271343	689	24193	72520	1167	50
51 OCCUPATIONAL THERAPY		11201	115	11316	71	1995	4154	1167	51
52 SPEECH PATHOLOGY		11604	3845	15449	44	2072	4304	1167	52
53 ELECTROCARDIOLOGY		1088	2262	3350	66	1905	403		53
54 ELECTROENCEPHALOGRAPHY		1450	109	1559	19	535	538		54
55 MEDICAL SUPPLIES CHARGED TO PAT						2495			55
56 DRUGS CHARGED TO PATIENTS						14629			56
58 ASC (NON-DISTINCT PART)	182436		175418	357854	1154	32651	67663	1854	58
59 CARDIAC REHAB		1853	4159	6012	9	875	687		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		254731	6958	261689	926	18243	94474	363	59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY		35335	36876	72211	676	35437	13105	2841	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY		10234	46904	57138	626	17477	3796		71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE		2955		2955	67	2323	1096		93
94 HOMEMAKER			14898	14898	104	3245			94
95 SUBTOTALS		2344847	2273411	4618258	14834	506341	591622	21406	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		10126		10126		115	3756		96
98 PHYSICIANS' PRIVATE OFFICES		15888	82528	98416		3054	5893		98
100 MEALS ON WHEELS									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		2370861	2355939	4726800	14834	509510	601271	21406	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	10	11	12	14	15	16	17	18	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE									9
10 HOUSEKEEPING	29193								10
11 DIETARY	878	118665							11
12 CAFETERIA	329	87523	154999						12
14 NURSING ADMINISTRATION	768		6299	80536					14
15 CENTRAL SERVICES & SUPPLY	57		2710		87507				15
16 PHARMACY	329		4273			107273			16
17 MEDICAL RECORDS & LIBRARY	219		14327	6250	389		106076		17
18 SOCIAL SERVICE	41		1058				32	10996	18
20 NONPHYSICIAN ANESTHETISTS									20
24 PARAMED ED PRGM-(SPECIFY)	314		1097	1115					24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	7706	14854	13136	13344	738		10586	9748	25
26 INTENSIVE CARE UNIT	1006	1087	3601	3658	1449		1416	1033	26
31 SUBPROVIDER I	1711	12230	13140	13349			13174		31
33 NURSERY	110		1409	1431			1006		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	1881		6378	6479	15968		1291		37
38 RECOVERY ROOM	78		954	969			261		38
39 DELIVERY ROOM & LABOR ROOM	166		710	721			62		39
40 ANESTHESIOLOGY			2080		508		268		40
41 RADIOLOGY-DIAGNOSTIC	877		13028				30632		41
41.01 MAGNETIC RESONANCE IMAGING MRI	157		4719						41.01
44 LABORATORY	878		9931		25		1028		44
48 INTRAVENOUS THERAPY			3631		2561		70		48
49 RESPIRATORY THERAPY	57		3253				25		49
50 PHYSICAL THERAPY	1317		12620				2377		50
51 OCCUPATIONAL THERAPY			859				911		51
52 SPEECH PATHOLOGY	65		547				911		52
53 ELECTROCARDIOLOGY	71		2112				2759		53
54 ELECTROENCEPHALOGRAPHY	71		21				22		54
55 MEDICAL SUPPLIES CHARGED TO PAT					64856				55
56 DRUGS CHARGED TO PATIENTS						107273	99		56
58 ASC (NON-DISTINCT PART)	4323	1937	11647	11832	525		12854	104	58
59 CARDIAC REHAB	71		405				127		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	1532	760	8681	8819			16872		59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	2634	274	12373	12569	488		9293	111	61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE COST CENTERS									
71 HOME HEALTH AGENCY	598								71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	29								93
94 HOMEMAKER									94
95 SUBTOTALS	28273	118665	154999	80536	87507	107273	106076	10996	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
98 PHYSICIANS' PRIVATE OFFICES	920								98
100 MEALS ON WHEELS									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	29193	118665	154999	80536	87507	107273	106076	10996	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
24 PARAMED ED PRGM-(SPECIFY)	23421			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		521862		521862
26 INTENSIVE CARE UNIT		78961		78961
31 SUBPROVIDER I		263667		263667
33 NURSERY		23607		23607
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		378252		378252
38 RECOVERY ROOM		18218		18218
39 DELIVERY ROOM & LABOR ROOM		23551		23551
40 ANESTHESIOLOGY		59528		59528
41 RADIOLOGY-DIAGNOSTIC		838685		838685
41.01 MAGNETIC RESONANCE IMAGING MRI		268468		268468
44 LABORATORY		195652		195652
48 INTRAVENOUS THERAPY		16139		16139
49 RESPIRATORY THERAPY		69161		69161
50 PHYSICAL THERAPY		386226		386226
51 OCCUPATIONAL THERAPY		20473		20473
52 SPEECH PATHOLOGY		24559		24559
53 ELECTROCARDIOLOGY		10666		10666
54 ELECTROENCEPHALOGRAPHY		2765		2765
55 MEDICAL SUPPLIES CHARGED TO PAT		67351		67351
56 DRUGS CHARGED TO PATIENTS		122001		122001
58 ASC (NON-DISTINCT PART)		504398		504398
59 CARDIAC REHAB		8186		8186
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		412359		412359
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY		162012		162012
62 OBSERVATION BEDS (NON-DISTINCT				62
OTHER REIMBURSABLE COST CENTERS				
71 HOME HEALTH AGENCY		79635		79635
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		6470		6470
94 HOMEMAKER		18247		18247
95 SUBTOTALS		4581099		4581099
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		13997		13997
98 PHYSICIANS' PRIVATE OFFICES		108283		108283
100 MEALS ON WHEELS				100
101 CROSS FOOT ADJUSTMENTS	23421	23421		23421
102 NEGATIVE COST CENTER				102
103 TOTAL	23421	4726800		4726800

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM	
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BENEFITS GROSS SALARIES		COST	
	1	2	3	4	5	6A	6	
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	176532							1
2 OLD CAP REL COSTS-MVBLE EQUIP		1250						2
3 NEW CAP REL COSTS-BLDG & FIXT			176532					3
4 NEW CAP REL COSTS-MVBLE EQUIP				2310261				4
5 EMPLOYEE BENEFITS	1004		1004	1324	26958074			5
6 ADMINISTRATIVE & GENERAL	18682		18682	252172	2620877	-7208610	51416211	6
8 OPERATION OF PLANT	36135	1250	36135	75969	939406		3832976	8
9 LAUNDRY & LINEN SERVICE	987		987		37796		324232	9
10 HOUSEKEEPING	732		732	4199	708626		1114444	10
11 DIETARY	4959		4959	11744	722002		1424134	11
12 CAFETERIA	3617		3617				55771	12
14 NURSING ADMINISTRATION	1425		1425	30878	961688		1535325	14
15 CENTRAL SERVICES & SUPPLY	1111		1111	58712	179984		435237	15
16 PHARMACY	1648		1648	59593	734926		1125539	16
17 MEDICAL RECORDS & LIBRARY	1108		1108	45055	1113029		1809626	17
18 SOCIAL SERVICE	420		420	156	131498		191830	18
20 NONPHYSICIAN ANESTHETISTS								20
24 PARAMED ED PRGM-(SPECIFY)	764		764	5287	72216		140917	24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	13116		13116	159159	2530699		4043401	25
26 INTENSIVE CARE UNIT	1825		1825	20730	663472		995364	26
31 SUBPROVIDER I	9098		9098	11702	1854920		2875416	31
33 NURSERY	657		657	4281	196497		306208	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	8459		8459	151215	749587		3455848	37
38 RECOVERY ROOM	704		704	230	155533		230884	38
39 DELIVERY ROOM & LABOR ROOM	989		989	1587	127227		201429	39
40 ANESTHESIOLOGY	519		519	37264	814359		874680	40
41 RADIOLOGY-DIAGNOSTIC	9074		9074	571062	1749094		4175454	41
41.01 MAGNETIC RESONANCE IMAGING MR	76		76	245990			1144069	41.01
44 LABORATORY	3502		3502	86287	825976		3114643	44
48 INTRAVENOUS THERAPY	120		120		431726		749728	48
49 RESPIRATORY THERAPY	1116		1116	34503	544377		988422	49
50 PHYSICAL THERAPY	14559		14559	74343	1252390		2441226	50
51 OCCUPATIONAL THERAPY	834		834	113	128782		201285	51
52 SPEECH PATHOLOGY	864		864	3770	80315		209087	52
53 ELECTROCARDIOLOGY	81		81	2218	119941		192222	53
54 ELECTROENCEPHALOGRAPHY	108		108	107	35173		53964	54
55 MEDICAL SUPPLIES CHARGED TO P							251796	55
56 DRUGS CHARGED TO PATIENTS							1476217	56
58 ASC (NON-DISTINCT PART)	13584		13584	172017	2097763		3294740	58
59 CARDIAC REHAB	138		138	4078	16364		88253	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	18967		18967	6823	1683500		1840818	59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	2631		2631	36161	1229692		3575868	61
62 OBSERVATION BEDS (NON-DISTINC								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	762		762	45995	1137500		1763531	71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE	220		220		122713		234411	93
94 HOMEMAKER				14609	188426		327450	94
95 SUBTOTALS	174595	1250	174595	2229333	26958074	-7208610	51096445	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	754		754				11626	96
98 PHYSICIANS' PRIVATE OFFICES	1183		1183	80928			308140	98
100 MEALS ON WHEELS								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	351118		2370861	2355939	10330139		7208610	103
104 UNIT COST MULT-WS B PT I		.559200		1.019772				104
104 UNIT COST MULT-WS B PT I	1.988977		13.430205		.383193		.140201	104
105 COST TO BE ALLOC PER B PT II					1997		37356	105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II					.000074		.000727	106
107 COST TO BE ALLOC PER B PT III					14834		509510	107
108 UNIT COST MULT-WS B PT III								108
108 UNIT COST MULT-WS B PT III					.000550		.009910	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	SQUARE FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	DIRECT NRSING HRS	COSTED REQUIS.	COSTED REQUIS.
	8	9	10	11	12	14	15	16
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
4	NEW CAP REL COSTS-MVBLE EQUIP							4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL							6
8	OPERATION OF PLANT	120711						8
9	LAUNDRY & LINEN SERVICE	987	414575					9
10	HOUSEKEEPING	732		48416				10
11	DIETARY	4959		1456	219244			11
12	CAFETERIA	3617		546	161705			12
14	NURSING ADMINISTRATION	1425		1274		13749	173037	14
15	CENTRAL SERVICES & SUPPLY	1111		94		5916		15
16	PHARMACY	1648		546		9326	99799	16
17	MEDICAL RECORDS & LIBRARY	1108		364		31278	444	17
18	SOCIAL SERVICE	420		68		2309		18
20	NONPHYSICIAN ANESTHETISTS							20
24	PARAMED ED PRGM-(SPECIFY)	764		520		2395	2395	24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	13116	125876	12783	27445	28671	28671	842
26	INTENSIVE CARE UNIT	1825	14378	1669	2008	7860	7860	1653
31	SUBPROVIDER I	9098	21482	2838	22596	28680	28680	
33	NURSERY	657	867	182		3075	3075	
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	8459	31954	3120		13920	13920	18211
38	RECOVERY ROOM	704	7450	130		2083	2083	
39	DELIVERY ROOM & LABOR ROOM	989		276		1549	1549	
40	ANESTHESIOLOGY	519				4539		579
41	RADIOLOGY-DIAGNOSTIC	9074	46801	1454		28436		
41.01	MAGNETIC RESONANCE IMAGING MR	76		260		10300		
44	LABORATORY	3502		1456		21676		29
48	INTRAVENOUS THERAPY	120				7925	2921	
49	RESPIRATORY THERAPY	1116		94		7100		
50	PHYSICAL THERAPY	14559	22604	2184		27545		
51	OCCUPATIONAL THERAPY	834	22604			1875		
52	SPEECH PATHOLOGY	864	22604	108		1193		
53	ELECTROCARDIOLOGY	81		117		4609		
54	ELECTROENCEPHALOGRAPHY	108		117		45		
55	MEDICAL SUPPLIES CHARGED TO P						73964	
56	DRUGS CHARGED TO PATIENTS							1489925
58	ASC (NON-DISTINCT PART)	13584	35907	7169	3578	25421	25421	599
59	CARDIAC REHAB	138		117		883		
59.01	PSYCHIATRIC/PSYCHOLOGICAL SER	18967	7027	2540	1405	18948	18948	
OUTPATIENT SERVICE COST CENTERS								
61	EMERGENCY	2631	55021	4368	507	27006	27006	557
62	OBSERVATION BEDS (NON-DISTINC							
OTHER REIMBURSABLE COST CENTERS								
71	HOME HEALTH AGENCY	762		992				
SPECIAL PURPOSE COST CENTERS								
93	HOSPICE	220		48				
94	HOMEMAKER							
95	SUBTOTALS	118774	414575	46890	219244	338312	173037	99799
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & C	754						
98	PHYSICIANS' PRIVATE OFFICES	1183		1526				
100	MEALS ON WHEELS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOC PER B PT I	4370363	405425	1297192	1842350	1568011	1900029	566421
104	UNIT COST MULT-WS B PT I	36.205176		26.792631		4.634808		5.675618
104	UNIT COST MULT-WS B PT I		.977929		8.403195		10.980478	.940222
105	COST TO BE ALLOC PER B PT II	75427	2819	2775	14133	19949	5795	3587
106	UNIT COST MULT-WS B PT II	.624856		.057316		.058966		.035942
106	UNIT COST MULT-WS B PT II		.006800		.064462		.033490	.003867
107	COST TO BE ALLOC PER B PT III	601271	21406	29193	118665	154999	80536	87507
108	UNIT COST MULT-WS B PT III	4.981079		.602962		.458154		.876832
108	UNIT COST MULT-WS B PT III		.051634		.541246		.465426	.071999

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL	SOCIAL	PARAMED	
	RECORDS & LIBRARY TIME SPENT	SERVICE TIME SPENT	EDUCATION ASSIGNED TIME	
	17	18	24	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY	42715			17
18 SOCIAL SERVICE	13	3375		18
20 NONPHYSICIAN ANESTHETISTS				20
24 PARAMED ED PRGM-(SPECIFY)			2332	24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	4263	2992	2036	25
26 INTENSIVE CARE UNIT	570	317		26
31 SUBPROVIDER I	5305			31
33 NURSERY	405			33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	520			37
38 RECOVERY ROOM	105			38
39 DELIVERY ROOM & LABOR ROOM	25			39
40 ANESTHESIOLOGY	108			40
41 RADIOLOGY-DIAGNOSTIC	12335			41
41.01 MAGNETIC RESONANCE IMAGING MR				41.01
44 LABORATORY	414		32	44
48 INTRAVENOUS THERAPY	28			48
49 RESPIRATORY THERAPY	10		134	49
50 PHYSICAL THERAPY	957			50
51 OCCUPATIONAL THERAPY	367			51
52 SPEECH PATHOLOGY	367			52
53 ELECTROCARDIOLOGY	1111			53
54 ELECTROENCEPHALOGRAPHY	9			54
55 MEDICAL SUPPLIES CHARGED TO P				55
56 DRUGS CHARGED TO PATIENTS	40		27	56
58 ASC (NON-DISTINCT PART)	5176	32		58
59 CARDIAC REHAB	51			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	6794			59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	3742	34	103	61
62 OBSERVATION BEDS (NON-DISTINC				62
OTHER REIMBURSABLE COST CENTERS				
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE				93
94 HOMEMAKER				94
95 SUBTOTALS	42715	3375	2332	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96
98 PHYSICIANS' PRIVATE OFFICES				98
100 MEALS ON WHEELS				100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	2408149	247188	239665	103
104 UNIT COST MULT-WS B PT I	56.377127		102.772298	104
104 UNIT COST MULT-WS B PT I		73.240889		104
105 COST TO BE ALLOC PER B PT II	6626	1388	2355	105
106 UNIT COST MULT-WS B PT II	.155121		1.009863	106
106 UNIT COST MULT-WS B PT II		.411259		106
107 COST TO BE ALLOC PER B PT III	106076	10996	23421	107
108 UNIT COST MULT-WS B PT III	2.483343		10.043310	108
108 UNIT COST MULT-WS B PT III		3.258074		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	6902571		6902571		6902571	25
26 INTENSIVE CARE UNIT	1464112		1464112		1464112	26
31 SUBPROVIDER I	4641798		4641798		4641798	31
33 NURSERY	449500		449500		449500	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4711503		4711503		4711503	37
38 RECOVERY ROOM	337957		337957		337957	38
39 DELIVERY ROOM & LABOR ROOM	298469		298469		298469	39
40 ANESTHESIOLOGY	1046513		1046513	68820	1115333	40
41 RADIOLOGY-DIAGNOSTIC	6001317		6001317	2470	6003787	41
41.01 MAGNETIC RESONANCE IMAGING	1361926		1361926		1361926	41.01
44 LABORATORY	3844378		3844378		3844378	44
48 INTRAVENOUS THERAPY	914074		914074		914074	48
49 RESPIRATORY THERAPY	1217166		1217166		1217166	49
50 PHYSICAL THERAPY	3572838		3572838	13103	3585941	50
51 OCCUPATIONAL THERAPY	311185		311185		311185	51
52 SPEECH PATHOLOGY	320900		320900		320900	52
53 ELECTROCARDIOLOGY	309237		309237		309237	53
54 ELECTROENCEPHALOGRAPHY	69291		69291		69291	54
55 MEDICAL SUPPLIES CHARGED TO	706889		706889		706889	55
56 DRUGS CHARGED TO PATIENTS	3089074		3089074		3089074	56
58 ASC (NON-DISTINCT PART)	5200242		5200242	94777	5295019	58
59 CARDIAC REHAB	115725		115725		115725	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL S	3551242		3551242	109604	3660846	59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	4996468		4996468	136577	5133045	61
62 OBSERVATION BEDS (NON-DISTI	935902		935902		935902	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	56370277		56370277	425351	56795628	101
102 LESS OBSERVATION BEDS	935902		935902		935902	102
103 TOTAL	55434375		55434375	425351	55859726	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	8249380		8249380			25
26 INTENSIVE CARE UNIT	1790217		1790217			26
31 SUBPROVIDER I	6856758		6856758			31
33 NURSERY	543120		543120			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4331750	9046607	13378357	.352174	.352174	.352174 37
38 RECOVERY ROOM	362436	1123059	1485495	.227505	.227505	.227505 38
39 DELIVERY ROOM & LABOR ROOM	638165	20173	658338	.453367	.453367	.453367 39
40 ANESTHESIOLOGY	834156	1797093	2631249	.397725	.397725	.423880 40
41 RADIOLOGY-DIAGNOSTIC	6253427	21141104	27394531	.219070	.219070	.219160 41
41.01 MAGNETIC RESONANCE IMAGING	372292	4068352	4440644	.306696	.306696	.306696 41.01
44 LABORATORY	7843259	11891383	19734642	.194804	.194804	.194804 44
48 INTRAVENOUS THERAPY	1502875	551289	2054164	.444986	.444986	.444986 48
49 RESPIRATORY THERAPY	4969101	1119319	6088420	.199915	.199915	.199915 49
50 PHYSICAL THERAPY	741680	4401814	5143494	.694632	.694632	.697180 50
51 OCCUPATIONAL THERAPY	54186	444825	499011	.623603	.623603	.623603 51
52 SPEECH PATHOLOGY		236144	236144	1.358917	1.358917	1.358917 52
53 ELECTROCARDIOLOGY	834464	747754	1582218	.195445	.195445	.195445 53
54 ELECTROENCEPHALOGRAPHY	24732	27938	52670	1.315569	1.315569	1.315569 54
55 MEDICAL SUPPLIES CHARGED TO	909481	417359	1326840	.532761	.532761	.532761 55
56 DRUGS CHARGED TO PATIENTS	4204811	2402338	6607149	.467535	.467535	.467535 56
58 ASC (NON-DISTINCT PART)	687580	6883862	7571442	.686823	.686823	.699341 58
59 CARDIAC REHAB	36639	594626	631265	.183322	.183322	.183322 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL S	3288	833677	836965	4.242999	4.242999	4.373954 59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	3363823	7374871	10738694	.465277	.465277	.477995 61
62 OBSERVATION BEDS (NON-DISTI		1410784	1410784	.663391	.663391	.663391 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	55407620	76534371	131941991			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	55407620	76534371	131941991			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	45342		45342	521862		521862
26 INTENSIVE CARE UNIT	6869		6869	78961		78961
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	31248		31248	263667		263667
33 NURSERY	2319		2319	23607		23607
101 TOTAL	85778		85778	888097		888097

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	10178	4824	4.45	21467	51.27	247326
26 INTENSIVE CARE UNIT	1073	649	6.40	4154	73.59	47760
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5659	1705	5.52	9412	46.59	79436
33 NURSERY	930		2.49		25.38	
101 TOTAL	17840	7178		35033		374522

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	27097	378252	13378357	1928403	.002025	3905	.028273	54522	37
38 RECOVERY ROOM	2287	18218	1485495	137860	.001540	212	.012264	1691	38
39 DELIVERY ROOM & LABOR ROOM	2903	23551	658338	3568	.004410	16	.035773	128	39
40 ANESTHESIOLOGY	2358	59528	2631249	294258	.000896	264	.022623	6657	40
41 RADIOLOGY-DIAGNOSTIC	30854	838685	27394531	3512318	.001126	3955	.030615	107530	41
41.01 MAGNETIC RESONANCE IMAGING MR	1652	268468	4440644	158935	.000372	59	.060457	9609	41.01
44 LABORATORY	12904	195652	19734642	3691132	.000654	2414	.009914	36594	44
48 INTRAVENOUS THERAPY	1467	16139	2054164	770144	.000714	550	.007857	6051	48
49 RESPIRATORY THERAPY	4102	69161	6088420	3508889	.000674	2365	.011359	39857	49
50 PHYSICAL THERAPY	41974	386226	5143494	605615	.008161	4942	.075090	45476	50
51 OCCUPATIONAL THERAPY	2658	20473	499011	42543	.005327	227	.041027	1745	51
52 SPEECH PATHOLOGY	2703	24559	236144		.011446		.104000		52
53 ELECTROCARDIOLOGY	812	10666	1582218	466608	.000513	239	.006741	3145	53
54 ELECTROENCEPHALOGRAPHY	335	2765	52670	12662	.006360	81	.052497	665	54
55 MEDICAL SUPPLIES CHARGED TO P	2841	67351	1326840	360707	.002141	772	.050760	18309	55
56 DRUGS CHARGED TO PATIENTS	6840	122001	6607149	2098694	.001035	2172	.018465	38752	56
58 ASC (NON-DISTINCT PART)	42130	504398	7571442	505408	.005564	2812	.066618	33669	58
59 CARDIAC REHAB	492	8186	631265	20357	.000779	16	.012968	264	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	54134	412359	836965		.064679		.492684		59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	13335	162012	10738694	1516790	.001242	1884	.015087	22884	61
62 OBSERVATION BEDS (NON-DISTINC	6148	70758	1410784		.004358		.050155		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	260026	3659408	114502516	19634891		26885		427548	101

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
 08/11/2008 23:06

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	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL		MEDICAL		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			209244			209244
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			209244			209244

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
 08/11/2008 23:06

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	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
	INPAT ROUTINE SERV COST CTRS					
25	ADULTS & PEDIATRICS	10178	20.56	4824	99181	25
26	INTENSIVE CARE UNIT	1073		649		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	5659		1705		31
33	NURSERY	930				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	17840		7178	99181	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS	
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST						
	1	1.01	2	2.01	2.02	2.03	3	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
38 RECOVERY ROOM								38
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC								41
41.01 MAGNETIC RESONANCE IMAGING MR								41.01
44 LABORATORY				3289			3289	44
48 INTRAVENOUS THERAPY								48
49 RESPIRATORY THERAPY				13771			13771	49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO P								55
56 DRUGS CHARGED TO PATIENTS				2775			2775	56
58 ASC (NON-DISTINCT PART)								58
59 CARDIAC REHAB								59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER								59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY				10586			10586	61
62 OBSERVATION BEDS (NON-DISTINC				28371			28371	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL				58792			58792	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13378357			1928403		1813450 37
38 RECOVERY ROOM		1485495			137860		158812 38
39 DELIVERY ROOM & LABOR ROOM		658338			3568		3474 39
40 ANESTHESIOLOGY		2631249			294258		315414 40
41 RADIOLOGY-DIAGNOSTIC		27394531			3512318		4535518 41
41.01 MAGNETIC RESONANCE IMAGING MR		4440644			158935		682214 41.01
44 LABORATORY	3289	19734642	.000167	.000167	3691132	616	194281 44
48 INTRAVENOUS THERAPY		2054164			770144		99945 48
49 RESPIRATORY THERAPY	13771	6088420	.002262	.002262	3508889	7937	255127 49
50 PHYSICAL THERAPY		5143494			605615		490970 50
51 OCCUPATIONAL THERAPY		499011			42543		5729 51
52 SPEECH PATHOLOGY		236144					52895 52
53 ELECTROCARDIOLOGY		1582218			466608		203143 53
54 ELECTROENCEPHALOGRAPHY		52670			12662		4700 54
55 MEDICAL SUPPLIES CHARGED TO P		1326840			360707		209439 55
56 DRUGS CHARGED TO PATIENTS	2775	6607149	.000420	.000420	2098694	881	672770 56
58 ASC (NON-DISTINCT PART)		7571442			505408		2288880 58
59 CARDIAC REHAB		631265			20357		141969 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		836965					416657 59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	10586	10738694	.000986	.000986	1516790	1496	899783 61
62 OBSERVATION BEDS (NON-DISTINC	28371	1410784	.020110	.020110			338647 62
101 TOTAL	58792	114502516			19634891	10930	13783817 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	925900				37
38 RECOVERY ROOM	81085				38
39 DELIVERY ROOM & LABOR ROOM	1774				39
40 ANESTHESIOLOGY	161042				40
41 RADIOLOGY-DIAGNOSTIC	2315718				41
41.01 MAGNETIC RESONANCE IMAGING MR	348321				41.01
44 LABORATORY	99195		32	17	44
48 INTRAVENOUS THERAPY	51029				48
49 RESPIRATORY THERAPY	130261		577	295	49
50 PHYSICAL THERAPY	250676				50
51 OCCUPATIONAL THERAPY	2925				51
52 SPEECH PATHOLOGY	27007				52
53 ELECTROCARDIOLOGY	103720				53
54 ELECTROENCEPHALOGRAPHY	2400				54
55 MEDICAL SUPPLIES CHARGED TO P	106934				55
56 DRUGS CHARGED TO PATIENTS	341615		283	143	56
58 ASC (NON-DISTINCT PART)	1168642				58
59 CARDIAC REHAB	72486				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	212734				59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	459406		887	453	61
62 OBSERVATION BEDS (NON-DISTINC	172904		6810	3477	62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	7035774		8589	4385	101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0110) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	CENTER	DIAGNOSTIC
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.352174	.352174	.352174			37
38 RECOVERY ROOM	.227505	.227505	.227505			38
39 DELIVERY ROOM & LABOR ROOM	.453367	.453367	.453367			39
40 ANESTHESIOLOGY	.397725	.397725	.397725			40
41 RADIOLOGY-DIAGNOSTIC	.219070	.219070	.219070			41
41.01 MAGNETIC RESONANCE IMAGING MRI	.306696	.306696	.306696			41.01
44 LABORATORY	.194804	.194804	.194804			44
48 INTRAVENOUS THERAPY	.444986	.444986	.444986			48
49 RESPIRATORY THERAPY	.199915	.199915	.199915			49
50 PHYSICAL THERAPY	.694632	.694632	.694632			50
51 OCCUPATIONAL THERAPY	.623603	.623603	.623603			51
52 SPEECH PATHOLOGY	1.358917	1.358917	1.358917			52
53 ELECTROCARDIOLOGY	.195445	.195445	.195445			53
54 ELECTROENCEPHALOGRAPHY	1.315569	1.315569	1.315569			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.532761	.532761	.532761			55
56 DRUGS CHARGED TO PATIENTS	.467535	.467535	.467535			56
58 ASC (NON-DISTINCT PART)	.686823	.686823	.686823			58
59 CARDIAC REHAB	.183322	.183322	.183322			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	4.242999	4.242999	4.242999			59.01
OUTPATIENT SERVICE COST CENTERS						
61 EMERGENCY	.465277	.465277	.465277			61
62 OBSERVATION BEDS (NON-DISTINCT	.663391	.663391	.663391			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.467535	1
2 PROGRAM VACCINE CHARGES	1884	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	881	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 (14-0110) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1) (SEE INSTRU.) 5	PPS SER- VICES (SEE INSTRU.) 5.01	ALL OTHER (SEE INSTRU.) 5.02	PPS SER- VICES (SEE INSTRU.) 5.03	PPS SER- VICES (SEE INSTRU.) 5.04	OUTPATIENT AMBULATORY SURGICAL CENTER 6	OUTPATIENT RADIOLOGY 7	OUTPATIENT DIAGNOSTIC 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1813450		925900				37
38 RECOVERY ROOM		158812		81085				38
39 DELIVERY ROOM & LABOR ROOM		3474		1774				39
40 ANESTHESIOLOGY		315414		161042				40
41 RADIOLOGY-DIAGNOSTIC		4535518		2315718				41
41.01 MAGNETIC RESONANCE IMAGING MRI		682214		348321				41.01
44 LABORATORY		194281		99195				44
48 INTRAVENOUS THERAPY		99945		51029				48
49 RESPIRATORY THERAPY		255127		130261				49
50 PHYSICAL THERAPY		490970		250676				50
51 OCCUPATIONAL THERAPY		5729		2925				51
52 SPEECH PATHOLOGY		52895		27007				52
53 ELECTROCARDIOLOGY		203143		103720				53
54 ELECTROENCEPHALOGRAPHY		4700		2400				54
55 MEDICAL SUPPLIES CHARGED TO PA		209439		106934				55
56 DRUGS CHARGED TO PATIENTS		672770		341615				56
58 ASC (NON-DISTINCT PART)		2288880		1168642				58
59 CARDIAC REHAB		141969		72486				59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERV		416657		212734				59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY		899783		459406				61
62 OBSERVATION BEDS (NON-DISTINCT		338647		172904				62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		13783817		7035774				101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		13783817		7035774				104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0110) [] 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		638650		326078			37
38 RECOVERY ROOM		36131		18447			38
39 DELIVERY ROOM & LABOR ROOM		1575		804			39
40 ANESTHESIOLOGY		125448		64050			40
41 RADIOLOGY-DIAGNOSTIC		993596		507304			41
41.01 MAGNETIC RESONANCE IMAGING MRI		209232		106829			41.01
44 LABORATORY		37847		19324			44
48 INTRAVENOUS THERAPY		44474		22707			48
49 RESPIRATORY THERAPY		51004		26041			49
50 PHYSICAL THERAPY		341043		174128			50
51 OCCUPATIONAL THERAPY		3573		1824			51
52 SPEECH PATHOLOGY		71880		36700			52
53 ELECTROCARDIOLOGY		39703		20272			53
54 ELECTROENCEPHALOGRAPHY		6183		3157			54
55 MEDICAL SUPPLIES CHARGED TO PAT		111581		56970			55
56 DRUGS CHARGED TO PATIENTS		314544		159717			56
58 ASC (NON-DISTINCT PART)		1572055		802650			58
59 CARDIAC REHAB		26026		13288			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		1767875		902630			59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY		418648		213751			61
62 OBSERVATION BEDS (NON-DISTINCT		224655		114703			62
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		7035723		3591374			101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		7035723		3591374			104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SUB IV [XX] 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	27097	378252	13378357		.002025		.028273	37
38 RECOVERY ROOM	2287	18218	1485495		.001540		.012264	38
39 DELIVERY ROOM & LABOR ROOM	2903	23551	658338	101	.004410		.035773	4 39
40 ANESTHESIOLOGY	2358	59528	2631249		.000896		.022623	40
41 RADIOLOGY-DIAGNOSTIC	30854	838685	27394531	96584	.001126	109	.030615	2957 41
41.01 MAGNETIC RESONANCE IMAGING MR	1652	268468	4440644	2368	.000372	1	.060457	143 41.01
44 LABORATORY	12904	195652	19734642	389473	.000654	255	.009914	3861 44
48 INTRAVENOUS THERAPY	1467	16139	2054164	2912	.000714	2	.007857	23 48
49 RESPIRATORY THERAPY	4102	69161	6088420	40535	.000674	27	.011359	460 49
50 PHYSICAL THERAPY	41974	386226	5143494	14479	.008161	118	.075090	1087 50
51 OCCUPATIONAL THERAPY	2658	20473	499011		.005327		.041027	51
52 SPEECH PATHOLOGY	2703	24559	236144		.011446		.104000	52
53 ELECTROCARDIOLOGY	812	10666	1582218	43397	.000513	22	.006741	293 53
54 ELECTROENCEPHALOGRAPHY	335	2765	52670	1543	.006360	10	.052497	81 54
55 MEDICAL SUPPLIES CHARGED TO P	2841	67351	1326840	5487	.002141	12	.050760	279 55
56 DRUGS CHARGED TO PATIENTS	6840	122001	6607149	301374	.001035	312	.018465	5565 56
58 ASC (NON-DISTINCT PART)	42130	504398	7571442	7984	.005564	44	.066618	532 58
59 CARDIAC REHAB	492	8186	631265		.000779		.012968	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	54134	412359	836965	1902	.064679	123	.492684	937 59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	13335	162012	10738694	173153	.001242	215	.015087	2612 61
62 OBSERVATION BEDS (NON-DISTINC	6148	70758	1410784		.004358		.050155	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	260026	3659408	114502516	1081292		1250		18834 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-S110) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				3289			3289 44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				13771			13771 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				2775			2775 56
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				10586			10586 61
62 OBSERVATION BEDS (NON-DISTINC				28371			28371 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				58792			58792 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-S110) [] 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	
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13378357					37
38 RECOVERY ROOM		1485495					38
39 DELIVERY ROOM & LABOR ROOM		658338			101		39
40 ANESTHESIOLOGY		2631249					40
41 RADIOLOGY-DIAGNOSTIC		27394531				96584	41
41.01 MAGNETIC RESONANCE IMAGING MR		4440644				2368	41.01
44 LABORATORY	3289	19734642	.000167	.000167	389473	65	44
48 INTRAVENOUS THERAPY		2054164			2912		48
49 RESPIRATORY THERAPY	13771	6088420	.002262	.002262	40535	92	49
50 PHYSICAL THERAPY		5143494			14479		50
51 OCCUPATIONAL THERAPY		499011					51
52 SPEECH PATHOLOGY		236144					52
53 ELECTROCARDIOLOGY		1582218			43397		53
54 ELECTROENCEPHALOGRAPHY		52670			1543		54
55 MEDICAL SUPPLIES CHARGED TO P		1326840			5487		55
56 DRUGS CHARGED TO PATIENTS	2775	6607149	.000420	.000420	301374	127	56
58 ASC (NON-DISTINCT PART)		7571442			7984		58
59 CARDIAC REHAB		631265					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		836965			1902		59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	10586	10738694	.000986	.000986	173153	171	61
62 OBSERVATION BEDS (NON-DISTINC	28371	1410784	.020110	.020110			62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	58792	114502516			1081292	455	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-S110)	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	45342		45342	521862		521862
26 INTENSIVE CARE UNIT	6869		6869	78961		78961
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	31248		31248	263667		263667
33 NURSERY	2319		2319	23607		23607
101 TOTAL	85778		85778	888097		888097

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
	7	8	9	10	11	12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	10178	1372	4.45	6105	51.27	70342
26 INTENSIVE CARE UNIT	1073	67	6.40	429	73.59	4931
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	5659	1802	5.52	9947	46.59	83955
33 NURSERY	930	561	2.49	1397	25.38	14238
101 TOTAL	17840	3802		17878		173466

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL		
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	27097	378252	13378357	576923	.002025	1168	.028273	16311	37
38 RECOVERY ROOM	2287	18218	1485495	46119	.001540	71	.012264	566	38
39 DELIVERY ROOM & LABOR ROOM	2903	23551	658338	625383	.004410	2758	.035773	22372	39
40 ANESTHESIOLOGY	2358	59528	2631249	148131	.000896	133	.022623	3351	40
41 RADIOLOGY-DIAGNOSTIC	30854	838685	27394531	458512	.001126	516	.030615	14037	41
41.01 MAGNETIC RESONANCE IMAGING MR	1652	268468	4440644	21986	.000372	8	.060457	1329	41.01
44 LABORATORY	12904	195652	19734642	589646	.000654	386	.009914	5846	44
48 INTRAVENOUS THERAPY	1467	16139	2054164	208165	.000714	149	.007857	1636	48
49 RESPIRATORY THERAPY	4102	69161	6088420	334299	.000674	225	.011359	3797	49
50 PHYSICAL THERAPY	41974	386226	5143494	27277	.008161	223	.075090	2048	50
51 OCCUPATIONAL THERAPY	2658	20473	499011	1417	.005327	8	.041027	58	51
52 SPEECH PATHOLOGY	2703	24559	236144		.011446		.104000	52	52
53 ELECTROCARDIOLOGY	812	10666	1582218	39328	.000513	20	.006741	265	53
54 ELECTROENCEPHALOGRAPHY	335	2765	52670	452	.006360	3	.052497	24	54
55 MEDICAL SUPPLIES CHARGED TO P	2841	67351	1326840	142644	.002141	305	.050760	7241	55
56 DRUGS CHARGED TO PATIENTS	6840	122001	6607149	399440	.001035	413	.018465	7376	56
58 ASC (NON-DISTINCT PART)	42130	504398	7571442	59567	.005564	331	.066618	3968	58
59 CARDIAC REHAB	492	8186	631265	3255	.000779	3	.012968	42	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	54134	412359	836965		.064679		.492684		59.01
OUTPATIENT SERVICE COST CENTERS									
61 EMERGENCY	13335	162012	10738694	247844	.001242	308	.015087	3739	61
62 OBSERVATION BEDS (NON-DISTINC	6148	70758	1410784		.004358		.050155		62
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	260026	3659408	114502516	3930388		7028		94006	101

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
 PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
 08/11/2008 23:06

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL		MEDICAL		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			209244			209244
26 INTENSIVE CARE UNIT						26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			209244			209244

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
08/11/2008 23:06

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25 INPAT ROUTINE SERV COST CTRS					25
26 ADULTS & PEDIATRICS	10178	20.56	1372	28208	26
27 INTENSIVE CARE UNIT	1073		67		27
28 CORONARY CARE UNIT					28
29 BURN INTENSIVE CARE UNIT					29
30 SURGICAL INTENSIVE CARE UNIT					30
31 OTHER SPECIAL CARE (SPECIFY)					31
33 SUBPROVIDER I	5659		1802		33
34 NURSERY	930		561		34
35 SKILLED NURSING FACILITY					35
101 NURSING FACILITY					101
101 TOTAL	17840		3802	28208	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] 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		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01					
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				3289			3289 44
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				13771			13771 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				2775			2775 56
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				10586			10586 61
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				30421			30421 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0110) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		13378357			576923		37
38 RECOVERY ROOM		1485495			46119		38
39 DELIVERY ROOM & LABOR ROOM		658338			625383		39
40 ANESTHESIOLOGY		2631249			148131		40
41 RADIOLOGY-DIAGNOSTIC		27394531			458512		41
41.01 MAGNETIC RESONANCE IMAGING MR		4440644			21986		41.01
44 LABORATORY	3289	19734642	.000167	.000167	589646	98	44
48 INTRAVENOUS THERAPY		2054164			208165		48
49 RESPIRATORY THERAPY	13771	6088420	.002262	.002262	334299	756	49
50 PHYSICAL THERAPY		5143494			27277		50
51 OCCUPATIONAL THERAPY		499011			1417		51
52 SPEECH PATHOLOGY		236144					52
53 ELECTROCARDIOLOGY		1582218			39328		53
54 ELECTROENCEPHALOGRAPHY		52670			452		54
55 MEDICAL SUPPLIES CHARGED TO P		1326840			142644		55
56 DRUGS CHARGED TO PATIENTS	2775	6607149	.000420	.000420	399440	168	56
58 ASC (NON-DISTINCT PART)		7571442			59567		58
59 CARDIAC REHAB		631265			3255		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		836965					59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	10586	10738694	.000986	.000986	247844	244	61
62 OBSERVATION BEDS (NON-DISTINC		1410784					62
101 OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	30421	114502516			3930388	1266	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0110)	[]	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	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S110) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	27097	378252	13378357	286	.002025	1	.028273	8 37
38 RECOVERY ROOM	2287	18218	1485495		.001540		.012264	38
39 DELIVERY ROOM & LABOR ROOM	2903	23551	658338	67	.004410		.035773	2 39
40 ANESTHESIOLOGY	2358	59528	2631249	74	.000896		.022623	2 40
41 RADIOLOGY-DIAGNOSTIC	30854	838685	27394531	64910	.001126	73	.030615	1987 41
41.01 MAGNETIC RESONANCE IMAGING MR	1652	268468	4440644	26683	.000372	10	.060457	1613 41.01
44 LABORATORY	12904	195652	19734642	722223	.000654	472	.009914	7160 44
48 INTRAVENOUS THERAPY	1467	16139	2054164	1508	.000714	1	.007857	12 48
49 RESPIRATORY THERAPY	4102	69161	6088420	33701	.000674	23	.011359	383 49
50 PHYSICAL THERAPY	41974	386226	5143494	8552	.008161	70	.075090	642 50
51 OCCUPATIONAL THERAPY	2658	20473	499011		.005327		.041027	51
52 SPEECH PATHOLOGY	2703	24559	236144		.011446		.104000	52
53 ELECTROCARDIOLOGY	812	10666	1582218	64785	.000513	33	.006741	437 53
54 ELECTROENCEPHALOGRAPHY	335	2765	52670	3989	.006360	25	.052497	209 54
55 MEDICAL SUPPLIES CHARGED TO P	2841	67351	1326840	1572	.002141	3	.050760	80 55
56 DRUGS CHARGED TO PATIENTS	6840	122001	6607149	343673	.001035	356	.018465	6346 56
58 ASC (NON-DISTINCT PART)	42130	504398	7571442		.005564		.066618	58
59 CARDIAC REHAB	492	8186	631265	253	.000779		.012968	3 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER	54134	412359	836965		.064679		.492684	59.01
OUTPATIENT SERVICE COST CENTERS								
61 EMERGENCY	13335	162012	10738694	370870	.001242	461	.015087	5595 61
62 OBSERVATION BEDS (NON-DISTINC	6148	70758	1410784		.004358		.050155	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	260026	3659408	114502516	1643146		1528		24479 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-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01					
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MAGNETIC RESONANCE IMAGING MR							41.01
44 LABORATORY				3289			3289
48 INTRAVENOUS THERAPY							48
49 RESPIRATORY THERAPY				13771			13771
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS				2775			2775
58 ASC (NON-DISTINCT PART)							58
59 CARDIAC REHAB							59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER							59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY				10586			10586
62 OBSERVATION BEDS (NON-DISTINC							62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				30421			30421

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-S110) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	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		13378357			286		37
38 RECOVERY ROOM		1485495					38
39 DELIVERY ROOM & LABOR ROOM		658338			67		39
40 ANESTHESIOLOGY		2631249			74		40
41 RADIOLOGY-DIAGNOSTIC		27394531			64910		41
41.01 MAGNETIC RESONANCE IMAGING MR		4440644			26683		41.01
44 LABORATORY	3289	19734642	.000167	.000167	722223	121	44
48 INTRAVENOUS THERAPY		2054164			1508		48
49 RESPIRATORY THERAPY	13771	6088420	.002262	.002262	33701	76	49
50 PHYSICAL THERAPY		5143494			8552		50
51 OCCUPATIONAL THERAPY		499011					51
52 SPEECH PATHOLOGY		236144					52
53 ELECTROCARDIOLOGY		1582218			64785		53
54 ELECTROENCEPHALOGRAPHY		52670			3989		54
55 MEDICAL SUPPLIES CHARGED TO P		1326840			1572		55
56 DRUGS CHARGED TO PATIENTS	2775	6607149	.000420	.000420	343673	144	56
58 ASC (NON-DISTINCT PART)		7571442					58
59 CARDIAC REHAB		631265			253		59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER		836965					59.01
OUTPATIENT SERVICE COST CENTERS							
61 EMERGENCY	10586	10738694	.000986	.000986	370870	366	61
62 OBSERVATION BEDS (NON-DISTINC		1410784					62
101 TOTAL	30421	114502516			1643146	707	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-S110)	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT	OUTPATIENT
	PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
	CHARGES	CHARGES	PASS THROUGH	PASS THROUGH	PASS THROUGH
	8.01	8.02	COSTS	COSTS	COSTS
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MR					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SER					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0110)	SUB I (TEFRA) (14-S110)	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)	10178	5659					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10178	5659					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10178	5659					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)	4824	1705					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) (14-0110)	SUB I (TEFRA) (14-S110)	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	6902571	4641798					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	6902571	4641798					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8249380	6856758					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8249380	6856758					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.836738	.676967					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	810.51	1211.66					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	6902571	4641798					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) (14-0110)	SUB I (TEFRA) (14-S110)	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	678.19	820.25				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3271589	1398526				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3271589	1398526				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	1464112	1073	1364.50	649	885561	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) (14-0110)	SUB I (TEFRA) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	6230774	365716				48
49 TOTAL PROGRAM INPATIENT COSTS	10387924	1764242				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	419888	88848				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	465363	20539				51
52 TOTAL PROGRAM EXCLUDABLE COST	885251	109387				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	9502673	1654855				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) (14-0110)	SUB I (TEFRA) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54		263				54
55		7022.69				55
56		1846967				56
57		192112				57
58		28817				58
58.01		7140.22				58.01
58.02		6932.24				58.02
58.03		18470				58.03
58.04						58.04
59		1811529				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 [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) (TEFRA)
 (14-0110)(14-S110)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1380	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	678.19	84
85 OBSERVATION BED COST	935902	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	45342	6902571	.006569	935902	6148	86
87 NEW CAPITAL-RELATED COST	521862	6902571	.075604	935902	70758	87
88 NON PHYSICIAN ANESTHETIST		6902571		935902		88
89 NURSING SCHOOL		6902571		935902		89
89.01 ALLIED HEALTH	209244	6902571	.030314	935902	28371	89.01
89.02 ALL OTHER		6902571		935902		89.02

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 (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	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)	10178	5659				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10178	5659				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10178	5659				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)	1372	1802				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		930				15
16 TITLE V OR XIX NURSERY DAYS		561				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 (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6902571	4641798					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	6902571	4641798					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8249380	6856758					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8249380	6856758					30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.836738	.676967					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	810.51	1211.66					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	6902571	4641798					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	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	678.19	820.25				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	930477	1478091				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	930477	1478091				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)	449500	930	483.33	561	271148	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	1464112	1073	1364.50	67	91422	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 (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1385312	528634				48
49 TOTAL PROGRAM INPATIENT COSTS	2678359	2006725				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	125650	93902				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	102300	26714				51
52 TOTAL PROGRAM EXCLUDABLE COST	227950	120616				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						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 (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		348				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
08/11/2008 23:06

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

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
08/11/2008 23:06

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0110)	SUB I (OTHER) (14-S110)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1380	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	678.19	84
85 OBSERVATION BED COST	935902	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0110) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		3783169		25
26 INTENSIVE CARE UNIT		1105276		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.352174	1928403	679133	37
38 RECOVERY ROOM	.227505	137860	31364	38
39 DELIVERY ROOM & LABOR ROOM	.453367	3568	1618	39
40 ANESTHESIOLOGY	.423880	294258	124730	40
41 RADIOLOGY-DIAGNOSTIC	.219160	3512318	769760	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.306696	158935	48745	41.01
44 LABORATORY	.194804	3691132	719047	44
48 INTRAVENOUS THERAPY	.444986	770144	342703	48
49 RESPIRATORY THERAPY	.199915	3508889	701480	49
50 PHYSICAL THERAPY	.697180	605615	422223	50
51 OCCUPATIONAL THERAPY	.623603	42543	26530	51
52 SPEECH PATHOLOGY	1.358917			52
53 ELECTROCARDIOLOGY	.195445	466608	91196	53
54 ELECTROENCEPHALOGRAPHY	1.315569	12662	16658	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.532761	360707	192171	55
56 DRUGS CHARGED TO PATIENTS	.467535	2098694	981213	56
58 ASC (NON-DISTINCT PART)	.699341	505408	353453	58
59 CARDIAC REHAB	.183322	20357	3732	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	4.373954			59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.477995	1516790	725018	61
62 OBSERVATION BEDS (NON-DISTINCT	.663391			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		19634891	6230774	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		19634891		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S110)	<input type="checkbox"/> NF	<input checked="" 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		1588100		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.352174			37
38 RECOVERY ROOM	.227505			38
39 DELIVERY ROOM & LABOR ROOM	.453367	101	46	39
40 ANESTHESIOLOGY	.397725			40
41 RADIOLOGY-DIAGNOSTIC	.219070	96584	21159	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.306696	2368	726	41.01
44 LABORATORY	.194804	389473	75871	44
48 INTRAVENOUS THERAPY	.444986	2912	1296	48
49 RESPIRATORY THERAPY	.199915	40535	8104	49
50 PHYSICAL THERAPY	.694632	14479	10058	50
51 OCCUPATIONAL THERAPY	.623603			51
52 SPEECH PATHOLOGY	1.358917			52
53 ELECTROCARDIOLOGY	.195445	43397	8482	53
54 ELECTROENCEPHALOGRAPHY	1.315569	1543	2030	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.532761	5487	2923	55
56 DRUGS CHARGED TO PATIENTS	.467535	301374	140903	56
58 ASC (NON-DISTINCT PART)	.686823	7984	5484	58
59 CARDIAC REHAB	.183322			59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	4.242999	1902	8070	59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.465277	173153	80564	61
62 OBSERVATION BEDS (NON-DISTINCT	.663391			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1081292	365716	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1081292		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0110)	<input type="checkbox"/> SNF	<input 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 checked="" 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		1229490		25
26 INTENSIVE CARE UNIT		201000		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.352174	576923	203177	37
38 RECOVERY ROOM	.227505	46119	10492	38
39 DELIVERY ROOM & LABOR ROOM	.453367	625383	283528	39
40 ANESTHESIOLOGY	.397725	148131	58915	40
41 RADIOLOGY-DIAGNOSTIC	.219070	458512	100446	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.306696	21986	6743	41.01
44 LABORATORY	.194804	589646	114865	44
48 INTRAVENOUS THERAPY	.444986	208165	92631	48
49 RESPIRATORY THERAPY	.199915	334299	66831	49
50 PHYSICAL THERAPY	.694632	27277	18947	50
51 OCCUPATIONAL THERAPY	.623603	1417	884	51
52 SPEECH PATHOLOGY	1.358917			52
53 ELECTROCARDIOLOGY	.195445	39328	7686	53
54 ELECTROENCEPHALOGRAPHY	1.315569	452	595	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.532761	142644	75995	55
56 DRUGS CHARGED TO PATIENTS	.467535	399440	186752	56
58 ASC (NON-DISTINCT PART)	.686823	59567	40912	58
59 CARDIAC REHAB	.183322	3255	597	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	4.242999			59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.465277	247844	115316	61
62 OBSERVATION BEDS (NON-DISTINCT	.663391			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		3930388	1385312	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		3930388		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[] TITLE XVIII-PT A	[XX] SUB I (14-S110)	[] 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		1643147		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.352174	286	101	37
38 RECOVERY ROOM	.227505			38
39 DELIVERY ROOM & LABOR ROOM	.453367	67	30	39
40 ANESTHESIOLOGY	.397725	74	29	40
41 RADIOLOGY-DIAGNOSTIC	.219070	64910	14220	41
41.01 MAGNETIC RESONANCE IMAGING MRI	.306696	26683	8184	41.01
44 LABORATORY	.194804	722223	140692	44
48 INTRAVENOUS THERAPY	.444986	1508	671	48
49 RESPIRATORY THERAPY	.199915	33701	6737	49
50 PHYSICAL THERAPY	.694632	8552	5940	50
51 OCCUPATIONAL THERAPY	.623603			51
52 SPEECH PATHOLOGY	1.358917			52
53 ELECTROCARDIOLOGY	.195445	64785	12662	53
54 ELECTROENCEPHALOGRAPHY	1.315569	3989	5248	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.532761	1572	838	55
56 DRUGS CHARGED TO PATIENTS	.467535	343673	160679	56
58 ASC (NON-DISTINCT PART)	.686823			58
59 CARDIAC REHAB	.183322	253	46	59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	4.242999			59.01
OUTPATIENT SERVICE COST CENTERS				
61 EMERGENCY	.465277	370870	172557	61
62 OBSERVATION BEDS (NON-DISTINCT	.663391			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		1643146	528634	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1643146		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	3520825					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2081526					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	2756174					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	170982					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	101775					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	134343					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	34746					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	86.23					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 (14-0110)	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	0.0259					4
4.01	0.2034					4.01
4.02	0.2293					4.02
4.03	0.0768					4.03
4.04	641935					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	9035206					6
7	9215898					7
7.01						7.01
8	9170725					8
9	727063					9
10						10
11						11
11.01	6070					11.01
11.02						11.02
12						12
13						13
14	99181					14
15	10930					15
16	10013969					16
17	15719					17
18	9998250					18
19	1081952					19
20	3968					20
21	230894					21
21.01	161626					21.01
21.02	193184					21.02
22	9073956					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	9073956					26
27						27
28	8087750					28
28.01						28.01
29	986206					29
30	18239					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 (14-0110) 1	HOSPITAL (14-0110) 1.01	HOSPITAL (14-0110) 1.02	
1 MEDICAL AND OTHER SERVICES	881			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	7027134	3586989		1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	3351678	1711280		1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.722	0.722		1.03
1.04 LINE 1.01 TIMES LINE 1.03	5073591	2589806		1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	66.06	66.08		1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT	1549722	746747		1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	12974			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	881			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1884			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	1884			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	1884			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	1003			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	881			17
17.01 TOTAL PPS PAYMENTS	7372401			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0110) 1	HOSPITAL (14-0110) 1.01	HOSPITAL (14-0110) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	842		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1357784		18.01
19 SUBTOTAL	6014656		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	6014656		23
24 PRIMARY PAYER PAYMENTS	438		24
25 SUBTOTAL	6014218		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	143839		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	100687		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	110838		27.02
28 SUBTOTAL	6114905		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	6114905		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	5758039		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	356866		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	85985		36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S110)	SUB I (14-S110)	SUB I (14-S110)	
	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-S110)	SUB I (14-S110)	SUB I (14-S110)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE 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
 (14-0110)
 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
(14-0110)
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
(14-0110)
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 (14-0110)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT	
	1	2	3	4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8087750		5758039	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM .02					3.01
REVISION OF THE INTERIM RATE FOR THE COST TO .03		NONE		NONE	3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER .04					3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. .05					3.04
					3.05
					3.50
PROVIDER .51					3.51
TO .52		NONE		NONE	3.52
PROGRAM .53					3.53
					3.54
SUBTOTAL .99					3.99
4 TOTAL INTERIM PAYMENTS		8087750		5758039	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02		NONE		NONE	5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51		NONE		NONE	5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01		986206		356866	6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY		9073956		6114905	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S110)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1224337		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	NONE NONE	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		1224337		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52	NONE NONE	NONE NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM	208947		6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		1433284		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 (14-S110)	SUB II	SUB III	SUB IV
1	INPATIENT HOSPITAL SERVICES	1811529			1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	452882			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)	924578			1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	137865			1.09
1.10	NET IPF PPS ECT PAYMENTS				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)				1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)				1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.461749			1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1062443			1.19
1.20	STOP LESS PAYMENT FLOOR	1268070			1.20
1.21	ADJUSTED NET PAYMENT FLOOR	951053			1.21
1.22	STOP LOSS ADJUSTMENT				1.22
1.23	TOTAL IPF PPS PAYMENTS	1515325			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	1515325			4
5	PRIMARY PAYER PAYMENTS				5
6	SUBTOTAL	1515325			6
7	DEDUCTIBLES	170304			7
8	SUBTOTAL	1345021			8
9	COINSURANCE	1024			9
10	SUBTOTAL	1343997			10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	127066			11
11.01	REDUCED REIMBURSABLE BAD DEBTS	88946			11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	115231			11.02
12	SUBTOTAL	1432943			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-S110)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		341			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	1433284				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1224337				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	208947				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	2195				21
TO BE COMPLETED BY INTERMEDIARY						
50	ORIGINAL OUTLIER AMOUNT FROM WKST E-3, PART I, LINE 1.05 (IRF) OR 1.09 (IPF)					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)					52
53	TIME VALUE OF MONEY					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			NF I
	HOSPITAL (14-0110) (OTHER)	SUB I (14-S110) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	2678359				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	2678359				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
10	SUBTOTAL	2678359				9
11	COMPUTATION OF LESSER OF COST OR CHARGES					
12	ROUTINE SERVICE CHARGES	1430490				10
13	ANCILLARY SERVICE CHARGES	3930388				11
14	INTERNS AND RESIDENTS SERVICE CHARGES					12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
16	TEACHING PHYSICIANS					14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
18	TOTAL REASONABLE CHARGES	5360878				16
19	5360878	3135926				
20	CUSTOMARY CHARGES					
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
22	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM					18
23	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN					
24	ACCORDANCE WITH 42 CFR 413.13(E)					
25	RATIO OF LINE 17 TO LINE 18					19
26	TOTAL CUSTOMARY CHARGES	5360878				20
27	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2682519				21
28	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					22
29	COST OF COVERED SERVICES	2678359				23
30	PROSPECTIVE PAYMENT AMOUNT					
31	OTHER THAN OUTLIER PAYMENTS					24
32	OUTLIER PAYMENTS					25
33	PROGRAM CAPITAL PAYMENTS					26
34	CAPITAL EXCEPTION PAYMENTS					27
35	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
36	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
37	SUBTOTAL	2678359				30
38	CUSTOMARY CHARGES (TITLE XIX PPS COVERED					31
39	LESSER OF LINES 30 OR 31	2678359				32
40	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
	HOSPITAL (14-0110) (OTHER) 1	SUB I (14-S110) (OTHER) 1	SUB II 1	SUB III 1	SUB IV 1	NF I 1
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
34						34
						EXCESS OF REASONABLE COST
35						35
	2678359	2006725				SUBTOTAL
36	49256	26541				36
						COINSURANCE
37						37
						SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,
38						38
						REIMBURSABLE BAD DEBTS
38.01						38.01
						REDUCED REIMBURSABLE BAD DEBTS
38.02						38.02
						REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
39						39
						UTILIZATION REVIEW
40	2629103	1980184				40
						SUBTOTAL
41						41
						INPATIENT ROUTINE SERVICE COST
42						42
						MEDICARE INPATIENT ROUTINE CHARGES
43						43
						AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE
44						44
						AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)
45						45
						RATIO OF LINE 43 TO LINE 44
46						46
						TOTAL CUSTOMARY CHARGES
47						47
						EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
48						48
						EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
49						49
						RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION
50						50
						OTHER ADJUSTMENTS
51						51
						AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS
52	2629103	1980184				52
						SUBTOTAL
53						53
						INDIRECT MEDICAL EDUCATION ADJUSTMENT
54						54
						DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
55	2629103	1980184				55
						TOTAL AMOUNT PAYABLE TO THE PROVIDER
56						56
						SEQUESTRATION ADJUSTMENT
57	842853	995567				57
						INTERIM PAYMENTS
57.01						57.01
						TENTATIVE SETTLEMENT (FOR FI USE ONLY)
58	1786250	984617				58
						BALANCE DUE PROVIDER/PROGRAM
59						59
						PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2)

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	8046156			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	23910560			4
5	OTHER RECEIVABLES	186345			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-11941854			6
7	INVENTORY	1124405			7
8	PREPAID EXPENSES	827300			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	22152912			11
FIXED ASSETS					
12	LAND	105342			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2663265			13
13.01	ACCUMULATED DEPRECIATION	-1870965			13.01
14	BUILDINGS	49043260			14
14.01	ACCUMULATED DEPRECIATION	-24184585			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	22786903			18
18.01	ACCUMULATED DEPRECIATION	-14554105			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	10			20
21	TOTAL FIXED ASSETS	33989125			21
OTHER ASSETS					
22	INVESTMENTS	54837188			22
23	DEPOSITS ON LEASES	3338761			23
24	DUE FROM OWNERS/OFFICERS	1700721			24
25	OTHER ASSETS	1588863			25
26	TOTAL OTHER ASSETS	61465533			26
27	TOTAL ASSETS	117607570			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	3359805			28
29	SALARIES, WAGES & FEES PAYABLE	2601965			29
30	PAYROLL TAXES PAYABLE	939136			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	595000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	3522535			35
36	TOTAL CURRENT LIABILITIES	11018441			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	14246316			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	570250			41
42	TOTAL LONG TERM LIABILITIES	14816566			42
43	TOTAL LIABILITIES	25835007			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	91772563			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	91772563			51
52	TOTAL LIABILITIES AND FUND BALANCES	117607570			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	88845702			1
2 NET INCOME (LOSS)	2926861			2
3 TOTAL	91772563			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	91772563			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	91772563			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	8415366		8415366	2
4 SUBPROVIDER I	6883444		6883444	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	15298810		15298810	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	1802005		1802005	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	1802005		1802005	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	17100815		17100815	18
19 ANCILLARY SERVICES	41142545	80441337	121583882	19
20 OUTPATIENT SERVICES	687580	8944463	9632043	20
21 HOME HEALTH AGENCY		3433013	3433013	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
TOTAL PATIENT REVENUES	58930940	92818813	151749753	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		69759564	26
27 ROUNDING			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		69759564	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	151749753	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	82308631	2
3	NET PATIENT REVENUES	69441122	3
4	LESS - TOTAL OPERATING EXPENSES	69759564	4
5	NET INCOME FROM SERVICE TO PATIENTS	-318442	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1032511	6
7	INCOME FROM INVESTMENTS	4079189	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	11881	10
11	REBATES AND REFUNDS OF EXPENSES	14615	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	350396	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	218	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	13708	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3557	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	3164	21
22	RENTAL OF HOSPITAL SPACE	475101	22
23	GOVERNMENTAL APPROPRIATIONS	42582	23
24	UNREALIZED NET GAINS IN INVESTMENTS		24
24.01	INVESTMENT INCOME SELF INSURANCE	200814	24.01
24.02	COMMUNITY EDUCATION REVENUE		24.02
24.03	MISCELLANEOUS REVENUE	21902	24.03
24.04	PRIVATE SERVICE GRANT	6219	24.04
24.05	CONTRA UTILITY CREDIT	2649	24.05
24.06	HOSPITAL COMM INCOME	26138	24.06
24.07	ENDOWMENT INCOME		24.07
24.08	LIFELINE FEES	12650	24.08
24.09	MISCELLANEOUS INCOME	2618	24.09
24.10	BIO TERRISM GRANTS		24.10
24.11	EMS GRANT REVENUE	1000	24.11
24.12	RADIOLOGY FILM REVENUE	1240	24.12
24.13	SCARCITY PAYMENTS	195	24.13
24.14	EMS REVENUE	5870	24.14
24.15	INTEREST PROJECT INCOME		24.15
25	TOTAL OTHER INCOME	6308217	25
26	TOTAL	5989775	26
27	CONSULTING FEES SELF INSURANCE	94	27
27.01	INVESTMENTS TRUSTEE FEES	308366	27.01
27.02	ONCOLOGY EQUITY LOSS	7437	27.02
27.03	EMPLOYEE RELIEF	500	27.03
27.04	LOSS ON FIXED ASSET DISPOSITION		27.04
27.05	INVESTMENT LOSS ON SELF INSURANCE	2746517	27.05
28			28
29			29
30	TOTAL OTHER EXPENSES	3062914	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	2926861	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

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	386634	27959	4630	6621	47643	473487
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	471426	34854	32559	15092	34218	588149
7 PHYSICAL THERAPY	270125	19128	18941		1026	309220
8 OCCUPATIONAL THERAPY						7
9 SPEECH PATHOLOGY						8
10 MEDICAL SOCIAL SERVICES						9
11 HOME HEALTH AIDE	30705	2427	4485		34	37651
12 SUPPLIES						10
13 DRUGS						11
13.20 COST OF ADMINISTERING VACCINES					3000	3000
14 DME						12
HHA NONREIMBURSABLE SERVICES						13
15 HOME DIALYSIS AIDE SERVICES						14
16 RESPIRATORY THERAPY						15
17 PRIVATE DUTY NURSING						16
18 CLINIC						17
19 HEALTH PROMOTION ACTIVITIES						18
20 DAY CARE PROGRAM						19
21 HOME DELIVERED MEALS PROGRAM						20
22 HOMEMAKER SERVICE						21
23 ALL OTHERS						22
23.50 TELEMEDICINE						23
24 TOTAL	1158890	84368	60615	21713	85921	1411507

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7048

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	-83650	389837	-16458	373379	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE	-39399	548750		548750	6
7 PHYSICAL THERAPY	-50371	258849		258849	7
8 OCCUPATIONAL THERAPY	18202	18202		18202	8
9 SPEECH PATHOLOGY	12815	12815		12815	9
10 MEDICAL SOCIAL SERVICES	3018	3018		3018	10
11 HOME HEALTH AIDE	13331	50982		50982	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES		3000		3000	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	-126054	1285453	-16458	1268995	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7048

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	373379					373379	373379	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	548750					548750	228772	777522 6
7 PHYSICAL THERAPY	258849					258849	107913	366762 7
8 OCCUPATIONAL THERAPY	18202					18202	7588	25790 8
9 SPEECH PATHOLOGY	12815					12815	5343	18158 9
10 MEDICAL SOCIAL SERVICES	3018					3018	1258	4276 10
11 HOME HEALTH AIDE	50982					50982	21254	72236 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES	3000					3000	1251	4251 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	1268995					1268995		1268995 24

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
 PERIOD FROM 05/01/2007 TO 04/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2007.06
 08/11/2008 23:06

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7048

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					-373379	895616	5
6 SKILLED NURSING CARE						548750	6
7 PHYSICAL THERAPY						258849	7
8 OCCUPATIONAL THERAPY						18202	8
9 SPEECH PATHOLOGY						12815	9
10 MEDICAL SOCIAL SERVICES						3018	10
11 HOME HEALTH AIDE						50982	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES						3000	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					-373379	895616	24
25 COST TO BE ALLOC (PER W/S H)						373379	25
26 UNIT COST MULTIPLIER						.416896	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5
 PART I

HHA COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSIC. ANESTHET.	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	
	17	18	20	24	25	26	27	28	
1 ADMINISTRATIVE AND GENERAL					271703		271703		1
2 SKILLED NURSING CARE					1092963		1092963	165601	2
3 PHYSICAL THERAPY					524699		524699	79500	3
4 OCCUPATIONAL THERAPY					36299		36299	5500	4
5 SPEECH PATHOLOGY					25577		25577	3875	5
6 MEDICAL SOCIAL SERVICES					6194		6194	938	6
7 HOME HEALTH AIDE					102664		102664	15555	7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC					4847		4847	734	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					2064946		2064946	271703	20
21 UNIT COST MULTIPLIER								.151515	21

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
PERIOD FROM 05/01/2007 TO 04/30/2008

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7048

WORKSHEET H-5
PART I

HHA COST CENTER	TOTAL HHA COSTS	
	29	
1 ADMINISTRATIVE AND GENERAL		1
2 SKILLED NURSING CARE	1258564	2
3 PHYSICAL THERAPY	604199	3
4 OCCUPATIONAL THERAPY	41799	4
5 SPEECH PATHOLOGY	29452	5
6 MEDICAL SOCIAL SERVICES	7132	6
7 HOME HEALTH AIDE	118219	7
8 SUPPLIES		8
9 DRUGS		9
9.20 COST OF ADMINISTERING VACC	5581	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	2064946	20
21 UNIT COST MULTIPLIER		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

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 GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	5	6A	6	8	
1 ADMINISTRATIVE AND GENERAL	762		762	44242	349486		190788	762	1
2 SKILLED NURSING CARE				1527	468408		958571		2
3 PHYSICAL THERAPY				226	243192		460181		3
4 OCCUPATIONAL THERAPY					15779		31836		4
5 SPEECH PATHOLOGY					11154		22432		5
6 MEDICAL SOCIAL SERVICES					3018		5432		6
7 HOME HEALTH AIDE					46463		90040		7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC							4251		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	762		762	45995	1137500		1763531	762	20
21 TOTAL COST TO BE ALLOCATED	1516		10234	46904	435882		247249	27588	21
22 UNIT COST MULTIPLIER	1.989501		13.430446		.383193		.140201		22
22 UNIT COST MULTIPLIER				1.019763				36.204724	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5
 PART II

HHA COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	PHARMACY COSTED REQUIS.	MEDICAL RECORDS & LIBRARY TIME SPENT
	9	10	11	12	14	15	16	17
1 ADMINISTRATIVE AND GENERAL			992					
2 SKILLED NURSING CARE								1
3 PHYSICAL THERAPY								2
4 OCCUPATIONAL THERAPY								3
5 SPEECH PATHOLOGY								4
6 MEDICAL SOCIAL SERVICES								5
7 HOME HEALTH AIDE								6
8 SUPPLIES								7
9 DRUGS								8
9.20 COST OF ADMINISTERING VACC								9
10 DME								9.20
11 HOME DIALYSIS AIDE SERVICE								10
12 RESPIRATORY THERAPY								11
13 PRIVATE DUTY NURSING								12
14 CLINIC								13
15 HEALTH PROMOTION ACTIVITIE								14
16 DAY CARE PROGRAM								15
17 HOME DELIVERED MEALS PROGR								16
18 HOMEMAKER SERVICE								17
19 ALL OTHERS								18
19.50 TELEMEDICINE								19
20 TOTALS			992					19.50
21 TOTAL COST TO BE ALLOCATED			26578					20
22 UNIT COST MULTIPLIER								21
22 UNIT COST MULTIPLIER			26.792339					22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7048

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL	NONPHYSIC.	PARAMED	
	SERVICE	ANESTHET.	EDUCATION	
	TIME	ASSIGNED	ASSIGNED	
	SPENT	TIME	TIME	
	18	20	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.: 14-7048

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	1258564		1258564	5437	231.48	1
2	PHYSICAL THERAPY	3	604199		604199	3683	164.05	2
3	OCCUPATIONAL THERAPY	4	41799		41799	204	204.90	3
4	SPEECH PATHOLOGY	5	29452		29452	114	258.35	4
5	MEDICAL SOCIAL SERV	6	7132		7132	63	113.21	5
6	HOME HEALTH AIDE SERV	7	118219		118219	724	163.29	6
7	TOTAL		2059365		2059365	10225		7
LIMITATION COST COMPUTATION			MSA NO.				PROGRAM COST LIMITS	
PATIENT SERVICES			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		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		22914	22914	43010	.532760	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20	5581		5581	4995	1.117317	16.20
PER BENEFICIARY COST LIMITATION:						MSA NO.	AMOUNT	
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-6
 PARTS I & II
 (CONTINUED)

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		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
		6	7	8	9	10	11			
1	SKILLED NURSING CARE	2325	1411		538191	326618		864809	1	
2	PHYSICAL THERAPY	2002	860		328428	141083		469511	2	
3	OCCUPATIONAL THERAPY	138	48		28276	9835		38111	3	
4	SPEECH PATHOLOGY	66	40		17051	10334		27385	4	
5	MEDICAL SOCIAL SERV	32	21		3623	2377		6000	5	
6	HOME HEALTH AIDE SERV	453	243		73970	39679		113649	6	
7	TOTAL	5016	2623		989539	529926		1519465	7	

LIMITATION COST COMPUTATION		PROGRAM VISITS				COST OF SERVICES				TOTAL PROGRAM COST
		PART B		PART B		PART B		TOTAL PROGRAM COST		
PATIENT SERVICES		PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR	PART A	NOT SUBJ TO DEDUCTIBLES & COINSUR	SUBJECT TO DEDUCTIBLES & COINSUR			
		6	7	8	9	10	11			
8	SKILLED NURSING CARE								8	
9	PHYSICAL THERAPY								9	
10	OCCUPATIONAL THERAPY								10	
11	SPEECH PATHOLOGY								11	
12	MEDICAL SOCIAL SERV								12	
13	HOME HEALTH AIDE SERV								13	
14	TOTAL								14	

SUPPLIES AND DRUGS COST COMPUTATIONS		PROGRAM COVERED CHARGES				COST OF SERVICES			
		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.		PART B DEDUCT. & COINSUR.	
OTHER PATIENT SERVICES		PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED	NOT SUBJECT TO	PART A	FEE REIMBURSED
		6	7	8	9	10	10.01	11	11
15	COST OF MEDICAL SUPPLIES	2527		7.01	3092	1346			1647
16	COST OF DRUGS								16
16.20	COST OF ADMINISTERING VA		4117				4600		16.20

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7048

WORKSHEET H-6
 PARTS II & III

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

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.694632			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.623603			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	1.358917			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.532761	43010	22914	COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.467535			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY	164.05	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	204.90						2
3	SPEECH PATHOLOGY	258.35						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7048

WORKSHEET H-7
 PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] 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	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES		4600		1
2 TOTAL CHARGES	961528	504535		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	961528	504535		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	961528	499935		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				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	821445	443143	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	6945	7411	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	9610	8383	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	5911	3852	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			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)		6	11
12 SUBTOTAL	843911	467383	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	843911	467383	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	843911	467383	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	843911	467383	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	843911	467383	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	843911	467383	24
25 TOTAL INTERIM PAYMENTS	843910	466898	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM	1	485	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.: 14-7048

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		843910		466898
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		843910		466898
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROGRAM .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1	485	6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		843911		467383

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

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							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL	461	37	56	2465	3127	6146	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES				17500		17500	9
10 NURSING CARE	53670	4302	6524	2150		66646	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY							11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	44727	3585	5437			53749	14
15 SPIRITUAL COUNSELING	6684	536	812			8032	15
16 DIETARY COUNSELING					43	43	16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER	17172	1376	2087	41116		61751	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					20446	20446	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					15100	15100	21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES					1288	1288	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							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	122714	9836	14916	63231	40004	250701	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1570

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					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL	-37	6109	-1351	4758	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		17500	-17500		9
10 NURSING CARE	-4302	62344	-11881	50463	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES	-3585	50164		50164	14
15 SPIRITUAL COUNSELING	-536	7496		7496	15
16 DIETARY COUNSELING		43		43	16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER	-1376	60375	-26138	34237	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		20446		20446	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		15100		15100	21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		1288		1288	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					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	-9836	240865	-56870	183995	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1570

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									1
2									2
3									3
4									4
5									5
6		461							461
7									7
8									8
9									9
10					53670				53670
10.20									10.20
11									11
12									12
13									13
14			44727						44727
15							6684		6684
16									16
17									17
18							17172		17172
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34		461	44727		53670		17172	6684	122714

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1570

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								37
8	INPATIENT CARE SERVICE								37
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								4302
14	NURSING CARE-CONT.HOME CARE								4302
15	PHYSICAL THERAPY								10.20
16	OCCUPATIONAL THERAPY								11
17	SPEECH/LANGUAGE PATHOLOGY								12
18	MEDICAL SOCIAL SERVICES								13
19	SPIRITUAL COUNSELING								3585
20	DIETARY COUNSELING								536
21	COUNSELING - OTHER								536
22	HH AIDE AND HOMEMAKER								1376
23	HH AIDE & HMKR-CONT.HME CARE								1376
24	OTHER								18.20
25	OTHER HOSPICE SERVICE COSTS								19
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								37
			3585		4302		1376	536	9836

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1570 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.								
3	CAP REL COSTS-MOVABLE EQUIP.								
4	PLANT OPERATION & MAINT.								
5	TRANSPORTATION - STAFF								
6	VOLUNTEER SERVICE COORD.								
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								
10	INPATIENT - RESPITE CARE								
11	VISITING SERVICES								
12	17500							2465	2465
13	PHYSICIAN SERVICES								
14	NURSING CARE								
15	NURSING CARE-CONT.HOME CARE								
16	PHYSICAL THERAPY								
17	OCCUPATIONAL THERAPY								
18	SPEECH/LANGUAGE PATHOLOGY								
19	MEDICAL SOCIAL SERVICES								
20	SPIRITUAL COUNSELING								
21	DIETARY COUNSELING								
22	COUNSELING - OTHER								
23	HH AIDE AND HOMEMAKER								
24	HH AIDE & HMKR-CONT.HME CARE								
25	OTHER								
26	OTHER HOSPICE SERVICE COSTS								
27	DRUGS, BIOL. & INFUS. THER.								
28	ANALGESICS								
29	SEDATIVES / HYPNOTICS								
30	OTHER - SPECIFY								
31	DURABLE MED. EQUIP./OXYGEN								
32	PATIENT TRANSPORTATION								
33	IMAGING SERVICES								
34	LABS AND DIAGNOSTICS								
35	MEDICAL SUPPLIES								
36	OUTPAT.SERV.(INCL.E/R DEPT.)								
37	RADIATION THERAPY								
38	CHEMOTHERAPY								
39	OTHER								
40	HOSPICE NONREIMBURSABLE SERVICE								
41	BEREAVEMENT PROGRAM COSTS								
42	VOLUNTEER PROGRAM COSTS								
43	FUNDRAISING								
44	OTHER PROGRAM COSTS								
45	17500				2150		41116	2465	63231
46	TOTAL								

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1570

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
	0	1	2	3	4	5			
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								4	
5 VOLUNTEER SERVICE COORD.								5	
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	4758						4758	4758	
7 INPATIENT - GENERAL CARE								7	
8 INPATIENT - RESPITE CARE								8	
9 VISITING SERVICES PHYSICIAN SERVICES								9	
10 NURSING CARE	50463						50463	1339	
10.20 NURSING CARE-CONTINUOUS HOME								51802	
11 PHYSICAL THERAPY								10	
12 OCCUPATIONAL THERAPY								10.20	
13 SPEECH/LANGUAGE PATHOLOGY								11	
14 MEDICAL SOCIAL SERVICES	50164						50164	12	
15 SPIRITUAL COUNSELING	7496						7496	13	
16 DIETARY COUNSELING	43						43	14	
17 COUNSELING - OTHER								199	
18 HH AIDE AND HOMEMAKER	34237						34237	1	
18.20 HH AIDE & HMKR-CONT. HOME CA								44	
19 OTHER								16	
OTHER HOSPICE SERVICE COSTS								17	
20 DRUGS, BIOL. & INFUS. THER.	20446						20446	909	
20.30 ANALGESICS								35146	
20.31 SEDATIVES / HYPNOTICS								18	
20.32 OTHER - SPECIFY								18.20	
21 DURABLE MED. EQUIP./OXYGEN	15100						15100	19	
22 PATIENT TRANSPORTATION								20	
23 IMAGING SERVICES								20.30	
24 LABS AND DIAGNOSTICS								20.31	
25 MEDICAL SUPPLIES	1288						1288	20.32	
26 OUTPAT.SERV.(INCL.E/R DEPT.)								21	
27 RADIATION THERAPY								22	
28 CHEMOTHERAPY								23	
29 OTHER								24	
HOSPICE NONREIMBURSABLE SERV.								25	
30 BEREAVEMENT PROGRAM COSTS								26	
31 VOLUNTEER PROGRAM COSTS								27	
32 FUNDRAISING								28	
33 OTHER PROGRAM COSTS								28	
34 COST TO BE ALLOCATED	183995						183995	34	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	TOTAL HOSPICE COSTS 29	
1 ADMINISTRATIVE AND GENERAL		1
2 INPATIENT - GENERAL CARE		2
3 INPATIENT - RESPITE CARE		3
4 PHYSICIAN SERVICES		4
5 NURSING CARE	86690	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	82219	9
10 SPIRITUAL COUNSELING	12286	10
11 DIETARY COUNSELING	53	11
12 COUNSELING - OTHER		12
13 HOME HLTH AIDE & HOMEMAKERS	49984	13
13.20 HH AIDE & HMKR-CONT. HOME C		13.20
14 OTHER		14
15 DRUGS,BIOLOGICALS & INFUSIO	25143	15
15.30 ANALGESICS		15.30
15.31 SEDATIVES / HYPNOTICS		15.31
15.32 OTHER - SPECIFY		15.32
16 DURABLE MED. EQUIP./OXYGEN	18569	16
17 PATIENT TRANSPORTATION		17
18 IMAGING SERVICES		18
19 LABS AND DIAGNOSTICS		19
20 MEDICAL SUPPLIES	1583	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 TOTALS	276527	29
30 UNIT COST MULTIPLIER		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

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 GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	
	1	2	3	4	5	6A	6	8	
1 ADMINISTRATIVE AND GENERAL	220		220		461		3570	220	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE					53670		72368		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					44727		68635		9
10 SPIRITUAL COUNSELING					6684		10256		10
11 DIETARY COUNSELING							44		11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS					17172		41726		13
13.20 HH AIDE & HMKR-CONT. HOME C									13.20
14 OTHER									14
15 DRUGS,BIOLOGICALS & INFUSIO							20989		15
15.30 ANALGESICS									15.30
15.31 SEDATIVES / HYPNOTICS									15.31
15.32 OTHER - SPECIFY									15.32
16 DURABLE MED. EQUIP./OXYGEN							15501		16
17 PATIENT TRANSPORTATION									17
18 IMAGING SERVICES									18
19 LABS AND DIAGNOSTICS									19
20 MEDICAL SUPPLIES							1322		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	220		220		122714		234411	220	29
30 TOTAL COST TO BE ALLOCATED	438		2955		47023		32865	7965	30
31 UNIT COST MULTIPLIER	1.990909		13.431818		.383192		.140202		31
31 UNIT COST MULTIPLIER								36.204545	31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1570

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
1 ADMINISTRATIVE AND GENERAL		48						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		48						29
30 TOTAL COST TO BE ALLOCATED		1286						30
31 UNIT COST MULTIPLIER								31
31 UNIT COST MULTIPLIER		26.791667						31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1570
 STATISTICAL BASIS

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	SOCIAL	NONPHYSIC.	PARAMED	
	SERVICE	ANESTHET.	EDUCATION	
	TIME	ASSIGNED	ASSIGNED	
	SPENT	TIME	TIME	
	18	20	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. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
08/11/2008 23:06

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1570

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	0.694632		1
2	OCCUPATIONAL THERAPY	51	0.623603		2
3	SPEECH/LANGUAGE PATHOLOGY	52	1.358917		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.467535		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.194804		6
7	MEDICAL SUPPLIES	55	0.532761		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.465277		8
9	RADIATION THERAPY	41	0.219070		9
9.01	MAGNETIC RESONANCE IMAGING MRI	41.01	0.306696		9.01
10	CARDIAC REHAB	59	0.183322		10
10.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.01	4.242999		10.01
11	TOTALS				11

PROVIDER NO. 14-0110 COMMUNITY HOSPITAL OF OTTAWA
PERIOD FROM 05/01/2007 TO 04/30/2008

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

VERSION: 2007.06
08/11/2008 23:06

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1570

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				276527	1
2 TOTAL UNDUPLICATED DAYS				3604	2
3 AGGREGATE COST PER DIEM				76.73	3
4 UNDUPLICATED MEDICARE DAYS	3266				4
5 AGGREGATE MEDICARE COST	250600				5
6 UNDUPLICATED MEDICAID DAYS		113			6
7 AGGREGATE MEDICAID COST		8670			7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			225		12
13 AGGREGATE COST FOR OTHER DAYS			17264		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0110)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	724274			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	2789			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0259			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I				5.01
5.02	SUM OF LINES 5 AND 5.01				5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE				5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT				5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	727063			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
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
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MAGNETIC RESONANCE IMAGING MRI					41.01
44 LABORATORY					44
48 INTRAVENOUS THERAPY					48
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58 ASC (NON-DISTINCT PART)					58
59 CARDIAC REHAB					59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI					59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
94 HOMEMAKER					94
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
00 MEALS ON WHEELS					00
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	47.40		13.48				60.88 25
26 INTENSIVE CARE UNIT	60.48		6.24				66.72 26
33 NURSERY			60.32				60.32 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	14.41	13.56	4.31				32.28 37
38 RECOVERY ROOM	9.28	10.69	3.10				23.07 38
39 DELIVERY ROOM & LABOR ROOM	0.54	0.53	94.99				96.06 39
40 ANESTHESIOLOGY	11.18	11.99	5.63				28.80 40
41 RADIOLOGY-DIAGNOSTIC	12.82	16.56	1.67				31.05 41
41.01 MAGNETIC RESONANCE IMAGING MRI	3.58	15.36	0.50				19.44 41.01
44 LABORATORY	18.70	0.98	2.99				22.67 44
48 INTRAVENOUS THERAPY	37.49	4.87	10.13				52.49 48
49 RESPIRATORY THERAPY	57.63	4.19	5.49				67.31 49
50 PHYSICAL THERAPY	11.77	9.55	0.53				21.85 50
51 OCCUPATIONAL THERAPY	8.53	1.15	0.28				9.96 51
52 SPEECH PATHOLOGY		22.40					22.40 52
53 ELECTROCARDIOLOGY	29.49	12.84	2.49				44.82 53
54 ELECTROENCEPHALOGRAPHY	24.04	8.92	0.86				33.82 54
55 MEDICAL SUPPLIES CHARGED TO PAT	27.19	15.78	10.75				53.72 55
56 DRUGS CHARGED TO PATIENTS	31.76	10.18	6.05				47.99 56
58 ASC (NON-DISTINCT PART)	6.68	30.23	0.79				37.70 58
59 CARDIAC REHAB	3.22	22.49	0.52				26.23 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI		49.78					49.78 59.01
61 EMERGENCY	14.12	8.38	2.31				24.81 61
62 OBSERVATION BEDS (NON-DISTINCT		24.00					24.00 62
101 TOTAL CHARGES	14.88	10.45	2.98				28.31 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	30.13		31.84				61.97 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
39 DELIVERY ROOM & LABOR ROOM	0.02		0.01				0.03 39
41 RADIOLOGY-DIAGNOSTIC	0.35		0.24				0.59 41
41.01 MAGNETIC RESONANCE IMAGING MRI	0.05		0.60				0.65 41.01
44 LABORATORY	1.97		3.66				5.63 44
48 INTRAVENOUS THERAPY	0.14		0.07				0.21 48
49 RESPIRATORY THERAPY	0.67		0.55				1.22 49
50 PHYSICAL THERAPY	0.28		0.17				0.45 50
53 ELECTROCARDIOLOGY	2.74		4.09				6.83 53
54 ELECTROENCEPHALOGRAPHY	2.93		7.57				10.50 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.41		0.12				0.53 55
56 DRUGS CHARGED TO PATIENTS	4.56		5.20				9.76 56
58 ASC (NON-DISTINCT PART)	0.11						0.11 58
59 CARDIAC REHAB			0.04				0.04 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	0.23						0.23 59.01
61 EMERGENCY	1.61		3.45				5.06 61
101 TOTAL CHARGES	0.82		1.25				2.07 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	351118	.60	-351118	-1.18			1
2	OLD CAP REL COSTS-MVBLE EQUIP	699		-699				2
3	NEW CAP REL COSTS-BLDG & FIXT	2370861	4.04	-2370861	-7.96			3
4	NEW CAP REL COSTS-MVBLE EQUIP	2355939	4.02	-2355939	-7.91			4
5	EMPLOYEE BENEFITS	10313308	17.59	-10313308	-34.63			5
6	ADMINISTRATIVE & GENERAL	5659094	9.65	-5659094	-19.00			6
8	OPERATION OF PLANT	2837663	4.84	-2837663	-9.53			8
9	LAUNDRY & LINEN SERVICE	294530	.50	-294530	-.99			9
10	HOUSEKEEPING	827334	1.41	-827334	-2.78			10
11	DIETARY	1059029	1.81	-1059029	-3.56			11
12	CAFETERIA							12
14	NURSING ADMINISTRATION	1113352	1.90	-1113352	-3.74			14
15	CENTRAL SERVICES & SUPPLY	289264	.49	-289264	-.97			15
16	PHARMACY	757739	1.29	-757739	-2.54			16
17	MEDICAL RECORDS & LIBRARY	1320090	2.25	-1320090	-4.43			17
18	SOCIAL SERVICE	134806	.23	-134806	-.45			18
20	NONPHYSICIAN ANESTHETISTS							20
24	PARAMED ED PRGM-(SPECIFY)	96071	.16	-96071	-.32			24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	2709111	4.62	4193460	14.08	6902571	11.77	25
26	INTENSIVE CARE UNIT	691846	1.18	772266	2.59	1464112	2.50	26
31	SUBPROVIDER I	2012407	3.43	2629391	8.83	4641798	7.92	31
33	NURSERY	216415	.37	233085	.78	449500	.77	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	2883976	4.92	1827527	6.14	4711503	8.04	37
38	RECOVERY ROOM	160195	.27	177762	.60	337957	.58	38
39	DELIVERY ROOM & LABOR ROOM	135810	.23	162659	.55	298469	.51	39
40	ANESTHESIOLOGY	516620	.88	529893	1.78	1046513	1.79	40
41	RADIOLOGY-DIAGNOSTIC	2782948	4.75	3218369	10.81	6001317	10.24	41
41.01	MAGNETIC RESONANCE IMAGING MRI	892043	1.52	469883	1.58	1361926	2.32	41.01
44	LABORATORY	2656144	4.53	1188234	3.99	3844378	6.56	44
48	INTRAVENOUS THERAPY	582443	.99	331631	1.11	914074	1.56	48
49	RESPIRATORY THERAPY	727428	1.24	489738	1.64	1217166	2.08	49
50	PHYSICAL THERAPY	1661018	2.83	1911820	6.42	3572838	6.09	50
51	OCCUPATIONAL THERAPY	138962	.24	172223	.58	311185	.53	51
52	SPEECH PATHOLOGY	161144	.27	159756	.54	320900	.55	52
53	ELECTROCARDIOLOGY	142750	.24	166487	.56	309237	.53	53
54	ELECTROENCEPHALOGRAPHY	38712	.07	30579	.10	69291	.12	54
55	MEDICAL SUPPLIES CHARGED TO PAT	251796	.43	455093	1.53	706889	1.21	55
56	DRUGS CHARGED TO PATIENTS	1476217	2.52	1612857	5.42	3089074	5.27	56
58	ASC (NON-DISTINCT PART)	2106020	3.59	3094222	10.39	5200242	8.87	58
59	CARDIAC REHAB	75696	.13	40029	.13	115725	.20	59
59.01	PSYCHIATRIC/PSYCHOLOGICAL SERVI	896299	1.53	2654943	8.91	3551242	6.06	59.01
61	EMERGENCY	3027215	5.16	1969253	6.61	4996468	8.52	61
62	OBSERVATION BEDS (NON-DISTINCT							62
OTHER REIMBURSABLE COST CENTERS								
OUTPATIENT SERVICE COST CENTERS								
71	HOME HEALTH AGENCY	1268995	2.16	795951	2.67	2064946	3.52	71

COST CENTER		--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
SPECIAL PURPOSE COST CENTERS								
93	HOSPICE	183995	.31	92532	.31	276527	.47	93
94	HOMEMAKER	240348	.41	133011	.45	373359	.64	94
NONREIMBURSABLE COST CENTERS								
96	GIFT, FLOWER, COFFEE SHOP & CAN			40555	.14	40555	.07	96
98	PHYSICIANS' PRIVATE OFFICES	207371	.35	227688	.76	435059	.74	98
100	MEALS ON WHEELS							100
101	CROSS FOOT ADJUSTMENTS							101
102	NEGATIVE COST CENTER							102
103	TOTAL	58624821	100.00	0	.00	58624821	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE
	RELATED		CAPITAL		PROGRAM
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL
	1	2	CHARGES	4	COSTS
			3		5
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	405349	13378357	.030298	1928403	58427 37
38 RECOVERY ROOM	20505	1485495	.013804	137860	1903 38
39 DELIVERY ROOM & LABOR ROOM	26454	658338	.040183	3568	144 39
40 ANESTHESIOLOGY	61886	2631249	.023519	294258	6921 40
41 RADIOLOGY-DIAGNOSTIC	869539	27394531	.031741	3512318	111485 41
41.01 MAGNETIC RESONANCE IMAGING MRI	270120	4440644	.060829	158935	9668 41.01
44 LABORATORY	208556	19734642	.010568	3691132	39008 44
48 INTRAVENOUS THERAPY	17606	2054164	.008571	770144	6601 48
49 RESPIRATORY THERAPY	73263	6088420	.012033	3508889	42222 49
50 PHYSICAL THERAPY	428200	5143494	.083251	605615	50418 50
51 OCCUPATIONAL THERAPY	23131	499011	.046354	42543	1972 51
52 SPEECH PATHOLOGY	27262	236144	.115446		52
53 ELECTROCARDIOLOGY	11478	1582218	.007254	466608	3384 53
54 ELECTROENCEPHALOGRAPHY	3100	52670	.058857	12662	746 54
55 MEDICAL SUPPLIES CHARGED TO PAT	70192	1326840	.052901	360707	19081 55
56 DRUGS CHARGED TO PATIENTS	128841	6607149	.019500	2098694	40924 56
58 ASC (NON-DISTINCT PART)	546528	7571442	.072182	505408	36481 58
59 CARDIAC REHAB	8678	631265	.013747	20357	280 59
59.01 PSYCHIATRIC/PSYCHOLOGICAL SERVI	466493	836965	.557363		59.01
OUTPATIENT SERVICE COST CENTERS					
61 EMERGENCY	175347	10738694	.016329	1516790	24768 61
62 OBSERVATION BEDS (NON-DISTINCT	76906	1410784	.054513		62
101 TOTAL	3919434	114502516		19634891	454433 101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	567204		567204	10178	55.72	4824	268793 25
26	INTENSIVE CARE UNIT	85830		85830	1073	79.99	649	51914 26
101	TOTAL	653034		653034			5473	320707 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							320707	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							454433	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							775140	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)						1540		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)						5473		
PER DISCHARGE CAPITAL COSTS							503.34	
PER DIEM CAPITAL COSTS							141.63	

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)	9502673
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	24523336
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.387

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))	1763787
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	2669392
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.661

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)	775140
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.032

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	9995260
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (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)	19989389
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.500