

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY OLYMPIA FIELDS OSTEOPATHIC HOSPITAL (14-0172) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL			4	
2	SUBPROVIDER I	-614934	71143	2459906	1
2.01	SUBPROVIDER II	107355		215761	2.01
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	-507579	71143	2675667	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
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
28.03	STAFFING	0.00	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
31.02	IS THIS A RURAL HOSPITAL SUB II QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.02

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER II (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35.01

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

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

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:		40.01
40.02	STREET:	P.O.BOX:			40.02
40.03	CITY:	STATE:	ZIP CODE:		40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
		1	2	3	4	5	
47	HOSPITAL	N	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
48.01	SUBPROVIDER II	N	N	N	N	N	48.01
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?	NO					52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.	NO					52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.						53
53.01	MDH PERIOD: BEGINNING: ENDING:						53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 2229754 PAID LOSSES: AND/OR SELF INSURANCE:						54
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	NO					54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS		
	12	13	14	15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		10479	4235	23433	1
2	HMO XIX					2
2.01	HMO (IRF PPS Sub)					2.01
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		10479	4235	23433	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
14.01	REHAB		404	21	528	14.01
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	105180922	325184	105506106	3805063.00	27.73		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	298667		298667	3640.00	82.05		4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R	6754939		6754939	166400.00	40.59		6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	7947999	-198029	7749970	292428.00	26.50		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	14799832		14799832	336709.00	43.95		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	551311		551311	4189.00	131.61		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS	10934837		10934837	221654.00	49.33		11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	23709476		23709476			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	1865189		1865189			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A	48589		48589			CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						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	1984136		1984136	81764.00	24.27		21
22 ADMINISTRATIVE & GENERAL	11587516	-4898	11582618	474625.00	24.40		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	737887		737887	4068.00	181.39		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	4077983		4077983	176381.00	23.12		24
25 LAUNDRY & LINEN SERVICE	221501		221501	14954.00	14.81		25
26 HOUSEKEEPING	2323836		2323836	187232.00	12.41		26
26.01 HOUSEKEEPING UNDER CONTRACT	394117		394117	10451.00	37.71		26.01
27 DIETARY	2695773	-1901297	794476	54806.00	14.50		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1895814	1895814	130778.00	14.50		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1862993		1862993	50010.00	37.25		30
31 CENTRAL SERVICES AND SUPPLY	796258		796258	54238.00	14.68		31
32 PHARMACY	2220683		2220683	63691.00	34.87		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2453723		2453723	113679.00	21.58		33
34 SOCIAL SERVICE		533594	533594	19409.00	27.49		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	99557987	325184	99883171	3653182.00	27.34		1
2 EXCLUDED AREA SALARIES	7947999	-198029	7749970	292428.00	26.50		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	91609988	523213	92133201	3360754.00	27.41		3
4 SUBTOTAL OTHER WAGES & REL COSTS	26285980		26285980	562552.00	46.73		4
5 SUBTOTAL WAGE-RELATED COSTS	23758065		23758065		25.79%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	141654033	523213	142177246	3923306.00	36.24		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	31356406	523213	31879619	1436086.00	22.20		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6038		283	6321	1
2 UNDUPLICATED CENSUS COUNT		1294.00		439.00	1769.00	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	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	10.49		10.49	5
6 DIRECT NURSING SERVICE	23.41		23.41	6
7 NURSING SUPERVISOR	1.13		1.13	7
8 PHYSICAL THERAPY SERVICE		6.99	6.99	8
9 PHYSICAL THERAPY SUPERVISOR	.49		.49	9
10 OCCUPATIONAL THERAPY SERVICE		1.64	1.64	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.13		.13	11
12 SPEECH PATHOLOGY SERVICE	.21		.21	12
13 SPEECH PATHOLOGY SUPERVISOR	.02		.02	13
14 MEDICAL SOCIAL SERVICE		.25	.25	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR	.01		.01	15
16 HOME HEALTH AIDE	5.60		5.60	16
17 HOME HEALTH AIDE SUPERVISOR	.32		.32	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	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		1600		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7267

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	SKILLED NURSING VISITS	16133	246	218		20	16617	21
22	SKILLED NURSING VISIT CHARGES	2971605	45160	40270		3550	3060585	22
23	PHYSICAL THERAPY VISITS	7509	9	113		7	7638	23
24	PHYSICAL THERAPY VISIT CHARGES	1383695	1655	20905		1225	1407480	24
25	OCCUPATIONAL THERAPY VISITS	2119	3	49		1	2172	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	389985	535	9065		175	399760	26
27	SPEECH PATHOLOGY VISITS	166		1			167	27
28	SPEECH PATHOLOGY VISIT CHARGES	30600		185			30785	28
29	MEDICAL SOCIAL SERVICE VISITS	259	2	9			270	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	59480	455	2070			62005	30
31	HOME HEALTH AIDE VISITS	5956	4	78			6038	31
32	HOME HEALTH AIDE VISIT CHARGES	621050	410	8190			629650	32
33	TOTAL VISITS	32142	264	468		28	32902	33
34	OTHER CHARGES							34
35	TOTAL CHARGES	5456415	48215	80685		4950	5590265	35
36	TOTAL NUMBER OF EPISODES	1739	99	36		1	1875	36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES	136573	6418	1033		390	144414	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

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	41086836 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	41086836 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.295451 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	147679631 28
29	TOTAL GROSS MEDICAID COST	43632095 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	56233943 30
31	UNCOMPENSATED CARE COST	16614375 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	43632095 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						11282	11282	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		15299527	15299527	-8299539	6999988	1224283	8224271	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10170161	10170161	11694	10181855	4
5	0500 EMPLOYEE BENEFITS	1984136	-2186068	-201932		-201932	-12606	-214538	5
6	0600 ADMINISTRATIVE & GENERAL	11587516	86440090	98027606	-2332911	95694695	-26091542	69603153	6
8	0800 OPERATION OF PLANT	4077983	10599519	14677502	-47504	14629998	-321218	14308780	8
9	0900 LAUNDRY & LINEN SERVICE	221501	1743511	1965012		1965012		1965012	9
10	1000 HOUSEKEEPING	2323836	2834792	5158628	-8511	5150117		5150117	10
11	1100 DIETARY	2695773	3113065	5808838	-4108822	1700016	-53735	1646281	11
12	1200 CAFETERIA				4056652	4056652	-1438641	2618011	12
14	1400 NURSING ADMINISTRATION	1862993	1249860	3112853	-470525	2642328	-14906	2627422	14
15	1500 CENTRAL SERVICES & SUPPLY	796258	3994007	4790265	-3500723	1289542	-1157680	131862	15
16	1600 PHARMACY	2220683	11080262	13300945	-9656442	3644503	111153	3755656	16
17	1700 MEDICAL RECORDS & LIBRARY	2453723	1136766	3590489	1800	3592289	-28916	3563373	17
18	1800 SOCIAL SERVICE				683000	683000		683000	18
22	2200 I&R SERVICES-SALARY & FRINGES A		6989533	6989533		6989533		6989533	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)	127840	94043	221883	-110942	110941	-32448	78493	24
24.01	2401 RADIOLOGY PARAMEDICAL INPATIENT ROUTINE SERV COST CENTERS								24.01
25	2500 ADULTS & PEDIATRICS	28340669	10294537	38635206	-1180465	37454741	-446126	37008615	25
26	2600 INTENSIVE CARE UNIT	7138369	3319736	10458105	72000	10530105	-31108	10498997	26
31.01	3101 REHAB	1814085	608283	2422368	30000	2452368	-8702	2443666	31.01
33	3300 NURSERY ANCILLARY SERVICE COST CENTERS				1583760	1583760		1583760	33
37	3700 OPERATING ROOM	5093368	16428920	21522288	-484550	21037738	-144395	20893343	37
37.01	3701 SURGICENTER	52166	3046591	3098757		3098757	89193	3187950	37.01
38	3800 RECOVERY ROOM	1513674	479873	1993547		1993547		1993547	38
40	4000 ANESTHESIOLOGY	101511	9562207	9663718		9663718	-8968909	694809	40
41	4100 RADIOLOGY-DIAGNOSTIC	3823657	1467198	5290855	-240098	5050757	-69949	4980808	41
41.01	4101 TCT SCAN	982776	1533801	2516577	99891	2616468	-1056048	1560420	41.01
41.02	4102 MRI	599118	768925	1368043	65253	1433296	-189745	1243551	41.02
42	4200 RADIOLOGY-THERAPEUTIC	1071535	418531	1490066		1490066		1490066	42
43	4300 RADIOISOTOPE	1130224	1770665	2900889	53657	2954546	-5505	2949041	43
44	4400 LABORATORY		12074444	12074444	48000	12122444	-25731	12096713	44
49	4900 RESPIRATORY THERAPY	2559722	1207667	3767389	-41345	3726044		3726044	49
49.01	4901 SLEEP LAB	171781	65543	237324	15521	252845	-5540	247305	49.01
50	5000 PHYSICAL THERAPY		2231504	2231504		2231504		2231504	50
50.01	5001 OP PHYSICAL THERAPY		985372	985372		985372	-145	985227	50.01
51	5100 OCCUPATIONAL THERAPY		1073251	1073251		1073251		1073251	51
52	5200 SPEECH PATHOLOGY	256361	77270	333631		333631		333631	52
53	5300 ELECTROCARDIOLOGY	1241280	793880	2035160	173986	2209146	-80672	2128474	53
53.01	3950 CARDIAC REHABILITATION	532249	174519	706768		706768		706768	53.01
53.02	5301 CATH LAB	1410420	3433903	4844323	47400	4891723	-13748	4877975	53.02
53.03	5302 INTERVENTIONAL CARD	530200	3696728	4226928	-107	4226821		4226821	53.03
54	5400 ELECTROENCEPHALOGRAPHY	58515	25989	84504	10000	94504	-1480	93024	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				3500723	3500723		3500723	55
56	5600 DRUGS CHARGED TO PATIENTS				9656442	9656442	-8100	9648342	56
57	5700 RENAL DIALYSIS		1536366	1536366		1536366		1536366	57
58	5800 ASC (NON-DISTINCT PART)	2271445	698782	2970227		2970227		2970227	58
59	3951 WOUND CARE	375335	614520	989855		989855	-132882	856973	59
59.01	3952 OP ONCOLOGY	349840	1211103	470943		470943	-5950	464993	59.01
	OUTPATIENT SERVICE COST CENTERS								
60.01	6001 PARTIAL HOSPITALIZATION								60.01
61	6100 EMERGENCY	7404306	4834316	12238622	215000	12453622	-1131532	11322090	61
62	6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	2988299	2152980	5141279	-178677	4962602	-45478	4917124	71
93	9300 HOSPICE	85466	70786	156252		156252		156252	93
95	SUBTOTALS	102248613	227957097	330205710	-177915	330027795	-40075832	289951963	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	18381	20943	39324		39324		39324	96
97	9700 RESEARCH	115711	44645	160356		160356		160356	97
98	9800 PHYSICIANS' PRIVATE OFFICES	2798217	9770668	12568885	166184	12735069	-2166739	10568330	98
99	9900 NONPAID WORKERS				11731	11731		11731	99
100	7950 OTHER NONREIMBURSABLE COST CENT								100
100.01	7951 SENIOR FRIENDS								100.01
100.02	7952 OTHER NONREIMBURSABLE COST CENT								100.02
100.03	7953 OTHER NONREIMBURSABLE COST CENT								100.03
101	TOTAL	105180922	237793353	342974275		342974275	-42242571	300731704	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RENT/LEASE EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		123991
2	A	NEW CAP REL COSTS-MVBLE EQUIP	4		1667944
3	A	MEDICAL RECORDS & LIBRARY	17		1800
4	A	RADIOLOGY-DIAGNOSTIC	41		7749
5	A				
6	A				
7	A				
8	A				
9	A				
10	A				
11	A				
12	A				
13					
14					
15					
16					
17					
18 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		8502217
19					
20 COST OF CHARGEABLE MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO P	55		3500723
21					
22					
23 COST OF DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		9656442
24					
25					
26 SOCIAL SERVICES	E	SOCIAL SERVICE	18	533594	149406
27					
28					
29					
30 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		7120873
31					
32 CAFETERIA COSTS	G	CAFETERIA	12	1895814	2160838
33	G	NONPAID WORKERS	99	5482	6249
34					
35 RADIOLOGY ADMIN COSTS	H	TCT SCAN	41.01	78040	21851
36 SUBTOTAL				2512930	32920083

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 RENT/LEASE EXPENSE	A	ADMINISTRATIVE & GENERAL	6		822831	9 1
2	A	OPERATION OF PLANT	8		47504	9 2
3	A	HOUSEKEEPING	10		8511	3
4	A	DIETARY	11		40439	4
5	A	ADULTS & PEDIATRICS	25		63237	5
6	A	OPERATING ROOM	37		611050	6
7	A	MRI	41.02		79148	7
8	A	RADIOISOTOPE	43		83833	8
9	A	RESPIRATORY THERAPY	49		41345	9
10	A	SLEEP LAB	49.01		3479	10
11	A	INTERVENTIONAL CARD	53.03		107	11
12	A					12
13						13
14						14
15						15
16						16
17						17
18 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		8502217	9 18
19						19
20 COST OF CHARGEABLE MEDICAL SUPPLI	C	CENTRAL SERVICES & SUPPLY	15		3500723	20
21						21
22						22
23 COST OF DRUGS SOLD	D	PHARMACY	16		9656442	23
24						24
25						25
26 SOCIAL SERVICES	E	ADMINISTRATIVE & GENERAL	6	533594	149406	26
27						27
28						28
29						29
30 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		7120873	9 30
31						31
32 CAFETERIA COSTS	G	DIETARY	11	1901297	2167086	32
33	G					33
34						34
35 RADIOLOGY ADMIN COSTS	H	RADIOLOGY-DIAGNOSTIC	41	257648	72141	35
36 SUBTOTAL				2692539	32970372	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----		SALARY	OTHER	
		COST CENTER	LINE #			
	1	2	3	4	5	
1	H	MRI	41.02	72194	20214	1
2	H	RADIOISOTOPE	43	107414	30076	2
3						3
4						4
5						5
6						6
7						7
8	I	RADIOLOGY-DIAGNOSTIC	41		49017	8
9	I	LABORATORY	44		48000	9
10	I	OPERATING ROOM	37		26500	10
11	I	EMERGENCY	61		215000	11
12						12
13	J	ADMINISTRATIVE & GENERAL	6	139591	39086	13
14						14
15						15
16	K	NEW CAP REL COSTS-BLDG & FIXT	3		244871	16
17						17
18						18
19	L	NURSERY	33	1154542	429218	19
20						20
21	M	ADULTS & PEDIATRICS	25		48000	21
22	M	INTENSIVE CARE UNIT	26		72000	22
23	M	REHAB	31.01		30000	23
24	M	OPERATING ROOM	37		100000	24
25	M	RADIOLOGY-DIAGNOSTIC	41		32925	25
26	M	ELECTROCARDIOLOGY	53		173986	26
27	M	SLEEP LAB	49.01		19000	27
28	M	CATH LAB	53.02		47400	28
29	M	ELECTROENCEPHALOGRAPHY	54		10000	29
30						30
31	N	ADMINISTRATIVE & GENERAL	6	325185		31
32						32
33						33
34	O	ADMINISTRATIVE & GENERAL	6	63920	47022	34
35						35
36		SUBTOTAL		4375776	34602398	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	H					1
2	H					2
3						3
4						4
5						5
6						6
7						7
8	I	ADMINISTRATIVE & GENERAL	6		338517	8
9	I					9
10	I					10
11	I					11
12						12
13	J	HOME HEALTH AGENCY	71	139591	39086	13
14						14
15						15
16	K	ADMINISTRATIVE & GENERAL	6		244871	9 16
17						17
18						18
19	L	ADULTS & PEDIATRICS	25	1154542	429218	19
20						20
21	M	ADMINISTRATIVE & GENERAL	6		533311	21
22	M					22
23	M					23
24	M					24
25	M					25
26	M					26
27	M					27
28	M					28
29	M					29
30						30
31	N	ADMINISTRATIVE & GENERAL	6		325185	31
32						32
33						33
34	O	PARAMED ED PRGM-(SPECIFY)	24	63920	47022	34
35						35
36				4050592	34927582	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
			COST CENTER	LINE #	SALARY	OTHER	
2			2	3	4	5	
1							1
2							2
3	AMBULANCE COSTS	Q	ADULTS & PEDIATRICS	25		418532	3
4		Q	MRI	41.02		51993	4
5							5
6	OF POB DEPRECIATION	R	NEW CAP REL COSTS-BLDG & FIXT	3		16587	6
7							7
8	CHICAGO HEGIHTS POB DEPR	S	PHYSICIANS' PRIVATE OFFICES	98		182771	8
9							9
10							10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS					4375776	35272281

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
				LINE #	SALARY	OTHER	
1		1	6	7	8	9	10
2							
3	AMBULANCE COSTS	Q	NURSING ADMINISTRATION	14		470525	
4		Q					
5							
6	OF POB DEPRECIATION	R	PHYSICIANS' PRIVATE OFFICES	98		16587	9
7							
8	CHICAGO HEGIHTS POB DEPR	S	NEW CAP REL COSTS-BLDG & FIXT	3		182771	9
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36	TOTAL RECLASSIFICATIONS				4050592	35597465	36

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	11295314				2024077	9271237		1
2 LAND IMPROVEMENTS	2712164	1330454		1330454		4042618		2
3 BUILDINGS AND FIXTURES	82599039	27811927		27811927		110410966		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	38483771	45071846		45071846		83555617		5
6 MOVABLE EQUIPMENT	58212673	10747505		10747505		68960178		6
7 SUBTOTAL	193302961	84961732		84961732	2024077	276240616		7
8 RECONCILING ITEMS								8
9 TOTAL	193302961	84961732		84961732	2024077	276240616		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.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	11282						11282	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	8224271						8224271	3
4 NEW CAP REL COSTS-MVBLE EQUIP	10181855						10181855	4
5 TOTAL	18417408						18417408	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								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	15299527						15299527	3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	15299527						15299527	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-458473	NEW CAP REL COSTS-BLDG & FIXT	3	9 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES	B	-41658	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)					9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-11193972			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	969215			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-8100	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-28916	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-34395	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	-479865	NEW CAP REL COSTS-BLDG & FIXT	3	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT	A	14694	NEW CAP REL COSTS-MVBLE EQUIP	4	9 32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
	WKST A-8-4				
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				37
37 OTHER REVENUE	B	-120	ADMINISTRATIVE & GENERAL	6	37.03
37.03 OTHER REVENUE	B	-120	ADMINISTRATIVE & GENERAL	6	37.03
37.05 CAFETERIA REVENUE	B	-1438641	CAFETERIA	12	37.05
37.15 PATIENT PHONE COSTS	A	-263735	ADMINISTRATIVE & GENERAL	6	37.15
37.17 PATIENT TV COSTS	A	-3000	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.17
37.18 PATIENT TV COSTS/REPAIRS	A	-5504	ADMINISTRATIVE & GENERAL	6	37.18
37.40 PROPERTY TAXES	A	-198198	OPERATION OF PLANT	8	37.40
37.41 PROPERTY TAXES	A	-1888423	ADMINISTRATIVE & GENERAL	6	37.41
37.44 PHYSICIAN FEES	A	-1757671	PHYSICIANS' PRIVATE OFFICES	98	37.44
37.61 MARKETING COSTS	A	-940162	ADMINISTRATIVE & GENERAL	6	37.61
37.73 PRINT SHOP FEES	B	-1620	ADMINISTRATIVE & GENERAL	6	37.73
37.75 DIABETES CENTER COSTS	A	-669285	ADMINISTRATIVE & GENERAL	6	37.75
37.77 NON-ALLOWABLE NON-OPER COSTS	A	-796741	ADMINISTRATIVE & GENERAL	6	37.77
37.78 TELECOMMUNICATIONS REVENUE	B	-88664	ADMINISTRATIVE & GENERAL	6	37.78
37.79 BABY PHOTOS	B	-2498	ADULTS & PEDIATRICS	25	37.79
37.82 RADIOLOGY PROGRAM FEES	B	-8235	RADIOLOGY-DIAGNOSTIC	41	37.82
37.84 DONATIONS	A	-46727	ADMINISTRATIVE & GENERAL	6	37.84
37.85 PARKING REVENUES	B	-123020	OPERATION OF PLANT	8	37.85
37.87 NON-ALLOWABLE ADMIN EXPENSES	A	-278969	ADMINISTRATIVE & GENERAL	6	37.87
37.88 PROGRAM FEES	B	-68520	ADULTS & PEDIATRICS	25	37.88
37.89 INTEREST EXPENSE	A	-2212434	NEW CAP REL COSTS-BLDG & FIXT	3	9 37.89
37.90 EMT PROGRAM FEES	B	-32448	PARAMED ED PRGM-(SPECIFY)	24	37.90
37.91 CRNA FEES/SALARIES	A	-278216	ANESTHESIOLOGY	40	37.91
37.94 NONALLOWABLE TRANSPORTATION COSTS	A	-1115	ADMINISTRATIVE & GENERAL	6	37.94
37.95 EMPLOYEE BADGES	B	-256	EMPLOYEE BENEFITS	5	37.95
37.98 SPECIAL FUNCTION MEALS	B	-2834	DIETARY	11	37.98
37.99 EKG PROGRAM FEES	B	-19355	ELECTROCARDIOLOGY	53	37.99
38 NON-ALLOWABLE DUES	A	-63437	ADMINISTRATIVE & GENERAL	6	38
38.01 DIETARY DISCOUNTS/REBATES	B	-234	DIETARY	11	38.01
38.02 MEDICAL SUPPLY DISCOUNTS/REBATES	B	-1157680	CENTRAL SERVICES & SUPPLY	15	38.02

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
38.03 SENIOR ADVANTAGE	B	-89241	ADMINISTRATIVE & GENERAL	6	38.03
38.04 CT REVENUE	B	-876883	TCT SCAN	41.01	38.04
38.05 PHARMACY REBATES	B	-66249	PHARMACY	16	38.05
38.06 EDUCATION PROGRAM REVENUES	B	-32448	ADMINISTRATIVE & GENERAL	6	38.06
38.08 RENTAL REVENUE	B	-74914	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.08
38.09 OTHER MISCELLANEOUS REVENUE	B	-1220	ADMINISTRATIVE & GENERAL	6	38.09
38.10 BAD DEBTS	A	-16587168	ADMINISTRATIVE & GENERAL	6	38.10
38.11 BAD DEBTS	A	-391741	ANESTHESIOLOGY	40	38.11
38.12 BAD DEBTS	A	1486	RADIOLOGY-DIAGNOSTIC	41	38.12
38.13 BAD DEBTS	A	-553	WOUND CARE	59	38.13
38.14 BAD DEBTS	A	-45478	HOME HEALTH AGENCY	71	38.14
38.15 BAD DEBTS	A	-409068	PHYSICIANS' PRIVATE OFFICES	98	38.15
38.16 EDUCATION REVENUE	A	-12350	EMPLOYEE BENEFITS	5	38.16
38.17 RESEARCH COSTS	A	-17980	OPERATING ROOM	37	38.17
38.18 DIETETIC INSTRUCTION	A	-16272	DIETARY	11	38.18
38.19 PROGRAM FEES	A	-5505	RADIOISOTOPE	43	38.19
38.20 OP PHYSICAL THERAPY	A	-145	OP PHYSICAL THERAPY	50.01	38.20
39					39
39.10 INCOME TAXES	A	-7630	ADMINISTRATIVE & GENERAL	6	39.10
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-42242571			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	OLD CAP REL COSTS-BLDG & FIXT	11282		11282	9 1
2	3	NEW CAP REL COSTS-BLDG & FIXT	3222438		3222438	9 2
3	6	ADMINISTRATIVE & GENERAL	15657233	19032048	-3374815	3
4	37.01	SURGICENTER	3114009	3024816	89193	4
4.01	41.01	TCT SCAN	892646	1071811	-179165	4.01
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	6214974	7414017	-1199043	9 4.02
4.03	41.02	MRI	135441	325186	-189745	4.03
4.04	14	NURSING ADMINISTRATION	470525	485431	-14906	4.04
4.05	16	PHARMACY	839145	661743	177402	4.05
4.06	3	NEW CAP REL COSTS-BLDG & FIXT	2426574		2426574	9 4.06
5		TOTALS	32984267	32015052	969215	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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME (2)	PERCENT OF OWNERSHIP (3)	NAME (4)	PERCENT OF OWNERSHIP (5)	TYPE OF BUSINESS (6)	
B			SISTERS OF ST. FRANCIS HEALTH	100.00	HOSP MGMT	1
B	SURBURBAN HEIGHTS MEDICAL CENT	100.00				2
						3
						4
						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
1	6	ADMINISTRATIVE & GENERAL	1211527	912860	298667	177200	3640	310100	15505
2	25	ADULTS & PEDIATRICS	416000	368000	48000	177200	480	40892	2045
3	26	INTENSIVE CARE UNIT	72000		72000	177200	480	40892	2045
4	31.01	REHAB	30000		30000	177200	250	21298	1065
5	37	OPERATING ROOM	126500	26500	100000	177200	1	85	4
6	41	RADIOLOGY-DIAGNOSTIC	81942	49017	32925	177200	220	18742	937
7	59.01	OP ONCOLOGY	5950	5950					
8	44	LABORATORY	48000		48000	193000	240	22269	1113
9	53.02	CATH LAB	47400		47400	177200	395	33651	1683
10	53	ELECTROCARDIOLOGY	184846		184846	177200	1450	123529	6176
11	49.01	SLEEP LAB	19000		19000	177200	158	13460	673
12	54	ELECTROENCEPHALOGRAPHY	10000		10000	177200	100	8519	426
13	59	WOUND CARE	132329	132329		177200			
14	61	EMERGENCY	1131617		1131617	177200	1	85	4
15	40	ANESTHESIOLOGY	8298952	8298952					
101		TOTAL	11816063	9793248	2022455		7415	633522	31676

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER		COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11		12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE				310100		912860
2	25	ADULTS & PEDIATRICS	AGGREGATE				40892	7108	375108
3	26	INTENSIVE CARE UNIT	AGGREGATE				40892	31108	31108
4	31.01	REHAB	AGGREGATE				21298	8702	8702
5	37	OPERATING ROOM	AGGREGATE				85	99915	126415
6	41	RADIOLOGY-DIAGNOSTIC	AGGREGATE				18742	14183	63200
7	59.01	OP ONCOLOGY	AGGREGATE						5950
8	44	LABORATORY	AGGREGATE				22269	25731	25731
9	53.02	CATH LAB	AGGREGATE	1	1		33652	13748	13748
10	53	ELECTROCARDIOLOGY	AGGREGATE				123529	61317	61317
11	49.01	SLEEP LAB	AGGREGATE				13460	5540	5540
12	54	ELECTROENCEPHALOGRAPHY	AGGREGATE	1	1		8520	1480	1480
13	59	WOUND CARE	AGGREGATE						132329
14	61	EMERGENCY	AGGREGATE				85	1131532	1131532
15	40	ANESTHESIOLOGY	AGGREGATE						8298952
101		TOTAL		2	2		633524	1400364	11193972

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	SUBTOTAL	ADMINIS-	OPERATION
	FOR COST	BLDGS &	BLDGS &	MOVABLE	BENEFITS		TRATIVE &	OF PLANT
	ALLOCATION	FIXTURES	FIXTURES	EQUIPMENT			GENERAL	
	0	1	3	4	5	5A	6	8
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT	11282	11282						1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	8224271		8224271					3
4 NEW CAP REL COSTS-MVBLE EQUIP	10181855			10181855				4
5 EMPLOYEE BENEFITS	-214538	171	124510	154147	64290			5
6 ADMINISTRATIVE & GENERAL	69603153	924	673734	834100	7193	71119104	71119104	6
8 OPERATION OF PLANT	14308780	1858	1355401	1678011	2532	17346582	5372844	22719426 8
9 LAUNDRY & LINEN SERVICE	1965012	126	91603	113407	138	2170286	672214	342826 9
10 HOUSEKEEPING	5150117	128	93321	115534	1443	5360543	1660348	349256 10
11 DIETARY	1646281	113	82470	102101	493	1831458	567267	308647 11
12 CAFETERIA	2618011	268	195212	241677	1177	3056345	946657	730584 12
14 NURSING ADMINISTRATION	2627422	22	15688	19423	1157	2663712	825045	58714 14
15 CENTRAL SERVICES & SUPPLY	131862	302	219954	272309	494	624921	193560	823182 15
16 PHARMACY	3755656	74	54056	66922	1379	3878087	1201179	202304 16
17 MEDICAL RECORDS & LIBRARY	3563373	115	83547	103433	1524	3751992	1162123	312675 17
18 SOCIAL SERVICE	683000	8	5914	7322	331	696575	215754	22133 18
22 I&R SERVICES-SALARY & FRINGES A	6989533	116	84494	104606		7178749	2223510	316222 22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)	78493	6	4374	5415	40	88328	27358	16369 24
24.01 RADIOLOGY PARAMEDICAL								24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	37008615	1737	1266272	1567677	16886	39861187	12346448	4739040 25
26 INTENSIVE CARE UNIT	10498997	344	250551	310189	4433	11064514	3427067	937691 26
31.01 REHAB	2443666	110	80180	99265	1127	2624348	812852	300075 31.01
33 NURSERY	1583760	68	49909	61788	717	1696242	525386	186785 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	20893343	923	672540	832621	3163	22402590	6938866	2516991 37
37.01 SURGICENTER	3187950				32	3187982	987430	37.01
38 RECOVERY ROOM	1993547	1	1056	1308	940	1996852	618495	3954 38
40 ANESTHESIOLOGY	694809	71	51735	64050	63	810728	251111	193620 40
41 RADIOLOGY-DIAGNOSTIC	4980808	463	337771	418169	2214	5739425	1777701	1264112 41
41.01 TCT SCAN	1560420	17	12243	15157	659	1588496	492013	45819 41.01
41.02 MRI	1243551	29	21257	26317	417	1291571	400045	79554 41.02
42 RADIOLOGY-THERAPEUTIC	1490066	233	169650	210032	665	1870646	579405	634920 42
43 RADIOISOTOPE	2949041	40	28997	35900	769	3014747	933773	108523 43
44 LABORATORY	12096713	314	228573	282980		12608580	3905319	855440 44
49 RESPIRATORY THERAPY	3726044	38	27586	34152	1590	3789410	1173713	103240 49
49.01 SLEEP LAB	247305	27	19855	24581	107	291875	90404	74307 49.01
50 PHYSICAL THERAPY	2231504	88	64412	79744		2375748	735852	241065 50
50.01 OP PHYSICAL THERAPY	985227					985227	305159	50.01
51 OCCUPATIONAL THERAPY	1073251	131	95246	117917		1286545	398488	356461 51
52 SPEECH PATHOLOGY	333631	2	1491	1846	159	337129	104421	5580 52
53 ELECTROCARDIOLOGY	2128474	207	150753	186636	771	2466841	764067	564196 53
53.01 CARDIAC REHABILITATION	706768	77	56376	69795	331	833347	258117	210987 53.01
53.02 CATH LAB	4877975	167	121627	150578	876	5151223	1595514	455193 53.02
53.03 INTERVENTIONAL CARD	4226821	109	79676	98641	329	4405576	1364561	298190 53.03
54 ELECTROENCEPHALOGRAPHY	93024	25	17989	22271	36	133345	41302	67324 54
55 MEDICAL SUPPLIES CHARGED TO PAT	3500723					3500723	1084296	55
56 DRUGS CHARGED TO PATIENTS	9648342					9648342	2988429	56
57 RENAL DIALYSIS	1536366					1536366	475866	57
58 ASC (NON-DISTINCT PART)	2970227	421	306759	379775	1411	3658593	1133194	1148050 58
59 WOUND CARE	856973	46	33677	41693	233	932622	288866	126038 59
59.01 OP ONCOLOGY	464993	8	5519	6833	217	477570	147920	20655 59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY	11322090	416	303264	375448	4598	12005816	3718621	1134970 61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
71 HOME HEALTH AGENCY	4917124				1769	4918893	1523553	71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE	156252	109	79558	98495	53	334467	103596	297747 93
95 SUBTOTALS	289951963	10452	7618800	9432265	62466	288594248	67359709	20453439 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	39324	26	18966	23481	11	81808	25339	70982 96
97 RESEARCH	160356	90	65795	81456	72	307769	95327	246238 97
98 PHYSICIANS' PRIVATE OFFICES	10568330	714	520710	644653	1738	11736145	3635095	1948767 98
99 NONPAID WORKERS	11731				3	11734	3634	99
100 OTHER NONREIMBURSABLE COST CENT								100
100.01 SENIOR FRIENDS								100.01
100.02 OTHER NONREIMBURSABLE COST CENT								100.02
100.03 OTHER NONREIMBURSABLE COST CENT								100.03
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	300731704	11282	8224271	10181855	64290	300731704	71119104	22719426 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY + LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES * 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	3185326								9
10 HOUSEKEEPING		7370147							10
11 DIETARY		95449	2802821						11
12 CAFETERIA		225934		4959520					12
14 NURSING ADMINISTRATION		18157		90535	3656163				14
15 CENTRAL SERVICES & SUPPLY		254570		98189		1994422			15
16 PHARMACY		62563		115302		5182	5464617		16
17 MEDICAL RECORDS & LIBRARY		96695		205797		2		5529284	17
18 SOCIAL SERVICE		6845		35137					18
22 I&R SERVICES-SALARY & FRINGES A		97792							22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)		5062		4667	4898				24
24.01 RADIOLOGY PARAMEDICAL									24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	2533918	1465555	2234045	1637061	1718147	78690	28078	768313	25
26 INTENSIVE CARE UNIT	317136	289982	279483	346661	363832	24042	6121	179969	26
31.01 REHAB	185115	92798	170156	107181	112490	3838	1085	55340	31.01
33 NURSERY		57763		60635	63639			30024	33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		778381		326234	342392	907457	19010	475918	37
37.01 SURGICENTER				23373		79		50555	37.01
38 RECOVERY ROOM		1223		67113	70437	2721	122	74961	38
40 ANESTHESIOLOGY		59877		5299	5561	30145	63171	98834	40
41 RADIOLOGY-DIAGNOSTIC		390928		215363		22539	4401	273874	41
41.01 TCT SCAN		14169		67370		5245	54972	511343	41.01
41.02 MRI		24602		47027		11145	286	111450	41.02
42 RADIOLOGY-THERAPEUTIC		196349		54913		3959	535	85726	42
43 RADIOISOTOPE		33561		69970		67777	125379	113972	43
44 LABORATORY		264545				222		526599	44
49 RESPIRATORY THERAPY		31927		161033	169009	26704	25456	192484	49
49.01 SLEEP LAB		22980		11841		483		10625	49.01
50 PHYSICAL THERAPY		74549		353		5703	26	65008	50
50.01 OP PHYSICAL THERAPY						381		27840	50.01
51 OCCUPATIONAL THERAPY		110236				1345		36028	51
52 SPEECH PATHOLOGY		1725		12672		123		7089	52
53 ELECTROCARDIOLOGY		174478		69493	72936	1910	499	182188	53
53.01 CARDIAC REHABILITATION		65248		30848	32376	370	12	9883	53.01
53.02 CATH LAB		140769		67086	70409	207934	36118	266626	53.02
53.03 INTERVENTIONAL CARD		92216		24172	25369	250571		167445	53.03
54 ELECTROENCEPHALOGRAPHY		20820		6906	7249	455		8235	54
55 MEDICAL SUPPLIES CHARGED TO PAT						245703		199675	55
56 DRUGS CHARGED TO PATIENTS							4869498	454918	56
57 RENAL DIALYSIS						1062		33244	57
58 ASC (NON-DISTINCT PART)		355036		117198	123003	1916	559	33460	58
59 WOUND CARE		38977		19854		10524	327	7562	59
59.01 OP ONCOLOGY		6388		17924	18812		148	10712	59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY		350990		434103	455604	49328	13564	459384	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY				158158		7116	929		71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	149157	92078	119137	3766		1852	1609		93
95 SUBTOTALS	3185326	6111217	2802821	4713234	3656163	1976523	5251905	5529284	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		21951		2493					96
97 RESEARCH		76149		7591		1			97
98 PHYSICIANS' PRIVATE OFFICES		1160830		236202		17898	212712		98
99 NONPAID WORKERS									99
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT									100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	3185326	7370147	2802821	4959520	3656163	1994422	5464617	5529284	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	22	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	976444						18
22 I&R SERVICES-SALARY & FRINGES A		9816273					22
23 I&R SERVICES-OTHER PRGM COSTS A							23
24 PARAMED ED PRGM-(SPECIFY)			146682				24
24.01 RADIOLOGY PARAMEDICAL							24.01
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	774202	9666278		77850962	-9666278	68184684	25
26 INTENSIVE CARE UNIT	96873			17333371		17333371	26
31.01 REHAB	56542	149995		4671815	-149995	4521820	31.01
33 NURSERY				2620474		2620474	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM				34707839		34707839	37
37.01 SURGICENTER				4249419		4249419	37.01
38 RECOVERY ROOM				2835878		2835878	38
40 ANESTHESIOLOGY				1518346		1518346	40
41 RADIOLOGY-DIAGNOSTIC				9688343		9688343	41
41.01 TCT SCAN				2779427		2779427	41.01
41.02 MRI				1965680		1965680	41.02
42 RADIOLOGY-THERAPEUTIC				3426453		3426453	42
43 RADIOISOTOPE				4467702		4467702	43
44 LABORATORY				18160705		18160705	44
49 RESPIRATORY THERAPY				5672976		5672976	49
49.01 SLEEP LAB				502515		502515	49.01
50 PHYSICAL THERAPY				3498304		3498304	50
50.01 OP PHYSICAL THERAPY				1318607		1318607	50.01
51 OCCUPATIONAL THERAPY				2189103		2189103	51
52 SPEECH PATHOLOGY				468739		468739	52
53 ELECTROCARDIOLOGY				4296608		4296608	53
53.01 CARDIAC REHABILITATION				1441188		1441188	53.01
53.02 CATH LAB				7990872		7990872	53.02
53.03 INTERVENTIONAL CARD				6628100		6628100	53.03
54 ELECTROENCEPHALOGRAPHY				285636		285636	54
55 MEDICAL SUPPLIES CHARGED TO PAT				5030397		5030397	55
56 DRUGS CHARGED TO PATIENTS				17961187		17961187	56
57 RENAL DIALYSIS				2046538		2046538	57
58 ASC (NON-DISTINCT PART)				6571009		6571009	58
59 WOUND CARE				1424770		1424770	59
59.01 OP ONCOLOGY				700129		700129	59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	48827		146682	18817889		18817889	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)							62
71 HOME HEALTH AGENCY				6608649		6608649	71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE				1103409		1103409	93
95 SUBTOTALS	976444	9816273	146682	280833039	-9816273	271016766	95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN				202573		202573	96
97 RESEARCH				733075		733075	97
98 PHYSICIANS' PRIVATE OFFICES				18947649		18947649	98
99 NONPAID WORKERS				15368		15368	99
100 OTHER NONREIMBURSABLE COST CENT							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CENT							100.02
100.03 OTHER NONREIMBURSABLE COST CENT							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	976444	9816273	146682	300731704	-9816273	290915431	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP	CAP REL	EMPLOYEE	ADMINIS-	OPERATION	LAUNDRY	HOUSE-
	CAP-REL	BLDGS &	COST TO	BENEFITS	TRATIVE &	OF PLANT	+ LINEN	KEEPING
	COSTS	FIXTURES	BE ALLOC		GENERAL		SERVICE	
	0	1	4A	5	6	8	9	10
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5		171	171	39				5
6		924	924		924			6
8		1858	1858		69	1927		8
9		126	126		9	29	164	9
10		128	128		21	30		179 10
11		113	113		7	26		2 11
12		268	268		12	62		5 12
14		22	22		11	5		14
15		302	302		2	70		6 15
16		74	74		16	17		2 16
17		115	115		15	27		2 17
18		8	8		3	2		18
22		116	116		29	27		2 22
23								23
24		6	6			1		24
24.01								24.01
RADIOLOGY PARAMEDICAL INPATIENT ROUTINE SERV COST CENTERS								
25		1737	1737	39	166	403	130	36 25
26		344	344		44	80	16	7 26
31.01		110	110		10	25	10	2 31.01
33		68	68		7	16		1 33
ANCILLARY SERVICE COST CENTERS								
37		923	923		90	213		19 37
37.01					13			37.01
38		1	1		8			38
40		71	71		3	16		1 40
41		463	463		23	107		10 41
41.01		17	17		6	4		41.01
41.02		29	29		5	7		1 41.02
42		233	233		7	54		5 42
43		40	40		12	9		1 43
44		314	314		50	73		6 44
49		38	38		15	9		1 49
49.01		27	27		1	6		1 49.01
50		88	88		10	20		2 50
50.01					4			50.01
51		131	131		5	30		3 51
52		2	2		1			52
53		207	207		10	48		4 53
53.01		77	77		3	18		2 53.01
53.02		167	167		21	39		3 53.02
53.03		109	109		18	25		2 53.03
54		25	25		1	6		1 54
55					14			55
56					39			56
57					6			57
58		421	421		15	97		9 58
59		46	46		4	11		1 59
59.01		8	8		2	2		59.01
OUTPATIENT SERVICE COST CENTERS								
60.01								60.01
61		416	416		48	96		9 61
62								62
OTHER REIMBURSABLE COST CENTERS								
71					20			71
SPECIAL PURPOSE COST CENTERS								
93		109	109		1	25	8	2 93
95		10452	10452	39	876	1735	164	148 95
NONREIMBURSABLE COST CENTERS								
96		26	26			6		1 96
97		90	90		1	21		2 97
98		714	714		47	165		28 98
99								99
100								100
100.01								100.01
100.02								100.02
100.03								100.03
101								101
102				132				102
103		11282	11282	171	924	1927	164	179 103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINIS- TRATION	CENTRAL SERVICES * SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SALARY & FRINGES
	11	12	14	15	16	17	18	22
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	148							11
12 CAFETERIA		347						12
14 NURSING ADMINISTRATION		6	44					14
15 CENTRAL SERVICES & SUPPLY		7		387				15
16 PHARMACY		8		1	118			16
17 MEDICAL RECORDS & LIBRARY		14				173		17
18 SOCIAL SERVICE		2					15	18
22 I&R SERVICES-SALARY & FRINGES A								174
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 RADIOLOGY PARAMEDICAL								24.01
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	118	116	22	16	1	173	12	25
26 INTENSIVE CARE UNIT	15	24	4	5			1	26
31.01 REHAB	9	8	1	1			1	31.01
33 NURSERY		4	1					33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		23	4	173				37
37.01 SURGICENTER		2						37.01
38 RECOVERY ROOM		5	1	1				38
40 ANESTHESIOLOGY				6	1			40
41 RADIOLOGY-DIAGNOSTIC		15		4				41
41.01 TCT SCAN		5		1	1			41.01
41.02 MRI		3		2				41.02
42 RADIOLOGY-THERAPEUTIC		4		1				42
43 RADIOISOTOPE		5		13	3			43
44 LABORATORY								44
49 RESPIRATORY THERAPY		11	2	5	1			49
49.01 SLEEP LAB		1						49.01
50 PHYSICAL THERAPY				1				50
50.01 OP PHYSICAL THERAPY								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1						52
53 ELECTROCARDIOLOGY		5	1					53
53.01 CARDIAC REHABILITATION		2						53.01
53.02 CATH LAB		5	1	41	1			53.02
53.03 INTERVENTIONAL CARD		2		50				53.03
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PAT				49				55
56 DRUGS CHARGED TO PATIENTS					105			56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)		8	1					58
59 WOUND CARE		1		2				59
59.01 OP ONCOLOGY		1						59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY		30	6	10			1	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS								62
71 HOME HEALTH AGENCY		11		1				71
SPECIAL PURPOSE COST CENTERS								
93 HOSPICE	6							93
95 SUBTOTALS	148	329	44	383	113	173	15	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
97 RESEARCH		1						97
98 PHYSICIANS' PRIVATE OFFICES		17		4	5			98
99 NONPAID WORKERS								99
100 OTHER NONREIMBURSABLE COST CENT								100
100.01 SENIOR FRIENDS								100.01
100.02 OTHER NONREIMBURSABLE COST CENT								100.02
100.03 OTHER NONREIMBURSABLE COST CENT								100.03
101 CROSS FOOT ADJUSTMENTS								174
102 NEGATIVE COST CENTER								102
103 TOTAL	148	347	44	387	118	173	15	174 103

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
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)	7			24
24.01 RADIOLOGY PARAMEDICAL				24.01
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		2969		25
26 INTENSIVE CARE UNIT		540		26
31.01 REHAB		177		31.01
33 NURSERY		97		33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		1445		37
37.01 SURGICENTER		15		37.01
38 RECOVERY ROOM		16		38
40 ANESTHESIOLOGY		98		40
41 RADIOLOGY-DIAGNOSTIC		622		41
41.01 TCT SCAN		34		41.01
41.02 MRI		47		41.02
42 RADIOLOGY-THERAPEUTIC		304		42
43 RADIOISOTOPE		83		43
44 LABORATORY		443		44
49 RESPIRATORY THERAPY		82		49
49.01 SLEEP LAB		36		49.01
50 PHYSICAL THERAPY		121		50
50.01 OP PHYSICAL THERAPY		4		50.01
51 OCCUPATIONAL THERAPY		169		51
52 SPEECH PATHOLOGY		4		52
53 ELECTROCARDIOLOGY		275		53
53.01 CARDIAC REHABILITATION		102		53.01
53.02 CATH LAB		278		53.02
53.03 INTERVENTIONAL CARD		206		53.03
54 ELECTROENCEPHALOGRAPHY		33		54
55 MEDICAL SUPPLIES CHARGED TO PAT		63		55
56 DRUGS CHARGED TO PATIENTS		144		56
57 RENAL DIALYSIS		6		57
58 ASC (NON-DISTINCT PART)		551		58
59 WOUND CARE		65		59
59.01 OP ONCOLOGY		13		59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY		616		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS				62
71 HOME HEALTH AGENCY		32		71
SPECIAL PURPOSE COST CENTERS				
93 HOSPICE		151		93
95 SUBTOTALS		9841		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		33		96
97 RESEARCH		115		97
98 PHYSICIANS' PRIVATE OFFICES		980		98
99 NONPAID WORKERS				99
100 OTHER NONREIMBURSABLE COST CENT				100
100.01 SENIOR FRIENDS				100.01
100.02 OTHER NONREIMBURSABLE COST CENT				100.02
100.03 OTHER NONREIMBURSABLE COST CENT				100.03
101 CROSS FOOT ADJUSTMENTS	7	181		101
102 NEGATIVE COST CENTER		132		102
103 TOTAL	7	11282		103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	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		124510	154147	278657	64251				5
6 ADMINISTRATIVE & GENERAL		673734	834100	1507834	7193	1515027			6
8 OPERATION OF PLANT		1355401	1678011	3033412	2532	114453	3150397		8
9 LAUNDRY & LINEN SERVICE		91603	113407	205010	138	14320	47538	267006	9
10 HOUSEKEEPING		93321	115534	208855	1443	35369	48430		10
11 DIETARY		82470	102101	184571	493	12084	42799		11
12 CAFETERIA		195212	241677	436889	1177	20166	101307		12
14 NURSING ADMINISTRATION		15688	19423	35111	1157	17575	8142		14
15 CENTRAL SERVICES & SUPPLY		219954	272309	492263	494	4123	114147		15
16 PHARMACY		54056	66922	120978	1379	25588	28053		16
17 MEDICAL RECORDS & LIBRARY		83547	103433	186980	1524	24756	43357		17
18 SOCIAL SERVICE		5914	7322	13236	331	4596	3069		18
22 I&R SERVICES-SALARY & FRINGES A		84494	104606	189100		47365	43849		22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)		4374	5415	9789	40	583	2270		24
24.01 RADIOLOGY PARAMEDICAL									24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		1266272	1567677	2833949	16847	263046	657142	212402	25
26 INTENSIVE CARE UNIT		250551	310189	560740	4433	73004	130025	26584	26
31.01 REHAB		80180	99265	179445	1127	17315	41610	15517	31.01
33 NURSERY		49909	61788	111697	717	11192	25901		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		672540	832621	1505161	3163	147812	349019		37
37.01 SURGICENTER					32	21034			37.01
38 RECOVERY ROOM		1056	1308	2364	940	13175	548		38
40 ANESTHESIOLOGY		51735	64050	115785	63	5349	26848		40
41 RADIOLOGY-DIAGNOSTIC		337771	418169	755940	2214	37869	175288		41
41.01 TCT SCAN		12243	15157	27400	659	10481	6353		41.01
41.02 MRI		21257	26317	47574	417	8522	11031		41.02
42 RADIOLOGY-THERAPEUTIC		169650	210032	379682	665	12343	88041		42
43 RADIOISOTOPE		28997	35900	64897	769	19891	15048		43
44 LABORATORY		228573	282980	511553		83191	118620		44
49 RESPIRATORY THERAPY		27586	34152	61738	1590	25003	14316		49
49.01 SLEEP LAB		19855	24581	44436	107	1926	10304		49.01
50 PHYSICAL THERAPY		64412	79744	144156		15675	33427		50
50.01 OP PHYSICAL THERAPY						6501			50.01
51 OCCUPATIONAL THERAPY		95246	117917	213163		8489	49429		51
52 SPEECH PATHOLOGY		1491	1846	3337	159	2224	774		52
53 ELECTROCARDIOLOGY		150753	186636	337389	771	16276	78234		53
53.01 CARDIAC REHABILITATION		56376	69795	126171	331	5498	29257		53.01
53.02 CATH LAB		121627	150578	272205	876	33988	63119		53.02
53.03 INTERVENTIONAL CARD		79676	98641	178317	329	29068	41349		53.03
54 ELECTROENCEPHALOGRAPHY		17989	22271	40260	36	880	9335		54
55 MEDICAL SUPPLIES CHARGED TO PAT						23098			55
56 DRUGS CHARGED TO PATIENTS						63660			56
57 RENAL DIALYSIS						10137			57
58 ASC (NON-DISTINCT PART)		306759	379775	686534	1411	24139	159195		58
59 WOUND CARE		33677	41693	75370	233	6153	17477		59
59.01 OP ONCOLOGY		5519	6833	12352	217	3151	2864		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY		303264	375448	678712	4598	79214	157381		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY					1769	32455			71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE		79558	98495	178053	53	2207	41287	12503	93
95 SUBTOTALS		7618800	9432265	17051065	62427	1434944	2836183	267006	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		18966	23481	42447	11	540	9843		96
97 RESEARCH		65795	81456	147251	72	2031	34145		97
98 PHYSICIANS' PRIVATE OFFICES		520710	644653	1165363	1738	77435	270226		98
99 NONPAID WORKERS					3	77			99
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT									100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER					214406				102
103 TOTAL		8224271	10181855	18406126	278657	1515027	3150397	267006	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	294097								10
11 DIETARY	3809	243756							11
12 CAFETERIA	9016		568555						12
14 NURSING ADMINISTRATION	725		10379	73089					14
15 CENTRAL SERVICES & SUPPLY	10158		11256		632441				15
16 PHARMACY	2496		13218		1643	193355			16
17 MEDICAL RECORDS & LIBRARY	3858		23592		1		284068		17
18 SOCIAL SERVICE	273		4028						18
22 I&R SERVICES-SALARY & FRINGES A	3902							25533	22
23 I&R SERVICES-OTHER PRGM COSTS A									23
24 PARAMED ED PRGM-(SPECIFY)	202		535	98					24
24.01 RADIOLOGY PARAMEDICAL									24.01
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	58483	194291	187674	34347	24953	993	39268	20244	25
26 INTENSIVE CARE UNIT	11571	24306	39741	7273	7624	217	9254	2533	26
31.01 REHAB	3703	14798	12287	2249	1217	38	2845	1479	31.01
33 NURSERY	2305		6951	1272			1544		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	31060		37399	6845	287761	673	24471		37
37.01 SURGICENTER			2679		25		2599		37.01
38 RECOVERY ROOM	49		7694	1408	863	4	3854		38
40 ANESTHESIOLOGY	2389		607	111	9559	2235	5082		40
41 RADIOLOGY-DIAGNOSTIC	15599		24689		7147	156	14082		41
41.01 TCT SCAN	565		7723		1663	1945	26292		41.01
41.02 MRI	982		5391		3534	10	5731		41.02
42 RADIOLOGY-THERAPEUTIC	7835		6295		1255	19	4408		42
43 RADIOISOTOPE	1339		8021		21492	4436	5860		43
44 LABORATORY	10556				70		27077		44
49 RESPIRATORY THERAPY	1274		18461	3379	8468	901	9897		49
49.01 SLEEP LAB	917		1357		153		546		49.01
50 PHYSICAL THERAPY	2975		40		1808	1	3343		50
50.01 OP PHYSICAL THERAPY					121		1431		50.01
51 OCCUPATIONAL THERAPY	4399				427		1853		51
52 SPEECH PATHOLOGY	69		1453		39		365		52
53 ELECTROCARDIOLOGY	6962		7967	1458	606	18	9368		53
53.01 CARDIAC REHABILITATION	2604		3536	647	117		508		53.01
53.02 CATH LAB	5617		7691	1407	65937	1278	13709		53.02
53.03 INTERVENTIONAL CARD	3680		2771	507	79457		8610		53.03
54 ELECTROENCEPHALOGRAPHY	831		792	145	144		423		54
55 MEDICAL SUPPLIES CHARGED TO PAT					77914		10267		55
56 DRUGS CHARGED TO PATIENTS						172298	23391		56
57 RENAL DIALYSIS					337		1709		57
58 ASC (NON-DISTINCT PART)	14167		13435	2459	608	20	1720		58
59 WOUND CARE	1555		2276		3337	12	389		59
59.01 OP ONCOLOGY	255		2055	376		5	551		59.01
OUTPATIENT SERVICE COST CENTERS									
60.01 PARTIAL HOSPITALIZATION									60.01
61 EMERGENCY	14006		49765	9108	15642	480	23621	1277	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS									62
71 HOME HEALTH AGENCY			18131		2257	33			71
SPECIAL PURPOSE COST CENTERS									
93 HOSPICE	3674	10361	432		587	57			93
95 SUBTOTALS	243860	243756	540321	73089	626766	185829	284068	25533	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	876		286						96
97 RESEARCH	3039		870						97
98 PHYSICIANS' PRIVATE OFFICES	46322		27078		5675	7526			98
99 NONPAID WORKERS									99
100 OTHER NONREIMBURSABLE COST CENT									100
100.01 SENIOR FRIENDS									100.01
100.02 OTHER NONREIMBURSABLE COST CENT									100.02
100.03 OTHER NONREIMBURSABLE COST CENT									100.03
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	294097	243756	568555	73089	632441	193355	284068	25533	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	I&R	PARAMED	SUBTOTAL	I&R COST &	TOTAL
	SALARY & FRINGES	EDUCATION		POST STEP- DOWN ADJS	
	22	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
22 I&R SERVICES-SALARY & FRINGES A	284216				22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)		13517			24
24.01 RADIOLOGY PARAMEDICAL					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS			4543639		25
26 INTENSIVE CARE UNIT			897305		26
31.01 REHAB			293630		31.01
33 NURSERY			161579		33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM			2393364		37
37.01 SURGICENTER			26369		37.01
38 RECOVERY ROOM			30899		38
40 ANESTHESIOLOGY			168028		40
41 RADIOLOGY-DIAGNOSTIC			1032984		41
41.01 TCT SCAN			83081		41.01
41.02 MRI			83192		41.02
42 RADIOLOGY-THERAPEUTIC			500543		42
43 RADIOISOTOPE			141753		43
44 LABORATORY			751067		44
49 RESPIRATORY THERAPY			145027		49
49.01 SLEEP LAB			59746		49.01
50 PHYSICAL THERAPY			201425		50
50.01 OP PHYSICAL THERAPY			8053		50.01
51 OCCUPATIONAL THERAPY			277760		51
52 SPEECH PATHOLOGY			8420		52
53 ELECTROCARDIOLOGY			459049		53
53.01 CARDIAC REHABILITATION			168669		53.01
53.02 CATH LAB			465827		53.02
53.03 INTERVENTIONAL CARD			344088		53.03
54 ELECTROENCEPHALOGRAPHY			52846		54
55 MEDICAL SUPPLIES CHARGED TO PAT			111279		55
56 DRUGS CHARGED TO PATIENTS			259349		56
57 RENAL DIALYSIS			12183		57
58 ASC (NON-DISTINCT PART)			903688		58
59 WOUND CARE			106802		59
59.01 OP ONCOLOGY			21826		59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY			1033804		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY			54645		71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE			249214		93
95 SUBTOTALS			16051133		95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN			54003		96
97 RESEARCH			187408		97
98 PHYSICIANS' PRIVATE OFFICES			1601363		98
99 NONPAID WORKERS			80		99
100 OTHER NONREIMBURSABLE COST CENT					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CENT					100.02
100.03 OTHER NONREIMBURSABLE COST CENT					100.03
101 CROSS FOOT ADJUSTMENTS	284216	13517	297733		101
102 NEGATIVE COST CENTER			214406		102
103 TOTAL	284216	13517	18406126		103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	NEW CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION	
	BLDGS & FIXTURES SQUARE FEET	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT SQUARE FEET	BENEFITS GROSS SALARIES		CILIATION	TRATIVE & GENERAL ACCUM COST	OF PLANT SQUARE FEET
	1	3	4	5	6A	6	8	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	11282	8224271	10181855	64290		71119104	22719426	103
104 UNIT COST MULT-WS B PT I		9.873157		.000621		.309735		104
104 UNIT COST MULT-WS B PT I	.013544		12.223218				36.950447	104
105 COST TO BE ALLOC PER B PT II				39		924	1927	105
106 UNIT COST MULT-WS B PT II						.000004		106
106 UNIT COST MULT-WS B PT II							.003134	106
107 COST TO BE ALLOC PER B PT III				64251		1515027	3150397	107
108 UNIT COST MULT-WS B PT III				.000621		.006598		108
108 UNIT COST MULT-WS B PT III							5.123746	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	+ LINEN SERVICE PATIENT DAYS	KEEPING SQUARE FEET	MEALS SERVED	PROD FTE'S	ADMINIS- TRATION NURS DIRECT FTE	SERVICES * SUPPLY COSTED REQUI	COSTED REQUI	RECORDS & LIBRARY GROSS REVENUE
	9	10	11	12	14	15	16	17
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3185326	7370147	2802821	4959520	3656163	1994422	5464617	5529284 103
104 UNIT COST MULT-WS B PT I	29.092392		25.219513		1.900006		.504274	104
104 UNIT COST MULT-WS B PT I		11.426957		1.810337		.070759		.006204 104
105 COST TO BE ALLOC PER B PT II	164	179	148	347	44	387	118	173 105
106 UNIT COST MULT-WS B PT II	.001498		.001332		.000023		.000011	106
106 UNIT COST MULT-WS B PT II		.000278		.000127		.000014		106
107 COST TO BE ALLOC PER B PT III	267006	294097	243756	568555	73089	632441	193355	284068 107
108 UNIT COST MULT-WS B PT III	2.438634		2.193293		.037982		.017843	108
108 UNIT COST MULT-WS B PT III		.455979		.207535		.022438		.000319 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	24	24.01	
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	9999				18
22 I&R SERVICES-SALARY & FRINGES		187824			22
23 I&R SERVICES-OTHER PRGM COSTS					23
24 PARAMED ED PRGM-(SPECIFY)			10000		24
24.01 RADIOLOGY PARAMEDICAL				10000	24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	7928	184954			25
26 INTENSIVE CARE UNIT	992				26
31.01 REHAB	579	2870			31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC				5000	41
41.01 TCT SCAN				5000	41.01
41.02 MRI					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY	500		10000		61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS	9999	187824	10000	10000	95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
100 OTHER NONREIMBURSABLE COST CE					100
100.01 SENIOR FRIENDS					100.01
100.02 OTHER NONREIMBURSABLE COST CE					100.02
100.03 OTHER NONREIMBURSABLE COST CE					100.03

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I&R SALARY & FRINGES	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	24	24.01	
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	976444	9816273	146682		103
104 UNIT COST MULT-WS B PT I	97.654165		14.668200		104
104 UNIT COST MULT-WS B PT I		52.263145			104
105 COST TO BE ALLOC PER B PT II	15	174	7		105
106 UNIT COST MULT-WS B PT II	.001500		.000700		106
106 UNIT COST MULT-WS B PT II		.000926			106
107 COST TO BE ALLOC PER B PT III	25533	284216	13517		107
108 UNIT COST MULT-WS B PT III	2.553555		1.351700		108
108 UNIT COST MULT-WS B PT III		1.513204			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	68184684		68184684	7108	68191792	25
26 INTENSIVE CARE UNIT	17333371		17333371	31108	17364479	26
31.01 REHAB	4521820		4521820	8702	4530522	31.01
33 NURSERY	2620474		2620474		2620474	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	34707839		34707839	99915	34807754	37
37.01 SURGICENTER	4249419		4249419		4249419	37.01
38 RECOVERY ROOM	2835878		2835878		2835878	38
40 ANESTHESIOLOGY	1518346		1518346		1518346	40
41 RADIOLOGY-DIAGNOSTIC	9688343		9688343	14183	9702526	41
41.01 TCT SCAN	2779427		2779427		2779427	41.01
41.02 MRI	1965680		1965680		1965680	41.02
42 RADIOLOGY-THERAPEUTIC	3426453		3426453		3426453	42
43 RADIOISOTOPE	4467702		4467702		4467702	43
44 LABORATORY	18160705		18160705	25731	18186436	44
49 RESPIRATORY THERAPY	5672976		5672976		5672976	49
49.01 SLEEP LAB	502515		502515	5540	508055	49.01
50 PHYSICAL THERAPY	3498304		3498304		3498304	50
50.01 OP PHYSICAL THERAPY	1318607		1318607		1318607	50.01
51 OCCUPATIONAL THERAPY	2189103		2189103		2189103	51
52 SPEECH PATHOLOGY	468739		468739		468739	52
53 ELECTROCARDIOLOGY	4296608		4296608	61317	4357925	53
53.01 CARDIAC REHABILITATION	1441188		1441188		1441188	53.01
53.02 CATH LAB	7990872		7990872	13748	8004620	53.02
53.03 INTERVENTIONAL CARD	6628100		6628100		6628100	53.03
54 ELECTROENCEPHALOGRAPHY	285636		285636	1480	287116	54
55 MEDICAL SUPPLIES CHARGED TO	5030397		5030397		5030397	55
56 DRUGS CHARGED TO PATIENTS	17961187		17961187		17961187	56
57 RENAL DIALYSIS	2046538		2046538		2046538	57
58 ASC (NON-DISTINCT PART)	6571009		6571009		6571009	58
59 WOUND CARE	1424770		1424770		1424770	59
59.01 OP ONCOLOGY	700129		700129		700129	59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	18817889		18817889	1131532	19949421	61
62 OBSERVATION BEDS (NON-DISTI	2252594		2252594		2252594	62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	265557302		265557302	1400364	266957666	101
102 LESS OBSERVATION BEDS	2252594		2252594		2252594	102
103 TOTAL	263304708		263304708	1400364	264705072	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	122289240		122289240			25
26 INTENSIVE CARE UNIT	29008603		29008603			26
31.01 REHAB	8919995		8919995			31.01
33 NURSERY	4839498		4839498			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	49637610	27073888	76711498	.452446	.452446	.453749 37
37.01 SURGICENTER		8148787	8148787	.521479	.521479	.521479 37.01
38 RECOVERY ROOM	5960356	6122381	12082737	.234705	.234705	.234705 38
40 ANESTHESIOLOGY	9391765	6538892	15930657	.095310	.095310	.095310 40
41 RADIOLOGY-DIAGNOSTIC	19595407	24549268	44144675	.219468	.219468	.219789 41
41.01 TCT SCAN	43357191	39064272	82421463	.033722	.033722	.033722 41.01
41.02 MRI	9151906	8812380	17964286	.109422	.109422	.109422 41.02
42 RADIOLOGY-THERAPEUTIC	1065052	12752748	13817800	.247974	.247974	.247974 42
43 RADIOISOTOPE	9042257	9328531	18370788	.243196	.243196	.243196 43
44 LABORATORY	61591224	23289401	84880625	.213956	.213956	.214259 44
49 RESPIRATORY THERAPY	28711103	2314630	31025733	.182847	.182847	.182847 49
49.01 SLEEP LAB	7248	1705372	1712620	.293419	.293419	.296654 49.01
50 PHYSICAL THERAPY	7509459	2968862	10478321	.333861	.333861	.333861 50
50.01 OP PHYSICAL THERAPY	1087	4486312	4487399	.293847	.293847	.293847 50.01
51 OCCUPATIONAL THERAPY	3746496	2060751	5807247	.376961	.376961	.376961 51
52 SPEECH PATHOLOGY	958175	184540	1142715	.410198	.410198	.410198 52
53 ELECTROCARDIOLOGY	21981581	7384686	29366267	.146311	.146311	.148399 53
53.01 CARDIAC REHABILITATION		1593004	1593004	.904698	.904698	.904698 53.01
53.02 CATH LAB	33682422	9294002	42976424	.185936	.185936	.186256 53.02
53.03 INTERVENTIONAL CARD	19819731	7170130	26989861	.245577	.245577	.245577 53.03
54 ELECTROENCEPHALOGRAPHY	714882	612487	1327369	.215190	.215190	.216305 54
55 MEDICAL SUPPLIES CHARGED TO	24692031	7492793	32184824	.156297	.156297	.156297 55
56 DRUGS CHARGED TO PATIENTS	63954841	9371643	73326484	.244948	.244948	.244948 56
57 RENAL DIALYSIS	5243772	114720	5358492	.381924	.381924	.381924 57
58 ASC (NON-DISTINCT PART)		5393353	5393353	1.218353	1.218353	1.218353 58
59 WOUND CARE	5993	1212849	1218842	1.168954	1.168954	1.168954 59
59.01 OP ONCOLOGY		1726676	1726676	.405478	.405478	.405478 59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	33671300	40375113	74046413	.254136	.254136	.269418 61
62 OBSERVATION BEDS (NON-DISTI	209526	1292427	1501953	1.499777	1.499777	1.499777 62
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	618759751	272434898	891194649			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	618759751	272434898	891194649			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	2969		2969	4543639		4543639	25
26 INTENSIVE CARE UNIT	540		540	897305		897305	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
31.01 REHAB	177		177	293630		293630	31.01
33 NURSERY	97		97	161579		161579	33
101 TOTAL	3783		3783	5896153		5896153	101

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	91121	49011	.03	1470	49.86	2443688	25
26 INTENSIVE CARE UNIT	11082	6139	.05	307	80.97	497075	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
31.01 REHAB	6747	5321	.03	160	43.52	231570	31.01
33 NURSERY	3853		.03		41.94		33
101 TOTAL	112803	60471		1937		3172333	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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	1445	2393364	76711498	20910134	.000019	397	.031200	652396
37.01 SURGICENTER	15	26369	8148787		.000002		.003236	37.01
38 RECOVERY ROOM	16	30899	12082737	2576152	.000001	3	.002557	6587
40 ANESTHESIOLOGY	98	168028	15930657	3016096	.000006	18	.010547	31811
41 RADIOLOGY-DIAGNOSTIC	622	1032984	44144675	10079411	.000014	141	.023400	235858
41.01 TCT SCAN	34	83081	82421463	21237542			.001008	21407
41.02 MRI	47	83192	17964286	4501259	.000003	14	.004631	20845
42 RADIOLOGY-THERAPEUTIC	304	500543	13817800	545630	.000022	12	.036225	19765
43 RADIOISOTOPE	83	141753	18370788	4482817	.000005	22	.007716	34589
44 LABORATORY	443	751067	84880625	31793997	.000005	159	.008849	281345
49 RESPIRATORY THERAPY	82	145027	31025733	15208511	.000003	46	.004674	71085
49.01 SLEEP LAB	36	59746	1712620		.000021		.034886	49.01
50 PHYSICAL THERAPY	121	201425	10478321	2616868	.000012	31	.019223	50304
50.01 OP PHYSICAL THERAPY	4	8053	4487399		.000001		.001795	50.01
51 OCCUPATIONAL THERAPY	169	277760	5807247	1752535	.000029	51	.047830	83824
52 SPEECH PATHOLOGY	4	8420	1142715	385498	.000004	2	.007368	2840
53 ELECTROCARDIOLOGY	275	459049	29366267	12524726	.000009	113	.015632	195787
53.01 CARDIAC REHABILITATION	102	168669	1593004		.000064		.105881	53.01
53.02 CATH LAB	278	465827	42976424	17845910	.000006	107	.010839	193432
53.03 INTERVENTIONAL CARD	206	344088	26989861	11797767	.000008	94	.012749	150410
54 ELECTROENCEPHALOGRAPHY	33	52846	1327369	414830	.000025	10	.039813	16516
55 MEDICAL SUPPLIES CHARGED TO P	63	111279	32184824	11647652	.000002	23	.003457	40266
56 DRUGS CHARGED TO PATIENTS	144	259349	73326484	32729439	.000002	65	.003537	115764
57 RENAL DIALYSIS	6	12183	5358492	3528716	.000001	4	.002274	8024
58 ASC (NON-DISTINCT PART)	551	903688	5393353		.000102		.167556	58
59 WOUND CARE	65	106802	1218842	5907	.000053		.087626	518
59.01 OP ONCOLOGY	13	21826	1726676		.000008		.012640	59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY	616	1033804	74046413	16165546	.000008	129	.013962	225703
62 OBSERVATION BEDS (NON-DISTINC	99	150090	1501953		.000066		.099930	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	5974	10001211	726137313	225766943		1441		2459076

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/04/2009 17:09

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	HEALTH	MEDICAL		
	COST	COST	COSTS	COSTS	ADJUSTMENT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS						25
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
31.01 REHAB						31.01
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL						101

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/04/2009 17:09

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
25 INPAT ROUTINE SERV COST CTRS				25
26 ADULTS & PEDIATRICS	91121		49011	26
27 INTENSIVE CARE UNIT	11082		6139	27
28 CORONARY CARE UNIT				28
29 BURN INTENSIVE CARE UNIT				29
30 SURGICAL INTENSIVE CARE UNIT				30
31 OTHER SPECIAL CARE (SPECIFY)				31
31.01 SUBPROVIDER I				31.01
31.01 REHAB	6747		5321	31.01
33 NURSERY	3853			33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	112803		60471	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY				146682			146682
62 OBSERVATION BEDS (NON-DISTINC							61
OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				146682			146682 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] 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			CHARGES	COST TO	PROGRAM	
	COSTS	CHARGES	CHARGES	TO	CHARGES	CHARGES	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		76711498			20910134		8576040 37
37.01 SURGICENTER		8148787					2413499 37.01
38 RECOVERY ROOM		12082737			2576152		1892771 38
40 ANESTHESIOLOGY		15930657			3016096		1854124 40
41 RADIOLOGY-DIAGNOSTIC		44144675			10079411		3801964 41
41.01 TCT SCAN		82421463			21237542		7518814 41.01
41.02 MRI		17964286			4501259		2128210 41.02
42 RADIOLOGY-THERAPEUTIC		13817800			545630		5493939 42
43 RADIOISOTOPE		18370788			4482817		2030831 43
44 LABORATORY		84880625			31793997		1323268 44
49 RESPIRATORY THERAPY		31025733			15208511		421643 49
49.01 SLEEP LAB		1712620					295512 49.01
50 PHYSICAL THERAPY		10478321			2616868		178235 50
50.01 OP PHYSICAL THERAPY		4487399					50.01
51 OCCUPATIONAL THERAPY		5807247			1752535		106 51
52 SPEECH PATHOLOGY		1142715			385498		52
53 ELECTROCARDIOLOGY		29366267			12524726		2083896 53
53.01 CARDIAC REHABILITATION		1593004					413138 53.01
53.02 CATH LAB		42976424			17845910		3903430 53.02
53.03 INTERVENTIONAL CARD		26989861			11797767		4790825 53.03
54 ELECTROENCEPHALOGRAPHY		1327369			414830		138128 54
55 MEDICAL SUPPLIES CHARGED TO P		32184824			11647652		1549069 55
56 DRUGS CHARGED TO PATIENTS		73326484			32729439		2584487 56
57 RENAL DIALYSIS		5358492			3528716		107778 57
58 ASC (NON-DISTINCT PART)		5393353					1733701 58
59 WOUND CARE		1218842			5907		610187 59
59.01 OP ONCOLOGY		1726676					764348 59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	146682	74046413	.001981	.001981	16165546	32024	4065867 61
62 OBSERVATION BEDS (NON-DISTINC		1501953					515855 62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	146682	726137313			225766943	32024	61189665 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0172) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY			8054		61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			8054		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.452446	.452446	.452446			37
37.01 SURGICENTER	.521479	.521479	.521479			37.01
38 RECOVERY ROOM	.234705	.234705	.234705			38
40 ANESTHESIOLOGY	.095310	.095310	.095310			40
41 RADIOLOGY-DIAGNOSTIC	.219468	.219468	.219468			41
41.01 TCT SCAN	.033722	.033722	.033722			41.01
41.02 MRI	.109422	.109422	.109422			41.02
42 RADIOLOGY-THERAPEUTIC	.247974	.247974	.247974			42
43 RADIOISOTOPE	.243196	.243196	.243196			43
44 LABORATORY	.213956	.213956	.213956			44
49 RESPIRATORY THERAPY	.182847	.182847	.182847			49
49.01 SLEEP LAB	.293419	.293419	.293419			49.01
50 PHYSICAL THERAPY	.333861	.333861	.333861			50
50.01 OP PHYSICAL THERAPY	.293847	.293847	.293847			50.01
51 OCCUPATIONAL THERAPY	.376961	.376961	.376961			51
52 SPEECH PATHOLOGY	.410198	.410198	.410198			52
53 ELECTROCARDIOLOGY	.146311	.146311	.146311			53
53.01 CARDIAC REHABILITATION	.904698	.904698	.904698			53.01
53.02 CATH LAB	.185936	.185936	.185936			53.02
53.03 INTERVENTIONAL CARD	.245577	.245577	.245577			53.03
54 ELECTROENCEPHALOGRAPHY	.215190	.215190	.215190			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.156297	.156297	.156297			55
56 DRUGS CHARGED TO PATIENTS	.244948	.244948	.244948			56
57 RENAL DIALYSIS	.381924	.381924	.381924			57
58 ASC (NON-DISTINCT PART)	1.218353	1.218353	1.218353			58
59 WOUND CARE	1.168954	1.168954	1.168954			59
59.01 OP ONCOLOGY	.405478	.405478	.405478			59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	.254136	.254136	.254136			61
62 OBSERVATION BEDS (NON-DISTINCT	1.499777	1.499777	1.499777			62
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.244948	1
2 PROGRAM VACCINE CHARGES		2	55082	2
2.01 PROGRAM VACCINE CHARGES		2.01		2.01
3 PROGRAM COSTS		3	13492	3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER	PPS SER- VICES	PPS SER- VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37		8576040						37
37.01		2413499						37.01
38		1892771						38
40		1854124						40
41		3801964						41
41.01		7518814						41.01
41.02		2128210						41.02
42		5493939						42
43		2030831						43
44		1323268						44
49		421643						49
49.01		295512						49.01
50		178235						50
50.01								50.01
51		106						51
52								52
53		2083896						53
53.01		413138						53.01
53.02		3903430						53.02
53.03		4790825						53.03
54		138128						54
55		1549069						55
56		2584487						56
57		107778						57
58		1733701						58
59		610187						59
59.01		764348						59.01
60.01								60.01
61		4065867						61
62		515855						62
65.01								65.01
65.02								65.02
65.03								65.03
101		61189665						101
102								102
103								103
104		61189665						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0172) [] 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		3880195					37
37.01 SURGICENTER		1258589					37.01
38 RECOVERY ROOM		444243					38
40 ANESTHESIOLOGY		176717					40
41 RADIOLOGY-DIAGNOSTIC		834409					41
41.01 TCT SCAN		253549					41.01
41.02 MRI		232873					41.02
42 RADIOLOGY-THERAPEUTIC		1362354					42
43 RADIOISOTOPE		493890					43
44 LABORATORY		283121					44
49 RESPIRATORY THERAPY		77096					49
49.01 SLEEP LAB		86709					49.01
50 PHYSICAL THERAPY		59506					50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY		40					51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		304897					53
53.01 CARDIAC REHABILITATION		373765					53.01
53.02 CATH LAB		725788					53.02
53.03 INTERVENTIONAL CARD		1176516					53.03
54 ELECTROENCEPHALOGRAPHY		29724					54
55 MEDICAL SUPPLIES CHARGED TO PAT		242115					55
56 DRUGS CHARGED TO PATIENTS		633065					56
57 RENAL DIALYSIS		41163					57
58 ASC (NON-DISTINCT PART)		2112260					58
59 WOUND CARE		713281					59
59.01 OP ONCOLOGY		309926					59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY		1033283					61
62 OBSERVATION BEDS (NON-DISTINCT)		773667					62
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		17912741					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		17912741					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172)

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	OLD CAPITAL		NEW CAPITAL	
	CAPITAL	CAPITAL			RATIO OF	CAPITAL	RATIO OF	CAPITAL
	RELATED	RELATED	CHARGES	PROGRAM	COST TO	COSTS	COST TO	COSTS
	COST	COST		CHARGES	CHARGES		CHARGES	
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	1445	2393364	76711498	74029	.000019	1	.031200	2310 37
37.01 SURGICENTER	15	26369	8148787		.000002		.003236	37.01
38 RECOVERY ROOM	16	30899	12082737	4273	.000001		.002557	11 38
40 ANESTHESIOLOGY	98	168028	15930657		.000006		.010547	40
41 RADIOLOGY-DIAGNOSTIC	622	1032984	44144675	180023	.000014	3	.023400	4213 41
41.01 TCT SCAN	34	83081	82421463	129354			.001008	130 41.01
41.02 MRI	47	83192	17964286	17200	.000003		.004631	80 41.02
42 RADIOLOGY-THERAPEUTIC	304	500543	13817800	48268	.000022	1	.036225	1749 42
43 RADIOISOTOPE	83	141753	18370788	15875	.000005		.007716	122 43
44 LABORATORY	443	751067	84880625	811920	.000005	4	.008849	7185 44
49 RESPIRATORY THERAPY	82	145027	31025733	412201	.000003	1	.004674	1927 49
49.01 SLEEP LAB	36	59746	1712620		.000021		.034886	49.01
50 PHYSICAL THERAPY	121	201425	10478321	2799667	.000012	34	.019223	53818 50
50.01 OP PHYSICAL THERAPY	4	8053	4487399		.000001		.001795	50.01
51 OCCUPATIONAL THERAPY	169	277760	5807247	1882455	.000029	55	.047830	90038 51
52 SPEECH PATHOLOGY	4	8420	1142715	261841	.000004	1	.007368	1929 52
53 ELECTROCARDIOLOGY	275	459049	29366267	73806	.000009	1	.015632	1154 53
53.01 CARDIAC REHABILITATION	102	168669	1593004		.000064		.105881	53.01
53.02 CATH LAB	278	465827	42976424		.000006		.010839	53.02
53.03 INTERVENTIONAL CARD	206	344088	26989861		.000008		.012749	53.03
54 ELECTROENCEPHALOGRAPHY	33	52846	1327369	5719	.000025		.039813	228 54
55 MEDICAL SUPPLIES CHARGED TO P	63	111279	32184824	385828	.000002	1	.003457	1334 55
56 DRUGS CHARGED TO PATIENTS	144	259349	73326484	1414770	.000002	3	.003537	5004 56
57 RENAL DIALYSIS	6	12183	5358492	208629	.000001		.002274	474 57
58 ASC (NON-DISTINCT PART)	551	903688	5393353		.000102		.167556	58
59 WOUND CARE	65	106802	1218842		.000053		.087626	59
59.01 OP ONCOLOGY	13	21826	1726676		.000008		.012640	59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY	616	1033804	74046413	190	.000008		.013962	3 61
62 OBSERVATION BEDS (NON-DISTINC	99	150090	1501953		.000066		.099930	62
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	5974	10001211	726137313	8726048		105		171709 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] 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
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY				146682			146682
62 OBSERVATION BEDS (NON-DISTINC							61
OTHER REIMBURSABLE COST CENTERS							62
101 TOTAL				146682			146682 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 [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [XX] SUB II (14-T172) [] NF [] ICF/MR
 [] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			TO	RATIO OF	PROGRAM	
	COSTS	CHARGES	COST TO	TO	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		76711498			74029		37
37.01 SURGICENTER		8148787					37.01
38 RECOVERY ROOM		12082737			4273		38
40 ANESTHESIOLOGY		15930657					40
41 RADIOLOGY-DIAGNOSTIC		44144675			180023		193 41
41.01 TCT SCAN		82421463			129354		41.01
41.02 MRI		17964286			17200		41.02
42 RADIOLOGY-THERAPEUTIC		13817800			48268		42
43 RADIOISOTOPE		18370788			15875		43
44 LABORATORY		84880625			811920		44
49 RESPIRATORY THERAPY		31025733			412201		49
49.01 SLEEP LAB		1712620					49.01
50 PHYSICAL THERAPY		10478321			2799667		50
50.01 OP PHYSICAL THERAPY		4487399					50.01
51 OCCUPATIONAL THERAPY		5807247			1882455		51
52 SPEECH PATHOLOGY		1142715			261841		52
53 ELECTROCARDIOLOGY		29366267			73806		53
53.01 CARDIAC REHABILITATION		1593004					53.01
53.02 CATH LAB		42976424					53.02
53.03 INTERVENTIONAL CARD		26989861					53.03
54 ELECTROENCEPHALOGRAPHY		1327369			5719		54
55 MEDICAL SUPPLIES CHARGED TO P		32184824			385828		71 55
56 DRUGS CHARGED TO PATIENTS		73326484			1414770		498 56
57 RENAL DIALYSIS		5358492			208629		57
58 ASC (NON-DISTINCT PART)		5393353					58
59 WOUND CARE		1218842					59
59.01 OP ONCOLOGY		1726676					59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	146682	74046413	.001981	.001981	190		61
62 OBSERVATION BEDS (NON-DISTINC		1501953					62
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	146682	726137313			8726048		762 101

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	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[XX]	SUB II (14-T172)	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4	
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.452446	.452446	.452446				37
37.01 SURGICENTER	.521479	.521479	.521479				37.01
38 RECOVERY ROOM	.234705	.234705	.234705				38
40 ANESTHESIOLOGY	.095310	.095310	.095310				40
41 RADIOLOGY-DIAGNOSTIC	.219468	.219468	.219468				41
41.01 TCT SCAN	.033722	.033722	.033722				41.01
41.02 MRI	.109422	.109422	.109422				41.02
42 RADIOLOGY-THERAPEUTIC	.247974	.247974	.247974				42
43 RADIOISOTOPE	.243196	.243196	.243196				43
44 LABORATORY	.213956	.213956	.213956				44
49 RESPIRATORY THERAPY	.182847	.182847	.182847				49
49.01 SLEEP LAB	.293419	.293419	.293419				49.01
50 PHYSICAL THERAPY	.333861	.333861	.333861				50
50.01 OP PHYSICAL THERAPY	.293847	.293847	.293847				50.01
51 OCCUPATIONAL THERAPY	.376961	.376961	.376961				51
52 SPEECH PATHOLOGY	.410198	.410198	.410198				52
53 ELECTROCARDIOLOGY	.146311	.146311	.146311				53
53.01 CARDIAC REHABILITATION	.904698	.904698	.904698				53.01
53.02 CATH LAB	.185936	.185936	.185936				53.02
53.03 INTERVENTIONAL CARD	.245577	.245577	.245577				53.03
54 ELECTROENCEPHALOGRAPHY	.215190	.215190	.215190				54
55 MEDICAL SUPPLIES CHARGED TO PAT	.156297	.156297	.156297				55
56 DRUGS CHARGED TO PATIENTS	.244948	.244948	.244948				56
57 RENAL DIALYSIS	.381924	.381924	.381924				57
58 ASC (NON-DISTINCT PART)	1.218353	1.218353	1.218353				58
59 WOUND CARE	1.168954	1.168954	1.168954				59
59.01 OP ONCOLOGY	.405478	.405478	.405478				59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	.254136	.254136	.254136				61
62 OBSERVATION BEDS (NON-DISTINCT)	1.499777	1.499777	1.499777				62
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.244948	1
2 PROGRAM VACCINE CHARGES	2		
2.01 PROGRAM VACCINE CHARGES	2.01		
3 PROGRAM COSTS	3		
3.01 PROGRAM COSTS	3.01		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	PPS SER- VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
37.01 SURGICENTER								37.01
38 RECOVERY ROOM								38
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC			193					41
41.01 TCT SCAN								41.01
41.02 MRI								41.02
42 RADIOLOGY-THERAPEUTIC								42
43 RADIOISOTOPE								43
44 LABORATORY								44
49 RESPIRATORY THERAPY								49
49.01 SLEEP LAB								49.01
50 PHYSICAL THERAPY								50
50.01 OP PHYSICAL THERAPY								50.01
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY								53
53.01 CARDIAC REHABILITATION								53.01
53.02 CATH LAB								53.02
53.03 INTERVENTIONAL CARD								53.03
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA		71						55
56 DRUGS CHARGED TO PATIENTS		498						56
57 RENAL DIALYSIS								57
58 ASC (NON-DISTINCT PART)								58
59 WOUND CARE								59
59.01 OP ONCOLOGY								59.01
OUTPATIENT SERVICE COST CENTERS								
60.01 PARTIAL HOSPITALIZATION								60.01
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT								62
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL		762						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		762						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [XX] SUB II (14-T172) [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
37.01 SURGICENTER							37.01
38 RECOVERY ROOM							38
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC		42					41
41.01 TCT SCAN							41.01
41.02 MRI							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
50.01 OP PHYSICAL THERAPY							50.01
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 CARDIAC REHABILITATION							53.01
53.02 CATH LAB							53.02
53.03 INTERVENTIONAL CARD							53.03
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT		11					55
56 DRUGS CHARGED TO PATIENTS		122					56
57 RENAL DIALYSIS							57
58 ASC (NON-DISTINCT PART)							58
59 WOUND CARE							59
59.01 OP ONCOLOGY							59.01
OUTPATIENT SERVICE COST CENTERS							
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS							62
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		175					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		175					104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0172)	SUB I	SUB II (PPS) (14-T172)	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)	91121		6747			1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	91121		6747			2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	91121		6747			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)	49011		5321			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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	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	68191792		4530522				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	68191792		4530522				27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14252632		6189674				28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14252632		6189674				30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	4.784505		.731948				31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	156.41		917.40				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	68191792		4530522				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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	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	748.37		671.49			38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36678362		3572998			39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	36678362		3572998			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	17364479		11082	1566.91	6139	9619260 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) (14-0172)	SUB I	SUB II (PPS) (14-T172)	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	50031983		2596055			48
49 TOTAL PROGRAM INPATIENT COSTS	96329605		6169053			49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2942540		231730			50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2492541		171814			51
52 TOTAL PROGRAM EXCLUDABLE COST	5435081		403544			52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	90894524		5765509			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) (14-0172)	SUB I 1	SUB II (PPS) (14-T172) 1	SUB III 1	SUB IV 1	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54						54
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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)		(PPS)		
(14-0172)		(14-T172)		
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3010	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	748.37	84
85 OBSERVATION BED COST	2252594	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	HOSPITAL ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST	2969	68191792	.000044	2252594	99	86
87 NEW CAPITAL-RELATED COST	4543639	68191792	.066630	2252594	150090	87
88 NON PHYSICIAN ANESTHETIST		68191792		2252594		88
89 NURSING SCHOOL		68191792		2252594		89
89.01 ALLIED HEALTH		68191792		2252594		89.01
89.02 ALL OTHER		68191792		2252594		89.02

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0172) [] 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		61034763		25
26 INTENSIVE CARE UNIT		15473281		26
31.01 REHAB				31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.453749	20910134	9487952	37
37.01 SURGICENTER	.521479			37.01
38 RECOVERY ROOM	.234705	2576152	604636	38
40 ANESTHESIOLOGY	.095310	3016096	287464	40
41 RADIOLOGY-DIAGNOSTIC	.219789	10079411	2215344	41
41.01 TCT SCAN	.033722	21237542	716172	41.01
41.02 MRI	.109422	4501259	492537	41.02
42 RADIOLOGY-THERAPEUTIC	.247974	545630	135302	42
43 RADIOISOTOPE	.243196	4482817	1090203	43
44 LABORATORY	.214259	31793997	6812150	44
49 RESPIRATORY THERAPY	.182847	15208511	2780831	49
49.01 SLEEP LAB	.296654			49.01
50 PHYSICAL THERAPY	.333861	2616868	873670	50
50.01 OP PHYSICAL THERAPY	.293847			50.01
51 OCCUPATIONAL THERAPY	.376961	1752535	660637	51
52 SPEECH PATHOLOGY	.410198	385498	158131	52
53 ELECTROCARDIOLOGY	.148399	12524726	1858657	53
53.01 CARDIAC REHABILITATION	.904698			53.01
53.02 CATH LAB	.186256	17845910	3323908	53.02
53.03 INTERVENTIONAL CARD	.245577	11797767	2897260	53.03
54 ELECTROENCEPHALOGRAPHY	.216305	414830	89730	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.156297	11647652	1820493	55
56 DRUGS CHARGED TO PATIENTS	.244948	32729439	8017011	56
57 RENAL DIALYSIS	.381924	3528716	1347701	57
58 ASC (NON-DISTINCT PART)	1.218353			58
59 WOUND CARE	1.168954	5907	6905	59
59.01 OP ONCOLOGY	.405478			59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY	.269418	16165546	4355289	61
62 OBSERVATION BEDS (NON-DISTINCT	1.499777			62
OTHER REIMBURSABLE COST CENTERS				
101 TOTAL		225766943	50031983	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		225766943		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[XX] SUB II (14-T172)	[] 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				25
26 INTENSIVE CARE UNIT				26
31.01 REHAB		7018015		31.01
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.453749	74029	33591	37
37.01 SURGICENTER	.521479			37.01
38 RECOVERY ROOM	.234705	4273	1003	38
40 ANESTHESIOLOGY	.095310			40
41 RADIOLOGY-DIAGNOSTIC	.219789	180023	39567	41
41.01 TCT SCAN	.033722	129354	4362	41.01
41.02 MRI	.109422	17200	1882	41.02
42 RADIOLOGY-THERAPEUTIC	.247974	48268	11969	42
43 RADIOISOTOPE	.243196	15875	3861	43
44 LABORATORY	.214259	811920	173961	44
49 RESPIRATORY THERAPY	.182847	412201	75370	49
49.01 SLEEP LAB	.296654			49.01
50 PHYSICAL THERAPY	.333861	2799667	934700	50
50.01 OP PHYSICAL THERAPY	.293847			50.01
51 OCCUPATIONAL THERAPY	.376961	1882455	709612	51
52 SPEECH PATHOLOGY	.410198	261841	107407	52
53 ELECTROCARDIOLOGY	.148399	73806	10953	53
53.01 CARDIAC REHABILITATION	.904698			53.01
53.02 CATH LAB	.186256			53.02
53.03 INTERVENTIONAL CARD	.245577			53.03
54 ELECTROENCEPHALOGRAPHY	.216305	5719	1237	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.156297	385828	60304	55
56 DRUGS CHARGED TO PATIENTS	.244948	1414770	346545	56
57 RENAL DIALYSIS	.381924	208629	79680	57
58 ASC (NON-DISTINCT PART)	1.218353			58
59 WOUND CARE	1.168954			59
59.01 OP ONCOLOGY	.405478			59.01
OUTPATIENT SERVICE COST CENTERS				
60.01 PARTIAL HOSPITALIZATION				60.01
61 EMERGENCY	.269418	190	51	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	1.499777			62
101 TOTAL		8726048	2596055	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		8726048		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	54796339					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18376671					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	2127640					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	258545					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1655035					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	346.92					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	124.92					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]	-18.60					3.06
3.07 SUM OF LINES 3.04-3.06	115.42			-18.60	96.82	3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	80.68					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	80.68					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	84.71					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..	88.96					3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	84.78				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.244379				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.246400				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.244379				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	7115042				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	2329253				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]					3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	9444295 0	9444295			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0504				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.2066				4.01
4.02	SUM OF 4 AND 4.01	0.2570				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1042				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	7624628				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS	335.00				5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	91896968				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	91896968				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	7233251				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3660952				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	32024				15
16	TOTAL	102823195				16
17	PRIMARY PAYER PAYMENTS	135216				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	102687979				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	6641535				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	946506				20
21	REIMBURSABLE BAD DEBTS	1636074				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	1145252				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1147073				21.02
22	SUBTOTAL	96245190				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0172)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	96245190				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	96860124				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-614934				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	886338				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0172) 1	HOSPITAL (14-0172) 1.01	HOSPITAL (14-0172) 1.02	
1 MEDICAL AND OTHER SERVICES	13492			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	17904687			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	12774601			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	8054			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	13492			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	55082			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	55082			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	55082			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	41590			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	13492			17
17.01 TOTAL PPS PAYMENTS	12782655			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0172)	HOSPITAL (14-0172)	HOSPITAL (14-0172)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	3398664		18.01
LINE 17.01			
19 SUBTOTAL	9397483		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	641045		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10038528		23
24 PRIMARY PAYER PAYMENTS	2220		24
25 SUBTOTAL	10036308		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	423145		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	296202		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	276526		27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL	10332510		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	-25		30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10332535		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10261392		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	71143		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T172)	SUB II (14-T172)	SUB II (14-T172)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	175			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	247			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.850			1.03
1.04 LINE 1.01 TIMES LINE 1.03	149			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	247			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB II (14-T172) 1	SUB II (14-T172) 1.01	SUB II (14-T172) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	9		18.01
LINE 17.01			
19 SUBTOTAL	238		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	238		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	238		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	238		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO EFFECT			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	238		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	238		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
(14-0172)
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
(14-0172)
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
(14-0172)
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 (14-0172)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		96067999		10196830	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	10/01/2008 02/01/2009	508437 283688	10/01/2008 64562	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	792125		64562	3.99
4 TOTAL INTERIM PAYMENTS		96860124		10261392	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52		NONE	NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM		-614934	71143	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		96245190		10332535	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER II (14-T172)

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		6456116		238
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	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		6456116		238
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	107355		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		6563471		238

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II (14-T172) SUB III SUB IV

1	INPATIENT HOSPITAL SERVICES					1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)					1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)			6056792		1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)			0.0218		1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)			287825		1.04
1.05	OUTLIER PAYMENTS			63118		1.05
1.06	TOTAL PPS PAYMENTS			6626415		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)					1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					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)					1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS					1.19
1.20	STOP LESS PAYMENT FLOOR					1.20
1.21	ADJUSTED NET PAYMENT FLOOR					1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS					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)			1.30		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)			0.74		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)			0.74		1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)			18.434426		1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR			0.036105		1.41
1.42	MEDICAL EDUCATION ADJUSTMENT			218680		1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL			6626415		4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL			6626415		6
7	DEDUCTIBLES			13280		7
8	SUBTOTAL			6613135		8
9	COINSURANCE			49664		9
10	SUBTOTAL			6563471		10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL			6563471		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	SUB II (14-T172)	SUB III	SUB IV	
13.01						13.01
14						14
15						15
16						16
17			6563471			17
18						18
19			6456116			19
19.01						19.01
20			107355			20
21						21
50						50
51						51
52						52
53						53

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

WORKSHEET E-3
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	128.25 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	-18.60 3.03
3.04	FTE ADJUSTMENT CAP 119.25 -18.60	100.65 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	81.32 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	81.32 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	12.71 3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	63.86 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	76.57 3.09
3.10	SEE INSTRUCTIONS	76.57 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	63.86 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	67.07 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	70.21 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	67.05 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	67.05 3.16
3.17	SEE INSTRUCTIONS	91284.25 3.17
3.18	SEE INSTRUCTIONS	6120609 3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		12.37	3.19
3.20	SEE INSTRUCTIONS		14.21	3.20
3.21	SEE INSTRUCTIONS		13.10	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		13.10	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		93840.11	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		1229305	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		7349914	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		60471	4
5	TOTAL INPATIENT DAYS		105940	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.570804	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 4195360	0	4195360	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		1790	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		105940	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		106637	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0	0		6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5358492	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
06/04/2009 17:09

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

WORKSHEET E-3
PART IV
(CONT)

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

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST	102498658 12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	135216 15
16	TOTAL PART A REASONABLE COST	102363442 16
PART B REASONABLE COST		
17	REASONABLE COST	17926408 17
18	PRIMARY PAYER PAYMENTS	2220 18
19	TOTAL PART B REASONABLE COST	17924188 19
20	TOTAL REASONABLE COST	120287630 20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.850989 21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.149011 22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	4301997 23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	3660952 24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	641045 25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

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

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	119.25 2
3	UNADJUSTED DIRECT GME FTE CAP	128.25 3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	119.25 4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5 5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01 5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6 6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7 7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8 8
9	LINE 7 TIMES LINE 8	9 9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10 10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11 11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12 12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	115.42 13
14	UNADJUSTED IME FTE CAP	124.92 14
15	PRORATED REDUCED ALLOWABLE FTE CAP	115.42 15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16 16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17 17
18	SEE INSTRUCTIONS	18 18
19	RESIDENT TO BED COUNT	19 19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20 20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21 21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22 22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23 23

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	6771703			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	92408446			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-35185749			6
7	INVENTORY	7472895			7
8	PREPAID EXPENSES	1781449			8
9	OTHER CURRENT ASSETS	1681937			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	74930681			11
FIXED ASSETS					
12	LAND	9271237			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	4180311			13
13.01	ACCUMULATED DEPRECIATION	-2314799			13.01
14	BUILDINGS	114194502			14
14.01	ACCUMULATED DEPRECIATION	-35516106			14.01
15	LEASEHOLD IMPROVEMENTS	545978			15
15.01	ACCUMULATED AMORTIZATION	-13978			15.01
16	FIXED EQUIPMENT	87798834			16
16.01	ACCUMULATED DEPRECIATION	-30437620			16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	81251274			18
18.01	ACCUMULATED DEPRECIATION	-48303947			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	180655686			21
OTHER ASSETS					
22	INVESTMENTS	578215			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	6627012	2027709		25
26	TOTAL OTHER ASSETS	7205227	2027709		26
27	TOTAL ASSETS	262791594	2027709		27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	11273049			28
29	SALARIES, WAGES & FEES PAYABLE	12141866			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)				31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	8541211			35
36	TOTAL CURRENT LIABILITIES	31956126			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE				38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	6445260			41
42	TOTAL LONG TERM LIABILITIES	6445260			42
43	TOTAL LIABILITIES	38401386			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	224390208			44
45	SPECIFIC PURPOSE FUND BALANCE		2027709		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	224390208	2027709		51
52	TOTAL LIABILITIES AND FUND BALANCES	262791594	2027709		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	217726786	1567065		1
2 NET INCOME (LOSS)	-19746428			2
3 TOTAL	197980358	1567065		3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 TRANSFER FROM AFFILIATES	26409850			6
7 ASSETS ADDED TO RESTRICTED		460644		7
8				8
9				9
10 TOTAL ADDITIONS	26409850	460644		10
11 SUBTOTAL	224390208	2027709		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	224390208	2027709		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	122037296		122037296	2
2.01 SUBPROVIDER I				4
4 SUBPROVIDER II	8919995		8919995	5
5 SWING BED - SNF				6
6 SWING BED - NF				7
7 SKILLED NURSING FACILITY				8
8 NURSING FACILITY				9
9 OTHER LONG TERM CARE				10
TOTAL GENERAL INPATIENT CARE SERVICES	130957291		130957291	11
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				12
10 INTENSIVE CARE UNIT	28734672		28734672	13
11 CORONARY CARE UNIT				14
12 BURN INTENSIVE CARE UNIT				15
13 SURGICAL INTENSIVE CARE UNIT				16
14 OTHER SPECIAL CARE (SPECIFY)				17
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	28734672		28734672	18
16 TOTAL INPATIENT ROUTINE CARE SERVICES	159691963		159691963	19
17 ANCILLARY SERVICES	453551287	278654737	732206024	20
18 OUTPATIENT SERVICES		13922385	13922385	21
19 HOME HEALTH AGENCY		7384640	7384640	22
20 AMBULANCE				23
21 CORF				24
22 ASC				25
23 HOSPICE				
24 PHYSICIANS REVENUE		17191777	17191777	
25 TOTAL PATIENT REVENUES	613243250	317153539	930396789	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		342974275	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		342974275	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	930396789	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	623717989	2
3	NET PATIENT REVENUES	306678800	3
4	LESS - TOTAL OPERATING EXPENSES	342974275	4
5	NET INCOME FROM SERVICE TO PATIENTS	-36295475	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	796741	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	345	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	1257487	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS	123020	12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1438641	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	28916	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	479360	20
21	RENTAL OF VENDING MACHINES	34395	21
22	RENTAL OF HOSPITAL SPACE	1874720	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	GAIN ON DISPOSAL OF ASSETS		24
24.01	EMERGENCY MEDICAL TECHNICIAN REVENUE	64896	24.01
24.02	BILLING SERVICES	261864	24.02
24.03	DIABETES CENTER	169846	24.03
24.04	RESEARCH	22980	24.04
24.05	SALE OF SILVER	451	24.05
24.06	HOSPICE REVENUE	282153	24.06
24.07	OB/NURSERY OTHER REVENUES	7058	24.07
24.08	TELEPHONE ANSWERING SERVICE	88664	24.08
24.09	DIETARY SPECIAL FUNCTIONS	2834	24.09
24.10	RETAIL PHARMACY	912386	24.10
24.11	FITNESS CENTER	2955031	24.11
24.12	EQUITY IN EARNINGS OF AFFILIATE	143533	24.12
24.13	RADIOLOGY OTHER REVENUE	7784	24.13
24.15	PRINT SHOP FEES	1620	24.15
24.17	CAPITATION - PREMIUM REVENUE	4342382	24.17
24.18	OTHER RENTAL REVENUE		24.18
24.19	EKG OTHER REVENUE	14355	24.19
24.20	SENIOR SERVICES	89241	24.20
24.23	OTHER REVENUE, NET	271461	24.23
24.24	CT SCAN OTHER REVENUE	876883	24.24
25	TOTAL OTHER INCOME	16549047	25
26	TOTAL	-19746428	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-19746428	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

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	646215	180941			179492	1006648
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1997849	559398	86840			2644087
7 PHYSICAL THERAPY	75133	21037		727002		823172
8 OCCUPATIONAL THERAPY	19822	5550		170312		195684
9 SPEECH PATHOLOGY	17180	4811		-1600		20391
10 MEDICAL SOCIAL SERVICES		621		25918		28759
11 HOME HEALTH AIDE	229880	64366	28290			322536
12 SUPPLIES					100002	100002
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	2988299	836724	115130	921632	279494	5141279

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7267

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	-178677	827971	-45478	782493	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		2644087		2644087	6
7 PHYSICAL THERAPY		823172		823172	7
8 OCCUPATIONAL THERAPY		195684		195684	8
9 SPEECH PATHOLOGY		20391		20391	9
10 MEDICAL SOCIAL SERVICES		28759		28759	10
11 HOME HEALTH AIDE		322536		322536	11
12 SUPPLIES		100002		100002	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL	-178677	4962602	-45478	4917124	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7267

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	782493					782493	782493	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	2644087					2644087	500402	3144489 6
7 PHYSICAL THERAPY	823172					823172	155788	978960 7
8 OCCUPATIONAL THERAPY	195684					195684	37034	232718 8
9 SPEECH PATHOLOGY	20391					20391	3859	24250 9
10 MEDICAL SOCIAL SERVICES	28759					28759	5443	34202 10
11 HOME HEALTH AIDE	322536					322536	61041	383577 11
12 SUPPLIES	100002					100002	18926	118928 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	4917124					4917124		4917124 24

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
 PERIOD FROM 01/01/2008 TO 12/31/2008

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

VERSION: 2009.01
 06/04/2009 17:09

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7267

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					-782493	4134631	5
6 SKILLED NURSING CARE						2644087	6
7 PHYSICAL THERAPY						823172	7
8 OCCUPATIONAL THERAPY						195684	8
9 SPEECH PATHOLOGY						20391	9
10 MEDICAL SOCIAL SERVICES						28759	10
11 HOME HEALTH AIDE						322536	11
12 SUPPLIES						100002	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-782493	4134631	24
25 COST TO BE ALLOC (PER W/S H)						782493	25
26 UNIT COST MULTIPLIER						.189253	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7267

WORKSHEET H-5
 PART I

HHA COST CENTER	SUBTOTAL	ALLOCATED		
		HHA A & G	TOTAL HHA COSTS	
	27	28	29	
1 ADMINISTRATIVE AND GENERAL	34006			1
2 SKILLED NURSING CARE	4216675	21811	4238486	2
3 PHYSICAL THERAPY	1285761	6650	1292411	3
4 OCCUPATIONAL THERAPY	305744	1581	307325	4
5 SPEECH PATHOLOGY	32667	169	32836	5
6 MEDICAL SOCIAL SERVICES	44900	232	45132	6
7 HOME HEALTH AIDE	526016	2721	528737	7
8 SUPPLIES	162880	842	163722	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	6608649	34006	6608649	20
21 UNIT COST MULTIPLIER		.005172		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-5
 PART II

HHA COST CENTER	LAUNDRY + LINEN SERVICE PATIENT DAYS	HOUSE- KEEPING SQUARE FEET	DIETARY MEALS SERVED	CAFETERIA PROD FTE'S	NURSING ADMINIS- TRATION NURS DIRECT FTE	CENTRAL SERVICES * SUPPLY COSTED REQUI	PHARMACY COSTED REQUI	MEDICAL RECORDS & LIBRARY GROSS REVENUE	
	9	10	11	12	14	15	16	17	
1 ADMINISTRATIVE AND GENERAL				18043			1842		1
2 SKILLED NURSING CARE				53363					2
3 PHYSICAL THERAPY				1945					3
4 OCCUPATIONAL THERAPY				513					4
5 SPEECH PATHOLOGY				493					5
6 MEDICAL SOCIAL SERVICES				57					6
7 HOME HEALTH AIDE				12950					7
8 SUPPLIES						100572			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				87364		100572	1842		20
21 TOTAL COST TO BE ALLOCATED				158158		7116	929		21
22 UNIT COST MULTIPLIER							.504343		22
22 UNIT COST MULTIPLIER				1.810334		.070755			22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7267

WORKSHEET H-5
 PART II

HHA COST CENTER	SOCIAL SERVICE	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	RADIOLOGY PARAMEDICA	
	TIME SPENT	ASSIGNED TIME	ASSIGNED TIME	ASSIGNED TIME	TIME SPENT	
	18	22	23	24	24.01	
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.: 14-7267

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	4238486		4238486	22420	189.05	1
2	PHYSICAL THERAPY	3	1292411		1292411	9749	132.57	2
3	OCCUPATIONAL THERAPY	4	307325		307325	2572	119.49	3
4	SPEECH PATHOLOGY	5	32836		32836	302	108.73	4
5	MEDICAL SOCIAL SERV	6	45132		45132	288	156.71	5
6	HOME HEALTH AIDE SERV	7	528737		528737	6321	83.65	6
7	TOTAL		6444927		6444927	41652		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
8	SKILLED NURSING CARE		1	2	3	4	5	8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
15	COST OF MEDICAL SUPPLIES	8	163722	2	163722	187142	.874854	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.		
						1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7267

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				1
2 TOTAL CHARGES	3921819	1812860		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	3921819	1812860		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	3921819	1812860		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	3858643	1686297	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11033	18623	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	32655	13961	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES		3773	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)			11
12 SUBTOTAL	3902331	1722654	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	3902331	1722654	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	3902331	1722654	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	3902331	1722654	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	3902331	1722654	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	3902331	1722654	24
25 TOTAL INTERIM PAYMENTS	3902331	1722654	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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

HHA NO.: 14-7267

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		3902331		1722654	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 .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		3902331		1722654	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		3902331		1722654	7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0172)	HOSPITAL (14-0172)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	6193448				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	137418				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	271.02				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18]
4.01					4.01
					NO. OF INTERNS & RESIDENTS 84.78 [E-3,PT VI,LN.18]
4.02	84.78	0.00			4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE 9.23
4.03	571655				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0504				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.2066				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.2570				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0534				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	330730				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	7233251				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

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
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 RADIOLOGY PARAMEDICAL					24.01
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31.01 REHAB					31.01
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SURGICENTER					37.01
38 RECOVERY ROOM					38
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 TCT SCAN					41.01
41.02 MRI					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
50.01 OP PHYSICAL THERAPY					50.01
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 CARDIAC REHABILITATION					53.01
53.02 CATH LAB					53.02
53.03 INTERVENTIONAL CARD					53.03
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58 ASC (NON-DISTINCT PART)					58
59 WOUND CARE					59
59.01 OP ONCOLOGY					59.01
OUTPATIENT SERVICE COST CENTERS					
60.01 PARTIAL HOSPITALIZATION					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS					62
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
99 NONPAID WORKERS					99
00 OTHER NONREIMBURSABLE COST CENT					00
00.01 SENIOR FRIENDS					00.01
00.02 OTHER NONREIMBURSABLE COST CENT					00.02
00.03 OTHER NONREIMBURSABLE COST CENT					00.03

PROVIDER NO. 14-0172 OLYMPIA FIELDS OSTEOPATHIC HOS
PERIOD FROM 01/01/2008 TO 12/31/2008

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

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
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	53.79		15.20				68.99 25
26 INTENSIVE CARE UNIT	55.40		12.25				67.65 26
33 NURSERY			59.17				59.17 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	27.26	11.18					38.44 37
37.01 SURGICENTER		29.62					29.62 37.01
38 RECOVERY ROOM	21.32	15.67					36.99 38
40 ANESTHESIOLOGY	18.93	11.64					30.57 40
41 RADIOLOGY-DIAGNOSTIC	22.83	8.61					31.44 41
41.01 TCT SCAN	25.77	9.12					34.89 41.01
41.02 MRI	25.06	11.85					36.91 41.02
42 RADIOLOGY-THERAPEUTIC	3.95	39.76					43.71 42
43 RADIOISOTOPE	24.40	11.05					35.45 43
44 LABORATORY	37.46	1.56					39.02 44
49 RESPIRATORY THERAPY	49.02	1.36					50.38 49
49.01 SLEEP LAB		17.25					17.25 49.01
50 PHYSICAL THERAPY	24.97	1.70					26.67 50
51 OCCUPATIONAL THERAPY	30.18						30.18 51
52 SPEECH PATHOLOGY	33.74						33.74 52
53 ELECTROCARDIOLOGY	42.65	7.10					49.75 53
53.01 CARDIAC REHABILITATION		25.93					25.93 53.01
53.02 CATH LAB	41.52	9.08					50.60 53.02
53.03 INTERVENTIONAL CARD	43.71	17.75					61.46 53.03
54 ELECTROENCEPHALOGRAPHY	31.25	10.41					41.66 54
55 MEDICAL SUPPLIES CHARGED TO PAT	36.19	4.81					41.00 55
56 DRUGS CHARGED TO PATIENTS	44.64	3.52					48.16 56
57 RENAL DIALYSIS	65.85	2.01					67.86 57
58 ASC (NON-DISTINCT PART)		32.15					32.15 58
59 WOUND CARE	0.48	50.06					50.54 59
59.01 OP ONCOLOGY		44.27					44.27 59.01
61 EMERGENCY	21.83	5.49					27.32 61
62 OBSERVATION BEDS (NON-DISTINCT		34.35					34.35 62
101 TOTAL CHARGES	25.33	6.87					32.20 101

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

SUBPROVIDER II

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							
31.01 REHAB	78.86		4.05				82.91 31.01
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.10						0.10 37
38 RECOVERY ROOM	0.04						0.04 38
41 RADIOLOGY-DIAGNOSTIC	0.41		0.01				0.42 41
41.01 TCT SCAN	0.16						0.16 41.01
41.02 MRI	0.10		0.01				0.11 41.02
42 RADIOLOGY-THERAPEUTIC	0.35						0.35 42
43 RADIOISOTOPE	0.09		0.01				0.10 43
44 LABORATORY	0.96		0.03				0.99 44
49 RESPIRATORY THERAPY	1.33		0.03				1.36 49
50 PHYSICAL THERAPY	26.72		0.99				27.71 50
51 OCCUPATIONAL THERAPY	32.42						32.42 51
52 SPEECH PATHOLOGY	22.91						22.91 52
53 ELECTROCARDIOLOGY	0.25		0.01				0.26 53
54 ELECTROENCEPHALOGRAPHY	0.43		0.01				0.44 54
55 MEDICAL SUPPLIES CHARGED TO PAT	1.20		0.06				1.26 55
56 DRUGS CHARGED TO PATIENTS	1.93		0.05				1.98 56
57 RENAL DIALYSIS	3.89		0.05				3.94 57
101 TOTAL CHARGES	0.98		0.02				1.00 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT	11282		-11282	- .01			1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	8224271	2.73	-8224271	-6.26			3
4	NEW CAP REL COSTS-MVBLE EQUIP	10181855	3.39	-10181855	-7.75			4
5	EMPLOYEE BENEFITS	-214538	-.07	214538	.16			5
6	ADMINISTRATIVE & GENERAL	69603153	23.14	-69603153	-53.00			6
8	OPERATION OF PLANT	14308780	4.76	-14308780	-10.90			8
9	LAUNDRY & LINEN SERVICE	1965012	.65	-1965012	-1.50			9
10	HOUSEKEEPING	5150117	1.71	-5150117	-3.92			10
11	DIETARY	1646281	.55	-1646281	-1.25			11
12	CAFETERIA	2618011	.87	-2618011	-1.99			12
14	NURSING ADMINISTRATION	2627422	.87	-2627422	-2.00			14
15	CENTRAL SERVICES & SUPPLY	131862	.04	-131862	-1.10			15
16	PHARMACY	3755656	1.25	-3755656	-2.86			16
17	MEDICAL RECORDS & LIBRARY	3563373	1.18	-3563373	-2.71			17
18	SOCIAL SERVICE	683000	.23	-683000	-.52			18
22	I&R SERVICES-SALARY & FRINGES A	6989533	2.32	-6989533	-5.32			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)	78493	.03	-78493	-.06			24
24.01	RADIOLOGY PARAMEDICAL							24.01
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	37008615	12.31	40842347	31.10	77850962	25.89	25
26	INTENSIVE CARE UNIT	10498997	3.49	6834374	5.20	17333371	5.76	26
31.01	REHAB	2443666	.81	2228149	1.70	4671815	1.55	31.01
33	NURSERY	1583760	.53	1036714	.79	2620474	.87	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	20893343	6.95	13814496	10.52	34707839	11.54	37
37.01	SURGICENTER	3187950	1.06	1061469	.81	4249419	1.41	37.01
38	RECOVERY ROOM	1993547	.66	842331	.64	2835878	.94	38
40	ANESTHESIOLOGY	694809	.23	823537	.63	1518346	.50	40
41	RADIOLOGY-DIAGNOSTIC	4980808	1.66	4707535	3.58	9688343	3.22	41
41.01	TCT SCAN	1560420	.52	1219007	.93	2779427	.92	41.01
41.02	MRI	1243551	.41	722129	.55	1965680	.65	41.02
42	RADIOLOGY-THERAPEUTIC	1490066	.50	1936387	1.47	3426453	1.14	42
43	RADIOISOTOPE	2949041	.98	1518661	1.16	4467702	1.49	43
44	LABORATORY	12096713	4.02	6063992	4.62	18160705	6.04	44
49	RESPIRATORY THERAPY	3726044	1.24	1946932	1.48	5672976	1.89	49
49.01	SLEEP LAB	247305	.08	255210	.19	502515	.17	49.01
50	PHYSICAL THERAPY	2231504	.74	1266800	.96	3498304	1.16	50
50.01	OP PHYSICAL THERAPY	985227	.33	333380	.25	1318607	.44	50.01
51	OCCUPATIONAL THERAPY	1073251	.36	1115852	.85	2189103	.73	51
52	SPEECH PATHOLOGY	333631	.11	135108	.10	468739	.16	52
53	ELECTROCARDIOLOGY	2128474	.71	2168134	1.65	4296608	1.43	53
53.01	CARDIAC REHABILITATION	706768	.24	734420	.56	1441188	.48	53.01
53.02	CATH LAB	4877975	1.62	3112897	2.37	7990872	2.66	53.02
53.03	INTERVENTIONAL CARD	4226821	1.41	2401279	1.83	6628100	2.20	53.03

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
54 ELECTROENCEPHALOGRAPHY	93024	.03	192612	.15	285636	.09	54
55 MEDICAL SUPPLIES CHARGED TO PAT	3500723	1.16	1529674	1.16	5030397	1.67	55
56 DRUGS CHARGED TO PATIENTS	9648342	3.21	8312845	6.33	17961187	5.97	56
57 RENAL DIALYSIS	1536366	.51	510172	.39	2046538	.68	57
58 ASC (NON-DISTINCT PART)	2970227	.99	3600782	2.74	6571009	2.19	58
59 WOUND CARE	856973	.28	567797	.43	1424770	.47	59
59.01 OP ONCOLOGY	464993	.15	235136	.18	700129	.23	59.01
60.01 PARTIAL HOSPITALIZATION							60.01
61 EMERGENCY	11322090	3.76	7495799	5.71	18817889	6.26	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS							62
71 HOME HEALTH AGENCY	4917124	1.64	1691525	1.29	6608649	2.20	71
SPECIAL PURPOSE COST CENTERS							
93 HOSPICE	156252	.05	947157	.72	1103409	.37	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	39324	.01	163249	.12	202573	.07	96
97 RESEARCH	160356	.05	572719	.44	733075	.24	97
98 PHYSICIANS' PRIVATE OFFICES	10568330	3.51	8379319	6.38	18947649	6.30	98
99 NONPAID WORKERS	11731		3637		15368	.01	99
100 OTHER NONREIMBURSABLE COST CENT							100
100.01 SENIOR FRIENDS							100.01
100.02 OTHER NONREIMBURSABLE COST CENT							100.02
100.03 OTHER NONREIMBURSABLE COST CENT							100.03
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	300731704	100.00	0	.00	300731704	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2394809	76711498	.031219	20910134	652793	37
37.01 SURGICENTER	26384	8148787	.003238			37.01
38 RECOVERY ROOM	30915	12082737	.002558	2576152	6590	38
40 ANESTHESIOLOGY	168126	15930657	.010553	3016096	31829	40
41 RADIOLOGY-DIAGNOSTIC	1033606	44144675	.023414	10079411	235999	41
41.01 TCT SCAN	83115	82421463	.001008	21237542	21407	41.01
41.02 MRI	83239	17964286	.004634	4501259	20859	41.02
42 RADIOLOGY-THERAPEUTIC	500847	13817800	.036247	545630	19777	42
43 RADIOISOTOPE	141836	18370788	.007721	4482817	34611	43
44 LABORATORY	751510	84880625	.008854	31793997	281504	44
49 RESPIRATORY THERAPY	145109	31025733	.004677	15208511	71131	49
49.01 SLEEP LAB	59782	1712620	.034907			49.01
50 PHYSICAL THERAPY	201546	10478321	.019235	2616868	50335	50
50.01 OP PHYSICAL THERAPY	8057	4487399	.001796			50.01
51 OCCUPATIONAL THERAPY	277929	5807247	.047859	1752535	83875	51
52 SPEECH PATHOLOGY	8424	1142715	.007372	385498	2842	52
53 ELECTROCARDIOLOGY	459324	29366267	.015641	12524726	195900	53
53.01 CARDIAC REHABILITATION	168771	1593004	.105945			53.01
53.02 CATH LAB	466105	42976424	.010845	17845910	193539	53.02
53.03 INTERVENTIONAL CARD	344294	26989861	.012757	11797767	150504	53.03
54 ELECTROENCEPHALOGRAPHY	52879	1327369	.039838	414830	16526	54
55 MEDICAL SUPPLIES CHARGED TO PAT	111342	32184824	.003459	11647652	40289	55
56 DRUGS CHARGED TO PATIENTS	259493	73326484	.003539	32729439	115829	56
57 RENAL DIALYSIS	12189	5358492	.002275	3528716	8028	57
58 ASC (NON-DISTINCT PART)	904239	5393353	.167658			58
59 WOUND CARE	106867	1218842	.087679	5907	518	59
59.01 OP ONCOLOGY	21839	1726676	.012648			59.01
OUTPATIENT SERVICE COST CENTERS						
60.01 PARTIAL HOSPITALIZATION						60.01
61 EMERGENCY	1034420	74046413	.013970	16165546	225832	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	150189	1501953	.099996			62
101 TOTAL	10007185	726137313		225766943	2460517	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	4546608		4546608	91121	49.89	49011	2445158 25
26 INTENSIVE CARE UNIT	897845		897845	11082	81.02	6139	497382 26
101 TOTAL	5444453		5444453			55150	2942540 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 2942540

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 2460517

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 5403057

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	90894524
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	302274987
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.301

COST TO CHARGE RATIO FOR REHAB 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))	6169053
2. TOTAL MEDICARE CHARGES [(WKST D-1 PART II LINE 41 DIVIDED BY (WKST C PART I LINE 31 COLUMN 3 DIVIDED BY COLUMN 6)] PLUS WKST D-4 COLUMN 2 LINE 103	15774341
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.391

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)	5403057
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

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))	17803978
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)	60903546
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.292