

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 [XX] MCR CODE 1

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY LITTLE COMPANY OF MARY (14-0179) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	888796	417277	1
2	SUBPROVIDER I	63604		2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	952400	417277	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 2800 WEST 95TH STREET
 1.01 CITY: EVERGREEN PARK STATE: IL

P.O.BOX: 1
 ZIP CODE: 60642 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			2	
				V 4	XVIII 5	XIX 6		
2	HOSPITAL	LITTLE COMPANY OF MARY	14-0179	07/01/1966	N	P	O	2
3	SUBPROVIDER I	LITTLE COMPANY OF MARY PSYCH	14-S179	07/01/1984	N	T	N	3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	LITTLE COMPANY OF MARY H.C.	14-7404	01/11/1985	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE	LITTLE COMPANY OF MARY HOSPICE	14-1511	12/30/1986				12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007	TO: 06/30/2008				17
18	TYPE OF CONTROL		1	2				18
19	HOSPITAL		1					19
20	SUBPROVIDER I		4					20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.							21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?		YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.							21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.		1	N		N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.		1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.		NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?		NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW		NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.							23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.							23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.							24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.							24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?		YES					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		YES					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		YES					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		NO			NO		25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O.BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	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	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: 400052	PAID LOSSES: 6279216	AND/OR SELF INSURANCE: 8768867						
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE / /	Y/N NO	LIMIT 0.00	Y/N NO	FEEES 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				NO	57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO	58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO	59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

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

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS----				---INTERNS & RES FTES----			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		52825							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		52825							5
6 INTENSIVE CARE UNIT		7551							6
7 CORONARY CARE UNIT									7
8 BURN INTENSIVE CARE UNIT									8
9 SURGICAL INTENSIVE CARE UNIT									9
9.10 NICU		1420							9.10
10 OTHER SPECIAL CARE (SPECIFY)									10
11 NURSERY		2231							11
12 TOTAL HOSPITAL	64027				3.56		3.56	1331.97	12
13 RPCH VISITS									13
14 SUBPROVIDER I		4345						20.65	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY		27349						34.78	18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)								14.68	21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					3.56		3.56	1402.08	25
26 OBSERVATION BED DAYS	138	1304	535	769					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		367							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6815	2286	15127	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
9.10	NICU					9.10
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		6815	2286	15127	12
13	RPCH VISITS					13
14	SUBPROVIDER I		248		772	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	78231135	-631411	77599724	2949577.00	26.31		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R	202949		202949	6427.00	31.58		6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	5042767	-59072	4983695	171479.00	29.06		8.01
9 OTHER WAGES & RELATED COSTS							9
9.01 CONTRACT LABOR	1961816		1961816	30889.00	63.51		9.01
9.02 PHARMACY SERVICES UNDER CONTRACT							9.02
9.03 LABORATORY SERVICES UNDER CONTRACT							9.03
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	317113		317113	4663.00	68.01		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
13 WAGE-RELATED COSTS							13
13 WAGE RELATED COSTS (CORE)	12686887		12686887			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	870711		870711			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
21 OVERHEAD COSTS - DIRECT SALARIES							21
21 EMPLOYEE BENEFITS	870843		870843	29550.00	29.47		21
22 ADMINISTRATIVE & GENERAL	11669564	-869415	10800149	439806.00	24.56		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	171802		171802	988.00	173.89		22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2779344		2779344	132493.00	20.98		24
25 LAUNDRY & LINEN SERVICE	179055		179055	12859.00	13.92		25
26 HOUSEKEEPING	1478767		1478767	117627.00	12.57		26
26.01 HOUSEKEEPING UNDER CONTRACT	229938		229938	8550.00	26.89		26.01
27 DIETARY	1588541	-794187	794354	50881.00	15.61		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		794187	794187	50871.00	15.61		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1534645		1534645	53266.00	28.81		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	1709080		1709080	52936.00	32.29		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1036932		1036932	52962.00	19.58		33
34 SOCIAL SERVICE		625868	625868	23535.00	26.59		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	78028186	-631411	77396775	2943150.00	26.30		1
2 EXCLUDED AREA SALARIES	5042767	-59072	4983695	171479.00	29.06		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	72985419	-572339	72413080	2771671.00	26.13		3
4 SUBTOTAL OTHER WAGES & REL COSTS	2278929		2278929	35552.00	64.10		4
5 SUBTOTAL WAGE-RELATED COSTS	12686887		12686887		17.52		5
6 TOTAL (SUM OF LINES 3 THRU 5)	87951235	-572339	87378896	2807223.00	31.13		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	23248511	-243547	23004964	1026324.00	22.41		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7404

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: 11

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1916		62	1978	1
2 UNDUPLICATED CENSUS COUNT		1030.00		376.00	1406.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	1.00		1.00	4
5 OTHER ADMINISTRATIVE PERSONNEL	18.36		18.36	5
6 DIRECT NURSING SERVICE	15.15		15.15	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	4.98	4.96	9.94	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		.81	.81	10
11 OCCUPATIONAL THERAPY SUPERVISOR		.90	.90	11
12 SPEECH PATHOLOGY SERVICE		.23	.23	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.29		.29	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	1.15		1.15	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7404

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	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5			
21 SKILLED NURSING VISITS	8935	1983	733	120	19	887	12677	21
22 SKILLED NURSING VISIT CHARGES	1681431	374990	138080	22470	3550	166750	2387271	22
23 PHYSICAL THERAPY VISITS	5912	56	44	117	13	453	6595	23
24 PHYSICAL THERAPY VISIT CHARGES	1113510	10520	8290	21720	2400	85110	1241550	24
25 OCCUPATIONAL THERAPY VISITS	427	20	1	1	1	7	457	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	80240	3800	190	180	190	1330	85930	26
27 SPEECH PATHOLOGY VISITS	69					5	74	27
28 SPEECH PATHOLOGY VISIT CHARGES	12980					950	13930	28
29 MEDICAL SOCIAL SERVICE VISITS	91	4	7	3	1	7	113	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	23400	1040	1810	770	250	1780	29050	30
31 HOME HEALTH AIDE VISITS	816	57	2	30	9	88	1002	31
32 HOME HEALTH AIDE VISIT CHARGES	97355	6840	240	3535	1080	10425	119475	32
33 TOTAL VISITS	16250	2120	787	271	43	1447	20918	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	3008916	397190	148610	48675	7470	266345	3877206	35
36 TOTAL NUMBER OF EPISODES	1047		315	23	3	65	1453	36
37 TOTAL NUMBER OF OUTLIER EPISODES		19				2	21	37
38 TOTAL MEDICAL SUPPLY CHARGES	121230	31324	15875	530		8533	177492	38

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

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

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/30/2008 12:00

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1511

WORKSHEET S-9
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	13083				1239	14322	2
3 INPATIENT RESPITE CARE							3
4 GENERAL INPATIENT CARE	98				29	127	4
5 TOTAL HOSPICE DAYS	13181				1268	14449	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	635				48	683	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	20.76				26.42	21.16	8
9 UNDUPLICATED CENSUS COUNT	223				19	242	9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	14944259 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	14944259 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.235799 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	87960071 28
29	TOTAL GROSS MEDICAID COST	20740897 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	27353317 30
31	UNCOMPENSATED CARE COST	6449885 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	20740897 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	
69.30	6930								69.30
69.40	6940								69.40
71	7100	2039985	1107530	3147515	-108688	3038827		3038827	71
85.01	8510								85.01
85.02	8520								85.02
85.03	8530								85.03
88	8800		5024565	5024565	-5489279	-464714	464714		88
93	9300	894665	588551	1483216	-8240	1474976		1474976	93
94	6950	203797	65326	269123	-4818	264305		264305	94
95		77548969	96831737	174380706	41409	174422115	-13857214	160564901	95
96	9600								96
97.10	9701	229576	82911	312487	-4438	308049		308049	97.10
98	9800	452590	367363	819953	-36971	782982		782982	98
98.01	9801								98.01
100	7950								100
101		78231135	97282011	175513146		175513146	-13857214	161655932	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 DRUGS CHGD TO PAT.	A	DRUGS CHARGED TO PATIENTS	56		7102352
2					
3					
4					
5					
6 CAFETERIA COSTS	B	CAFETERIA	12	794187	686930
7					
8					
9					
10					
11 HHA/HOSPICE BILLING/PLANT COSTS	D	ADMINISTRATIVE & GENERAL	6	59072	11344
12	D				
13					
14					
15 CAPITAL COSTS	E	NEW CAP REL COSTS-BLDG & FIXT	3		3816085
16					
17					
18					
19 INTEREST EXPENSE	G	NEW CAP REL COSTS-BLDG & FIXT	3		5489279
20					
21					
22 RADIOLOGY ADMIN COSTS	I	RADIOISOTOPE	43	126297	80892
23	I	ULTRASOUND	43.10	244623	156679
24	I	CT SCAN	43.20	201013	128748
25	I	OUTSIDE SERVICES	59.30	73500	47076
26					
27					
28					
29					
30 NURSERY COSTS	J	NURSERY	33	516693	118813
31					
32					
33	K	NEW CAP REL COSTS-MVBLE EQUIP	4		6641211
34	K				
35	K				
36 SUBTOTAL				2015385	24279409

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 DRUGS CHGD TO PAT.	A	PHARMACY	16		7102352	1
2						2
3						3
4						4
5						5
6 CAFETERIA COSTS	B	DIETARY	11	794187	686930	6
7						7
8						8
9						9
10						10
11						11
12 HHA/HOSPICE BILLING/PLANT COSTS	D	HOME HEALTH AGENCY	71	51986	10190	12
13	D	HOSPICE	93	7086	1154	13
14						14
15 CAPITAL COSTS	E	ADMINISTRATIVE & GENERAL	6		3816085	9 15
16						16
17						17
18						18
19 INTEREST EXPENSE	G	INTEREST EXPENSE	88		5489279	9 19
20						20
21						21
22 RADIOLOGY ADMIN COSTS	I	RADIOLOGY-DIAGNOSTIC	41	645433	413395	22
23	I					23
24	I					24
25	I					25
26						26
27						27
28						28
29						29
30 NURSERY COSTS	J	ADULTS & PEDIATRICS	25	516693	118813	30
31						31
32						32
33	K	EMPLOYEE BENEFITS	5		11289	9 33
34	K	ADMINISTRATIVE & GENERAL	6		887160	34
35	K	OPERATION OF PLANT	8		292696	35
36 SUBTOTAL				2015385	18829343	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	K				1
2	K				2
3	K				3
4	K				4
5	K				5
6	K				6
7	K				7
8	K				8
9	K				9
10	K				10
11	K				11
12	K				12
13	K				13
14	K				14
15	K				15
16	K				16
17	K				17
18	K				18
19	K				19
20	K				20
21	K				21
22	K				22
23	K				23
24	K				24
25	K				25
26	K				26
27	K				27
28	K				28
29	K				29
30	K				30
31	K				31
32	K				32
33	K				33
34	K				34
35	K				35
36 SUBTOTAL				2015385	24279409 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1	K	LAUNDRY & LINEN SERVICE	9		2156	1
2	K	HOUSEKEEPING	10		19919	2
3	K	DIETARY	11		17412	3
4	K	NURSING ADMINISTRATION	14		34216	4
5	K	PHARMACY	16		146488	5
6	K	MEDICAL RECORDS & LIBRARY	17		44877	6
7	K	ADULTS & PEDIATRICS	25		370756	7
8	K	INTENSIVE CARE UNIT	26		227983	8
9	K	NICU	29.10		49872	9
10	K	SUBPROVIDER I	31		10209	10
11	K	OPERATING ROOM	37		822323	11
12	K	DELIVERY ROOM & LABOR ROOM	39		196605	12
13	K	ANESTHESIOLOGY	40		144600	13
14	K	RADIOLOGY-DIAGNOSTIC	41		1026550	14
15	K	RADIOLOGY-THERAPEUTIC	42		175948	15
16	K	RADIOISOTOPE	43		172047	16
17	K	ULTRASOUND	43.10		168382	17
18	K	CT SCAN	43.20		378569	18
19	K	CATH LAB	43.30		113199	19
20	K	LABORATORY	44		237948	20
21	K	RESPIRATORY THERAPY	49		74043	21
22	K	SLEEP LAB	49.01		14118	22
23	K	PHYSICAL THERAPY	50		20852	23
24	K	SPEECH PATHOLOGY	52		1135	24
25	K	ELECTROCARDIOLOGY	53		60176	25
26	K	ELECTROENCEPHALOGRAPHY	54		18064	26
27	K	MEDICAL SUPPLIES CHARGED TO P	55		81718	27
28	K	RENAL DIALYSIS	57		30284	28
29	K	ASC (NON-DISTINCT PART)	58		26323	29
30	K	GI LAB	58.10		237658	30
31	K	CLINIC	60		4314	31
32	K	PALOS DIAGNOSTIC CENTER	60.01		21335	32
33	K	EMERGENCY	61		194956	33
34	K	OUTPATIENT REHAB	63		5066	34
35	K	WOUND CARE CENTER	63.10		25349	35
36		SUBTOTAL		2015385	24004793	36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER 2	LINE # 3	SALARY 4		OTHER 5
2		K				2	
3		K				3	
4		K				4	
5		K				5	
6						6	
7						7	
8						8	
9	UTIL/QUALITY MANAGEMENT COSTS	L	SOCIAL SERVICE	18	625868	103832	9
10							10
11	CENTRAL PROCESSING COSTS	N	ADMINISTRATIVE & GENERAL	6	328792	156568	11
12							12
13							13
14	PROPERTY INSURANCE	O	NEW CAP REL COSTS-BLDG & FIXT	3		88412	14
15							15
16	HOSPITALIST SALARIES	P	ADMINISTRATIVE & GENERAL	6		631411	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	TOTAL RECLASSIFICATIONS				2970045	25259632	35
36							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	K	HOME HEALTH AGENCY	71		46512	1
2	K	MOBILE MED	94		4818	2
3	K	ADULT DAY CARE	97.10		4438	3
4	K	PHYSICIANS' PRIVATE OFFICES	98		36971	4
5	K	OUTSIDE SERVICES	59.30		181877	5
6						6
7						7
8						8
9 UTIL/QUALITY MANAGEMENT COSTS	L	ADMINISTRATIVE & GENERAL	6	625868	103832	9
10						10
11						11
12 CENTRAL PROCESSING COSTS	N	MEDICAL SUPPLIES CHARGED TO P	55	328792	156568	12
13						13
14						14
15 PROPERTY INSURANCE	O	ADMINISTRATIVE & GENERAL	6		88412	9 15
16						16
17 HOSPITALIST SALARIES	P	ADMINISTRATIVE & GENERAL	6	631411		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				3601456	24628221	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	1319068					1319068		1
2 LAND IMPROVEMENTS	5655282	6237324		6237324		11892606		2
3 BUILDINGS AND FIXTURES	134554876	5317631		5317631		139872507		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	75645115	6922215		6922215		82567330		6
7 SUBTOTAL	217174341	18477170		18477170		235651511		7
8 RECONCILING ITEMS								8
9 TOTAL	217174341	18477170		18477170		235651511		9

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-598594	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					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-71238	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3967642			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-223365			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		SPEECH PATHOLOGY	52	36
	WKST A-8-4				37
37.01 VOLUNTEER RESOURCES MISC REVENUE	B	-10524	ADMINISTRATIVE & GENERAL	6	37.01
37.02 RADIATION ONCOLOGY MISC REVENUE	B	-7800	RADIOLOGY-THERAPEUTIC	42	37.02
37.03 LABORATORY REVENUES	B	-9696	LABORATORY	44	37.03
37.04 PHARMACY MISC REVENUE	B	-7059	PHARMACY	16	37.04
37.05 RADIOLOGY ADMIN	B	-625	RADIOLOGY-DIAGNOSTIC	41	37.05
37.06 RADIOLOGY MISC REVENUE	B	-3692	RADIOLOGY-DIAGNOSTIC	41	37.06
37.07 RADIOLOGY SILVER	B	-9895	RADIOLOGY-DIAGNOSTIC	41	37.07
37.09 HUMAN RESOURCES MISC REVENUE	B	-1041	EMPLOYEE BENEFITS	5	37.09
37.11 ROUTINE OTHER REVENUE	B	-1219	ADULTS & PEDIATRICS	25	37.11
37.13 MEDICAL SUPPLIES REVENUE	B	-37154	MEDICAL SUPPLIES CHARGED TO PAT	55	37.13
37.14 OTHER REVENUE CLINIC	B	-825	CLINIC	60	37.14
37.15 TELE & COMM MISC REVENUE	B	-588	ADMINISTRATIVE & GENERAL	6	37.15
37.16 ANSWERING SVCE INCOME	B	-225340	ADMINISTRATIVE & GENERAL	6	37.16
37.18 NURSING ADMIN OTHER REVENUE	B	-23000	NURSING ADMINISTRATION	14	37.18
37.20 SURGERY MISC REVENUE	B	-122	OPERATING ROOM	37	37.20
37.22 BREAST HEALTH MISC REVENUE	B	-100	RADIOLOGY-DIAGNOSTIC	41	37.22
37.25 CAFETERIA REVENUE	B	-759417	CAFETERIA	12	37.25
37.26 VENDING MACHINE REVENUE	B	-8679	DIETARY	11	37.26
37.27 MEDICAL STAFF APPLICATION REVENUE	B	-21500	ADMINISTRATIVE & GENERAL	6	37.27
37.28 HOUSEKEEPING	B	-5531	HOUSEKEEPING	10	37.28
37.30 BUS OFFICE/ADMITTING REVENUE	B	-2663	ADMINISTRATIVE & GENERAL	6	37.30
37.32 MOTHER BABY	B	-5124	ADULTS & PEDIATRICS	25	37.32
37.33 SECURITY PURCH SERVICES REVENUE	B	-3117	OPERATION OF PLANT	8	37.33
37.34 GENERAL MAINTENANCE REVENUE	B	-28254	OPERATION OF PLANT	8	37.34
37.35 ENGINEERING AFFILIATES OTHER OPER	B	-703	OPERATION OF PLANT	8	37.35
37.36 PHARMACY REVENUE	B	-71543	PHARMACY	16	37.36
37.39 LINEN OTHER REVENUE	B	-2283	LAUNDRY & LINEN SERVICE	9	37.39
37.41 HEALTH EDUCATION CENTER REVENUE	B	-51161	ADMINISTRATIVE & GENERAL	6	37.41
37.43 AFFILIATES REVENUE	B	-122146	ADMINISTRATIVE & GENERAL	6	37.43

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
37.44 ACCTG REVENUE	B	-16115	ADMINISTRATIVE & GENERAL	6	37.44
37.45 MISCELLANEOUS REVENUE	B	-13885	ADMINISTRATIVE & GENERAL	6	37.45
37.46 HISTOPATHOLOGY MISC REVENUE	B	-165	LABORATORY	44	37.46
37.47 CYTOPATHOLOGY REVENUE	B	-39616	LABORATORY	44	37.47
37.50 EKG OTHER REVENUE	B	-1790	ELECTROCARDIOLOGY	53	37.50
37.51 INTEREST INCOME NETTED FROM EXPEN	B	464714	INTEREST EXPENSE	88	37.51
37.52 NON-ALLOWABLE ADMIN COSTS	A	-120098	ADMINISTRATIVE & GENERAL	6	9 37.52
38 MALPRACTICE EXPENSE	A	1069797	ADMINISTRATIVE & GENERAL	6	38
38.02 VOLUNTEER SERVICES	A	-690793	ADMINISTRATIVE & GENERAL	6	38.02
38.04 OAK LAWN LAB COSTS	A	-205541	LABORATORY	44	38.04
38.05 NON-ALLOWABLE DUES	A	-20000	ADMINISTRATIVE & GENERAL	6	9 38.05
38.06 DEPR TELEPHONES, PATIENT PORTION	A	-9964	NEW CAP REL COSTS-MVBLE EQUIP	4	9 38.06
38.07 NON-ALLOWABLE INTEREST EXPENSE	A	-4890684	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.07
38.08 MARKETING COSTS	A	-1306029	ADMINISTRATIVE & GENERAL	6	9 38.08
38.24 EMPLOYEE HEALTH COSTS	A	-1690125	ADMINISTRATIVE & GENERAL	6	38.24
38.26 PHYSICIAN MATCH EXPENSES	A	-96832	ADMINISTRATIVE & GENERAL	6	38.26
38.40 NON-ALLOWABLE DEPRECIATION	A	-155467	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.40
38.43 REAL ESTATE TAXES	A	-1920	ADMINISTRATIVE & GENERAL	6	38.43
38.44 INTEREST INCOME NETTED FROM EXPEN	A	464713	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.44
38.56 RENTAL REVENUE	B	-19580	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.56
38.64 CHICAGO RIDGE HEALTH EDUCATION CO	A	-296194	ADMINISTRATIVE & GENERAL	6	38.64
39					39
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-13857214			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	59.30	OUTSIDE SERVICES				
		MRI PROCEDURES	187816	340213	-152397	1
2						2
3						3
4	6	ADMINISTRATIVE & GENERAL				
		POTTER PAV ADMIN COS	49919	120887	-70968	4
5		TOTALS	237735	461100	-223365	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	C SW HOSPITAL MRI					1
2	C LCM INC.					2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	1839981	1746936	93043	177800	204	17438	872
2	25 ADULTS & PEDIATRICS	1391051	1379801	11250	177800	1	86	4
3	29.10 NICU	366344	366344					
4	31 SUBPROVIDER I	31200		31200	177800	1	86	4
5	37 OPERATING ROOM	74613		74613	177800	647	55306	2765
6	39 DELIVERY ROOM & LABOR RO	64500		64500	177800	1	86	4
7	40 ANESTHESIOLOGY	10000		10000	177800	1	86	4
8	41 RADIOLOGY-DIAGNOSTIC	183		183	177800	1	86	4
9	42 RADIOLOGY-THERAPEUTIC	105000	105000					
10	43.30 CATH LAB	35978		35978	177800	1	86	4
11	44 LABORATORY	25000		25000	177800	532	45476	2274
12	49 RESPIRATORY THERAPY	90000		90000	177800	501	42826	2141
13	53 ELECTROCARDIOLOGY	130872		130872	177800	1291	110356	5518
14	57 RENAL DIALYSIS	22100		22100	177800	144	12309	615
15	60 CLINIC	3943		3943	177800	1	86	4
16	61 EMERGENCY	38500		38500	177800	1344	114886	5744
17	63.10 WOUND CARE CENTER	40800		40800	177800	1	86	4
101	TOTAL	4270065	3598081	671982		4671	399285	19961

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			17438	75605	1822543
2	25	ADULTS & PEDIATRICS	AGGREGATE			86	11164	1390965
3	29.10	NICU	AGGREGATE					366344
4	31	SUBPROVIDER I				86	31114	31114
5	37	OPERATING ROOM				55306	19307	19307
6	39	DELIVERY ROOM & LABOR RO				86	64414	64414
7	40	ANESTHESIOLOGY				86	9914	9914
8	41	RADIOLOGY-DIAGNOSTIC				86	97	97
9	42	RADIOLOGY-THERAPEUTIC	AGGREGATE					105000
10	43.30	CATH LAB				86	35892	35892
11	44	LABORATORY				45476		
12	49	RESPIRATORY THERAPY				42826	47174	47174
13	53	ELECTROCARDIOLOGY				110356	20516	20516
14	57	RENAL DIALYSIS				12309	9791	9791
15	60	CLINIC				86	3857	3857
16	61	EMERGENCY				114886		
17	63.10	WOUND CARE CENTER				86	40714	40714
101		TOTAL				399285	369559	3967642

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	3038827	50906	46442	56371	3192546	722148	119564	71
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	1474976	13829		26631	1515436	342789	32480	93
94 MOBILE MED	264305		4811	4214	273330	61827		94
95 SUBTOTALS	160564901	7878020	6589900	2242093	160212767	29494430	11462289	1132597
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		42686			42686	9655	100258	96
97.10 ADULT DAY CARE	308049		4431	10062	322542	72958		219 97.10
98 PHYSICIANS' PRIVATE OFFICES	782982	59588	36916	13029	892515	201885	139956	98
98.01 VACANT SPACE		179613			179613	40628	421862	98.01
100 FUND DEVELOPMENT		5809			5809	1314	13643	100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	161655932	8165716	6631247	2265184	161655932	29820870	12138008	1132816 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES
	10	11	12	14	16	17	18	22
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY				124949	40637			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE				59028				93
94 MOBILE MED			4531	9341	667			94
95 SUBTOTALS	3887362	2464882	1660075	2631478	3224151	3079228	1062996	416434
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	60209							96
97.10 ADULT DAY CARE	10961		10820	22303				97.10
98 PHYSICIANS' PRIVATE OFFICES	8877		14010					98
98.01 VACANT SPACE								98.01
100 FUND DEVELOPMENT								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	3967409	2464882	1684905	2653781	3224151	3079228	1062996	416434

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	36060536	-186170	35874366	25
26 INTENSIVE CARE UNIT	9572790		9572790	26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU	1874371		1874371	29.10
31 SUBPROVIDER I	3075296		3075296	31
33 NURSERY	900389		900389	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	20752115	-230264	20521851	37
39 DELIVERY ROOM & LABOR ROOM	4010197		4010197	39
40 ANESTHESIOLOGY	898959		898959	40
41 RADIOLOGY-DIAGNOSTIC	7158637		7158637	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	4457117		4457117	42
43 RADIOISOTOPE	2474787		2474787	43
43.10 ULTRASOUND	2845226		2845226	43.10
43.20 CT SCAN	2924764		2924764	43.20
43.30 CATH LAB	936122		936122	43.30
44 LABORATORY	12385899		12385899	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	3815600		3815600	49
49.01 SLEEP LAB	293423		293423	49.01
50 PHYSICAL THERAPY	2510198		2510198	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	290912		290912	52
53 ELECTROCARDIOLOGY	2092539		2092539	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	206803		206803	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1965240		1965240	55
56 DRUGS CHARGED TO PATIENTS	12177749		12177749	56
57 RENAL DIALYSIS	964151		964151	57
58 ASC (NON-DISTINCT PART)	1275161		1275161	58
58.10 GI LAB	2732613		2732613	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 OUTSIDE SERVICES	1024064		1024064	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	820176		820176	60
60.01 PALOS DIAGNOSTIC CENTER	353405		353405	60.01
61 EMERGENCY	8608808		8608808	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63 OUTPATIENT REHAB	2379024		2379024	63
63.10 WOUND CARE CENTER	746865		746865	63.10
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	4199844		4199844	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
93 HOSPICE	1949733		1949733	93
94 MOBILE MED	349696		349696	94
95 SUBTOTALS	159083209	-416434	158666775	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	212808		212808	96
97.10 ADULT DAY CARE	439803		439803	97.10
98 PHYSICIANS' PRIVATE OFFICES	1257243		1257243	98
98.01 VACANT SPACE	642103		642103	98.01
100 FUND DEVELOPMENT	20766		20766	100
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	161655932	-416434	161239498	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	3257	50906	46442	100605	2564	53558	24613		71
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	105738	13829		119567	1211	25423	6686		93
94 MOBILE MED	284		4811	5095	192	4585			94
95 SUBTOTALS	820932	7878020	6589900	15288852	101990	2187499	2359544	182697	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		42686		42686		716	20638		96
97.10 ADULT DAY CARE	400		4431	4831	458	5411		35	97.10
98 PHYSICIANS' PRIVATE OFFICES	1104	59588	36916	97608	593	14973	28810		98
98.01 VACANT SPACE		179613		179613		3013	86842		98.01
100 FUND DEVELOPMENT		5809		5809		97	2809		100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	822436	8165716	6631247	15619399	103041	2211709	2498643	182732	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I/R-SALARY AND FRINGES
	10	11	12	14	16	17	18	22
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY				5669	3819			71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE				2678				93
94 MOBILE MED			692	424	63			94
95 SUBTOTALS	289814	246179	253375	119396	303035	221565	57010	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	4489							96
97.10 ADULT DAY CARE	817		1651	1012				97.10
98 PHYSICIANS' PRIVATE OFFICES	662		2138					98
98.01 VACANT SPACE								98.01
100 FUND DEVELOPMENT								100
101 CROSS FOOT ADJUSTMENTS								61286 101
102 NEGATIVE COST CENTER								102
103 TOTAL	295782	246179	257164	120408	303035	221565	57010	61286 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	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
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	3221916		3221916	25
26 INTENSIVE CARE UNIT	640773		640773	26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU	102537		102537	29.10
31 SUBPROVIDER I	345212		345212	31
33 NURSERY	36233		36233	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	1844619		1844619	37
39 DELIVERY ROOM & LABOR ROOM	482437		482437	39
40 ANESTHESIOLOGY	169260		169260	40
41 RADIOLOGY-DIAGNOSTIC	1555843		1555843	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	855865		855865	42
43 RADIOISOTOPE	326952		326952	43
43.10 ULTRASOUND	240127		240127	43.10
43.20 CT SCAN	473115		473115	43.20
43.30 CATH LAB	140753		140753	43.30
44 LABORATORY	707057		707057	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	359908		359908	49
49.01 SLEEP LAB	19988		19988	49.01
50 PHYSICAL THERAPY	206628		206628	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	19202		19202	52
53 ELECTROCARDIOLOGY	198358		198358	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	50358		50358	54
55 MEDICAL SUPPLIES CHARGED TO PAT	355086		355086	55
56 DRUGS CHARGED TO PATIENTS	437507		437507	56
57 RENAL DIALYSIS	54567		54567	57
58 ASC (NON-DISTINCT PART)	47636		47636	58
58.10 GI LAB	370319		370319	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 OUTSIDE SERVICES	276349		276349	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	108832		108832	60
60.01 PALOS DIAGNOSTIC CENTER	27698		27698	60.01
61 EMERGENCY	615650		615650	61
62 OBSERVATION BEDS (NON-DISTINCT)				62
63 OUTPATIENT REHAB	339423		339423	63
63.10 WOUND CARE CENTER	64750		64750	63.10
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
69.30 OUTPATIENT OCCUPATIONAL THERAPY				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY	190828		190828	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
93 HOSPICE	155565		155565	93
94 MOBILE MED	11051		11051	94
95 SUBTOTALS	15052402		15052402	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	68529		68529	96
97.10 ADULT DAY CARE	14215		14215	97.10
98 PHYSICIANS' PRIVATE OFFICES	144784		144784	98
98.01 VACANT SPACE	269468		269468	98.01
100 FUND DEVELOPMENT	8715		8715	100
101 CROSS FOOT ADJUSTMENTS	61286		61286	101
102 NEGATIVE COST CENTER				102
103 TOTAL	15619399		15619399	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION (6A)	ADMINI- STRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT (SQUARE FEET)
	1	3	4	5	6A	6	8
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	653664						1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		653664					3
4 NEW CAP REL COSTS-MVBLE EQUIP			6641211				4
5 EMPLOYEE BENEFITS	7243	7243	11289	2919834			5
6 ADMINISTRATIVE & GENERAL	70190	70190	887160	439806	-29820870	131835062	6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	162541	162541	292696	132493		9898897	413690
9 LAUNDRY & LINEN SERVICE	9080	9080	2156	12859		706575	9080
10 HOUSEKEEPING	11739	11739	19919	117627		2942377	11739
11 DIETARY	10710	10710	8706	50881		1663386	10710
12 CAFETERIA	11526	11526	8706	50871		913843	11526
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	2214	2214	34216	53266		2075020	2214
15 CENTRAL SERVICES & SUPPLY							15
16 PHARMACY	5607	5607	146488	52936		2426285	5607
17 MEDICAL RECORDS & LIBRARY	6849	6849	44877	52962		2283774	6849
18 SOCIAL SERVICE	2026	2026		23535		773267	2026
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES	3066	3066				266250	3066
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	106801	106801	370756	588625		22389359	106801
26 INTENSIVE CARE UNIT	11311	11311	227983	149091		6754368	11311
27 CORONARY CARE UNIT							27
29 SURGICAL INTENSIVE CARE UNIT							29
29.10 NICU	1048	1048	49872	30093		1421886	1048
31 SUBPROVIDER I	13790	13790	10209	39415		1706949	13790
33 NURSERY	1084	1084		16328		661715	1084
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	32298	32298	822323	127458		14135764	32298
39 DELIVERY ROOM & LABOR ROOM	11236	11236	196605	68079		2761581	11236
40 ANESTHESIOLOGY	210	210	144600	5620		623532	210
41 RADIOLOGY-DIAGNOSTIC	21425	21425	1026550	75175		4825954	21425
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC	32541	32541	175948	30433		2523731	32541
43 RADIOISOTOPE	6064	6064	172047	15511		1767393	6064
43.10 ULTRASOUND	1054	1054	168382	30043		2181944	1054
43.20 CT SCAN	1876	1876	378569	24687		2115404	1876
43.30 CATH LAB	640	640	113199	7638		718336	640
44 LABORATORY	13155	13155	237948	152717		9204592	13155
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	7816	7816	74043	62214		2655971	7816
49.01 SLEEP LAB			14118	7209		228940	49.01
50 PHYSICAL THERAPY	7311	7311	20852	38531		1697502	7311
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	714	714	1135	3538		213331	714
53 ELECTROCARDIOLOGY	5140	5140	60176	30606		1453584	5140
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY	1560	1560	18064	2743		119960	1560
55 MEDICAL SUPPLIES CHARGED TO P	7766	7766	81718	17922		1294689	7766
56 DRUGS CHARGED TO PATIENTS						7102352	56
57 RENAL DIALYSIS	378	378	30284	12755		749210	378
58 ASC (NON-DISTINCT PART)			26323	25512		1021967	58
58.10 GI LAB	4326	4326	237658	32119		1947339	4326
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES			181877	9027		811561	59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	4571	4571	4314	9592		430407	4571
60.01 PALOS DIAGNOSTIC CENTER			21335	8279		278253	60.01
61 EMERGENCY	11820	11820	194956	124660		5805597	11820
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB	15526	15526	5066	33239		1352049	15526
63.10 WOUND CARE CENTER	1200	1200	25349	11553		505691	1200
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MEALS SERVED) 12	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	SOCIAL SERVICE (TIME SPENT) 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
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	466392							9
10 HOUSEKEEPING	6192	51397						10
11 DIETARY		1438	202722					11
12 CAFETERIA		2930		2019763				12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION				53266	1543285			14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY		523		52936		7335565		16
17 MEDICAL RECORDS & LIBRARY		437		52962			645326993	17
18 SOCIAL SERVICE		463		23535				6571 18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES								22
23 I&R SERVICES-OTHER PRGM COSTS								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	195565		160833	588625	588625	6961	92758300	5611 25
26 INTENSIVE CARE UNIT	30375		22803	149091	149091	674	20509984	796 26
27 CORONARY CARE UNIT								27
29 SURGICAL INTENSIVE CARE UNIT								29
29.10 NICU	2085			30093	30093	1734	3652749	29.10
31 SUBPROVIDER I	6705	3098	13086	50871	50871	260	6928992	31
33 NURSERY				16328	16328		3246469	33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	58522	18864		127458	127458	2018	66279440	37
39 DELIVERY ROOM & LABOR ROOM	25584			68079	68079	1042	12116782	39
40 ANESTHESIOLOGY				5620	5620	90969	15483726	40
41 RADIOLOGY-DIAGNOSTIC	8035	3398		75175	75175	1002	28961029	41
41.01 BREAST HEALTH CENTER								41.01
42 RADIOLOGY-THERAPEUTIC	8401	2799		30433	30433	495	19560305	42
43 RADIOISOTOPE	5272	629		15511		81	11600443	43
43.10 ULTRASOUND	10844	109		30043		275	16527645	43.10
43.20 CT SCAN	10130	195		24687		166	45157841	43.20
43.30 CATH LAB		60		7638		188	5330201	43.30
44 LABORATORY		2184		152717		1535	87302900	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	123	729		62214	62214	2788	23648175	49
49.01 SLEEP LAB	886			7209		11	948504	49.01
50 PHYSICAL THERAPY	8379	1669		38531		91	6882898	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY				3538		1	1137142	52
53 ELECTROCARDIOLOGY	2465	533		30606		160	18150351	53
53.01 C-PORT								53.01
54 ELECTROENCEPHALOGRAPHY	529			2743	2743		1183095	54
55 MEDICAL SUPPLIES CHARGED TO P	40	1624		17922		61	1969895	55
56 DRUGS CHARGED TO PATIENTS						7102352	72759858	56
57 RENAL DIALYSIS	4369			12755		2492	2521516	57
58 ASC (NON-DISTINCT PART)				25512		528	107509	58
58.10 GI LAB	10332	403		32119	32119	5768	16156475	58.10
59 ENTEROSTOMAL THERAPY								59
59.10 NEUROLOGY								59.10
59.20 EMG								59.20
59.30 OUTSIDE SERVICES	1173			9027		19	3885724	59.30
59.40 AUDIOLOGY								59.40
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	617	1624		9592	9592	5169	978349	60
60.01 PALOS DIAGNOSTIC CENTER				8279			1111821	60.01
61 EMERGENCY	65931	5079		124660	124660	11067	50554742	164 61
62 OBSERVATION BEDS (NON-DISTINC								62
63 OUTPATIENT REHAB	167	1146	6000	33239	33239	493	3913482	63
63.10 WOUND CARE CENTER	3581	426		11553	11553	3190	4000651	63.10
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY GROSS REVENUE	SOCIAL SERVICE (TIME SPENT)	
	9	10	11	12	14	16	17	18	
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY					72663	92458			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE					34327				93
94 MOBILE MED				5432	5432	1517			94
95 SUBTOTALS	466302	50360	202722	1989999	1530315	7335565	645326993	6571	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		780							96
97.10 ADULT DAY CARE	90	142		12970	12970				97.10
98 PHYSICIANS' PRIVATE OFFICES		115		16794					98
98.01 VACANT SPACE									98.01
100 FUND DEVELOPMENT									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	1132816	3967409	2464882	1684905	2653781	3224151	3079228	1062996	103
104 UNIT COST MULT-WS B PT I	2.428892		12.158927		1.719566		.004772		104
104 UNIT COST MULT-WS B PT I		77.191451		.834209		.439523		161.770811	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	182732	295782	246179	257164	120408	303035	221565	57010	107
108 UNIT COST MULT-WS B PT III	.391799		1.214367		.078021		.000343		108
108 UNIT COST MULT-WS B PT III		5.754850		.127324		.041310		8.676001	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES (ASSIGNED TIME)	
	22	
GENERAL SERVICE COST CENTERS		
1		1
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10
11		11
12		12
13		13
14		14
15		15
16		16
17		17
18		18
20		20
21		21
22	85	22
23		23
24		24
INPATIENT ROUTINE SERV COST CENTERS		
25	38	25
26		26
27		27
29		29
29.10		29.10
31		31
33		33
ANCILLARY SERVICE COST CENTERS		
37	47	37
39		39
40		40
41		41
41.01		41.01
42		42
43		43
43.10		43.10
43.20		43.20
43.30		43.30
44		44
46.30		46.30
49		49
49.01		49.01
50		50
51		51
52		52
53		53
53.01		53.01
54		54
55		55
56		56
57		57
58		58
58.10		58.10
59		59
59.10		59.10
59.20		59.20
59.30		59.30
59.40		59.40
OUTPATIENT SERVICE COST CENTERS		
60		60
60.01		60.01
61		61
62		62
63		63
63.10		63.10
63.50		63.50
63.60		63.60
OTHER REIMBURSABLE COST CENTERS		

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	I/R-SALARY AND FRINGES (ASSIGNED TIME) 22	
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERA		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
93 HOSPICE		93
94 MOBILE MED		94
95 SUBTOTALS	85	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
97.10 ADULT DAY CARE		97.10
98 PHYSICIANS' PRIVATE OFFICES		98
98.01 VACANT SPACE		98.01
100 FUND DEVELOPMENT		100
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	416434	103
104 UNIT COST MULT-WS B PT I	4899.223529	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	61286	107
108 UNIT COST MULT-WS B PT III	721.011765	108
108 UNIT COST MULT-WS B PT III		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	35874366		35874366	11164	35885530	25
26 INTENSIVE CARE UNIT	9572790		9572790		9572790	26
27 CORONARY CARE UNIT						27
29 SURGICAL INTENSIVE CARE UNI						29
29.10 NICU	1874371		1874371		1874371	29.10
31 SUBPROVIDER I	3075296		3075296	31114	3106410	31
33 NURSERY	900389		900389		900389	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	20521851		20521851	19307	20541158	37
39 DELIVERY ROOM & LABOR ROOM	4010197		4010197	64414	4074611	39
40 ANESTHESIOLOGY	898959		898959	9914	908873	40
41 RADIOLOGY-DIAGNOSTIC	7158637		7158637	97	7158734	41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	4457117		4457117		4457117	42
43 RADIOISOTOPE	2474787		2474787		2474787	43
43.10 ULTRASOUND	2845226		2845226		2845226	43.10
43.20 CT SCAN	2924764		2924764		2924764	43.20
43.30 CATH LAB	936122		936122	35892	972014	43.30
44 LABORATORY	12385899		12385899		12385899	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	3815600		3815600	47174	3862774	49
49.01 SLEEP LAB	293423		293423		293423	49.01
50 PHYSICAL THERAPY	2510198		2510198		2510198	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	290912		290912		290912	52
53 ELECTROCARDIOLOGY	2092539		2092539	20516	2113055	53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	206803		206803		206803	54
55 MEDICAL SUPPLIES CHARGED TO	1965240		1965240		1965240	55
56 DRUGS CHARGED TO PATIENTS	12177749		12177749		12177749	56
57 RENAL DIALYSIS	964151		964151	9791	973942	57
58 ASC (NON-DISTINCT PART)	1275161		1275161		1275161	58
58.10 GI LAB	2732613		2732613		2732613	58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 OUTSIDE SERVICES	1024064		1024064		1024064	59.30
59.40 AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	820176		820176	3857	824033	60
60.01 PALOS DIAGNOSTIC CENTER	353405		353405		353405	60.01
61 EMERGENCY	8608808		8608808		8608808	61
62 OBSERVATION BEDS (NON-DISTI	864500		864500		864500	62
63 OUTPATIENT REHAB	2379024		2379024		2379024	63
63.10 WOUND CARE CENTER	746865		746865	40714	787579	63.10
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	153032002		153032002	293954	153325956	101
102 LESS OBSERVATION BEDS	864500		864500		864500	102
103 TOTAL	152167502		152167502	293954	152461456	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	90963127		90963127			25
26 INTENSIVE CARE UNIT	20509984		20509984			26
27 CORONARY CARE UNIT						27
29 SURGICAL INTENSIVE CARE UNI						29
29.10 NICU	3652749		3652749			29.10
31 SUBPROVIDER I	6928992		6928992			31
33 NURSERY	3246469		3246469			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	42899794	23379646	66279440	.309626	.309626	.309917 37
39 DELIVERY ROOM & LABOR ROOM	10118543	1998239	12116782	.330962	.330962	.336278 39
40 ANESTHESIOLOGY	10048642	5435084	15483726	.058058	.058058	.058699 40
41 RADIOLOGY-DIAGNOSTIC	13856261	15104768	28961029	.247182	.247182	.247185 41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	1735186	17825119	19560305	.227865	.227865	.227865 42
43 RADIOISOTOPE	5545825	6054618	11600443	.213336	.213336	.213336 43
43.10 ULTRASOUND	5297069	11230576	16527645	.172150	.172150	.172150 43.10
43.20 CT SCAN	20232873	24924968	45157841	.064768	.064768	.064768 43.20
43.30 CATH LAB	4623089	707112	5330201	.175626	.175626	.182360 43.30
44 LABORATORY	49818729	37484171	87302900	.141873	.141873	.141873 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	21352189	2295986	23648175	.161349	.161349	.163343 49
49.01 SLEEP LAB	8890	939614	948504	.309353	.309353	.309353 49.01
50 PHYSICAL THERAPY	2888077	3994821	6882898	.364701	.364701	.364701 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	860214	276928	1137142	.255827	.255827	.255827 52
53 ELECTROCARDIOLOGY	12841595	5308756	18150351	.115289	.115289	.116420 53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	356079	827016	1183095	.174798	.174798	.174798 54
55 MEDICAL SUPPLIES CHARGED TO	1686819	283076	1969895	.997637	.997637	.997637 55
56 DRUGS CHARGED TO PATIENTS	55699099	17060759	72759858	.167369	.167369	.167369 56
57 RENAL DIALYSIS	2514651	6865	2521516	.382370	.382370	.386253 57
58 ASC (NON-DISTINCT PART)		107509	107509	11.860970	11.860970	11.860970 58
58.10 GI LAB	4713182	11443293	16156475	.169134	.169134	.169134 58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 OUTSIDE SERVICES	2156210	1729514	3885724	.263545	.263545	.263545 59.30
59.40 AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	114204	864145	978349	.838327	.838327	.842269 60
60.01 PALOS DIAGNOSTIC CENTER	10242	1101579	1111821	.317861	.317861	.317861 60.01
61 EMERGENCY	21925783	28628959	50554742	.170287	.170287	.170287 61
62 OBSERVATION BEDS (NON-DISTI	737173	1058000	1795173	.481569	.481569	.481569 62
63 OUTPATIENT REHAB	1957	3911525	3913482	.607905	.607905	.607905 63
63.10 WOUND CARE CENTER	100345	3900306	4000651	.186686	.186686	.196863 63.10
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	417444041	227882952	645326993			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	417444041	227882952	645326993			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				3221916		3221916
26 INTENSIVE CARE UNIT				640773		640773
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.10 NICU				102537		102537
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				345212		345212
33 NURSERY				36233		36233
101 TOTAL				4346671		4346671

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	54129	30735			59.52	1829347
26 INTENSIVE CARE UNIT	7551	4366			84.86	370499
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
29.10 NICU	1420				72.21	
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4345	1957			79.45	155484
33 NURSERY	2231				16.24	
101 TOTAL	69676	37058				2355330

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] 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		1844619	66279440	19357976			.027831	538752 37
39 DELIVERY ROOM & LABOR ROOM		482437	12116782	48244			.039816	1921 39
40 ANESTHESIOLOGY		169260	15483726	3790044			.010931	41429 40
41 RADIOLOGY-DIAGNOSTIC		1555843	28961029	8132701			.053722	436905 41
41.01 BREAST HEALTH CENTER								41.01
42 RADIOLOGY-THERAPEUTIC		855865	19560305	1110999			.043755	48612 42
43 RADIOISOTOPE		326952	11600443	3156387			.028184	88960 43
43.10 ULTRASOUND		240127	16527645	2822583			.014529	41009 43.10
43.20 CT SCAN		473115	45157841	10963291			.010477	114862 43.20
43.30 CATH LAB		140753	5330201	2590044			.026407	68395 43.30
44 LABORATORY		707057	87302900	25816295			.008099	209086 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		359908	23648175	12977502			.015219	197505 49
49.01 SLEEP LAB		19988	948504	3647			.021073	77 49.01
50 PHYSICAL THERAPY		206628	6882898	2044594			.030020	61379 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		19202	1137142	646657			.016886	10919 52
53 ELECTROCARDIOLOGY		198358	18150351	6729623			.010929	73548 53
53.01 C-PORT								53.01
54 ELECTROENCEPHALOGRAPHY		50358	1183095	215693			.042565	9181 54
55 MEDICAL SUPPLIES CHARGED TO P		355086	1969895	928134			.180256	167302 55
56 DRUGS CHARGED TO PATIENTS		437507	72759858	29231939			.006013	175772 56
57 RENAL DIALYSIS		54567	2521516	1724371			.021641	37317 57
58 ASC (NON-DISTINCT PART)		47636	107509				.443088	58
58.10 GI LAB		370319	16156475	3067718			.022921	70315 58.10
59 ENTEROSTOMAL THERAPY								59
59.10 NEUROLOGY								59.10
59.20 EMG								59.20
59.30 OUTSIDE SERVICES		276349	3885724	1234311			.071119	87783 59.30
59.40 AUDIOLOGY								59.40
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		108832	978349	25382			.111240	2823 60
60.01 PALOS DIAGNOSTIC CENTER		27698	1111821	10085			.024912	251 60.01
61 EMERGENCY		615650	50554742	10997645			.012178	133929 61
62 OBSERVATION BEDS (NON-DISTINC		77617	1795173				.043237	62
63 OUTPATIENT REHAB		339423	3913482				.086732	63
63.10 WOUND CARE CENTER		64750	4000651	54114			.016185	876 63.10
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		10425904	520025672	147679979				2618908 101

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/30/2008 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					54129		30735	25
26 INTENSIVE CARE UNIT					7551		4366	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
29.10 NICU					1420			29.10
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4345		1957	31
33 NURSERY					2231			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					69676		37058	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ULTRASOUND							43.10
43.20 CT SCAN							43.20
43.30 CATH LAB							43.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 C-PORT							53.01
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
58.10 GI LAB							58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES							59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PALOS DIAGNOSTIC CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB							63
63.10 WOUND CARE CENTER							63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66279440			19357976		7766726 37
39 DELIVERY ROOM & LABOR ROOM		12116782			48244		16908 39
40 ANESTHESIOLOGY		15483726			3790044		1630495 40
41 RADIOLOGY-DIAGNOSTIC		28961029			8132701		4936916 41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		19560305			1110999		9524067 42
43 RADIOISOTOPE		11600443			3156387		3005574 43
43.10 ULTRASOUND		16527645			2822583		1539267 43.10
43.20 CT SCAN		45157841			10963291		8279973 43.20
43.30 CATH LAB		5330201			2590044		251794 43.30
44 LABORATORY		87302900			25816295		1389073 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		23648175			12977502		621937 49
49.01 SLEEP LAB		948504			3647		221039 49.01
50 PHYSICAL THERAPY		6882898			2044594		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1137142			646657		52
53 ELECTROCARDIOLOGY		18150351			6729623		2219291 53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		1183095			215693		246451 54
55 MEDICAL SUPPLIES CHARGED TO P		1969895			928134		106375 55
56 DRUGS CHARGED TO PATIENTS		72759858			29231939		7403816 56
57 RENAL DIALYSIS		2521516			1724371		2851 57
58 ASC (NON-DISTINCT PART)		107509					42100 58
58.10 GI LAB		16156475			3067718		4009585 58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES		3885724			1234311		561382 59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		978349			25382		412772 60
60.01 PALOS DIAGNOSTIC CENTER		1111821			10085		606296 60.01
61 EMERGENCY		50554742			10997645		4255043 61
62 OBSERVATION BEDS (NON-DISTINC		1795173					111262 62
63 OUTPATIENT REHAB		3913482					193135 63
63.10 WOUND CARE CENTER		4000651			54114		2067792 63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		520025672			147679979		61421920 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
ANCILLARY SERVICE COST CENTERS	8.01	8.02	9	9.01	9.02
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					53.01
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
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 OUTSIDE SERVICES					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.309626	.309626	.309626			37
39 DELIVERY ROOM & LABOR ROOM	.330962	.330962	.330962			39
40 ANESTHESIOLOGY	.058058	.058058	.058058			40
41 RADIOLOGY-DIAGNOSTIC	.247182	.247182	.247182			41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	.227865	.227865	.227865			42
43 RADIOISOTOPE	.213336	.213336	.213336			43
43.10 ULTRASOUND	.172150	.172150	.172150			43.10
43.20 CT SCAN	.064768	.064768	.064768			43.20
43.30 CATH LAB	.175626	.175626	.175626			43.30
44 LABORATORY	.141873	.141873	.141873			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.161349	.161349	.161349			49
49.01 SLEEP LAB	.309353	.309353	.309353			49.01
50 PHYSICAL THERAPY	.364701	.364701	.364701			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.255827	.255827	.255827			52
53 ELECTROCARDIOLOGY	.115289	.115289	.115289			53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	.174798	.174798	.174798			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.997637	.997637	.997637			55
56 DRUGS CHARGED TO PATIENTS	.167369	.167369	.167369			56
57 RENAL DIALYSIS	.382370	.382370	.382370			57
58 ASC (NON-DISTINCT PART)	11.860970	11.860970	11.860970			58
58.10 GI LAB	.169134	.169134	.169134			58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 OUTSIDE SERVICES	.263545	.263545	.263545			59.30
59.40 AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.838327	.838327	.838327			60
60.01 PALOS DIAGNOSTIC CENTER	.317861	.317861	.317861			60.01
61 EMERGENCY	.170287	.170287	.170287			61
62 OBSERVATION BEDS (NON-DISTINCT)	.481569	.481569	.481569			62
63 OUTPATIENT REHAB	.607905	.607905	.607905			63
63.10 WOUND CARE CENTER	.186686	.186686	.186686			63.10
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.167369	1
2 PROGRAM VACCINE CHARGES	401	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	67	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	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		7766726						37
39 DELIVERY ROOM & LABOR ROOM		16908						39
40 ANESTHESIOLOGY		1630495						40
41 RADIOLOGY-DIAGNOSTIC		4936916						41
41.01 BREAST HEALTH CENTER								41.01
42 RADIOLOGY-THERAPEUTIC		9524067						42
43 RADIOISOTOPE		3005574						43
43.10 ULTRASOUND		1539267						43.10
43.20 CT SCAN		8279973						43.20
43.30 CATH LAB		251794						43.30
44 LABORATORY		1389073						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		621937						49
49.01 SLEEP LAB		221039						49.01
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		2219291						53
53.01 C-PORT								53.01
54 ELECTROENCEPHALOGRAPHY		246451						54
55 MEDICAL SUPPLIES CHARGED TO PA		106375						55
56 DRUGS CHARGED TO PATIENTS		7403816						56
57 RENAL DIALYSIS		2851						57
58 ASC (NON-DISTINCT PART)		42100						58
58.10 GI LAB		4009585						58.10
59 ENTEROSTOMAL THERAPY								59
59.10 NEUROLOGY								59.10
59.20 EMG								59.20
59.30 OUTSIDE SERVICES		561382						59.30
59.40 AUDIOLOGY								59.40
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		412772						60
60.01 PALOS DIAGNOSTIC CENTER		606296						60.01
61 EMERGENCY		4255043						61
62 OBSERVATION BEDS (NON-DISTINCT)		111262						62
63 OUTPATIENT REHAB		193135						63
63.10 WOUND CARE CENTER		2067792						63.10
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56)								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56)								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56)								65.03
101 SUBTOTAL		61421920						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		61421920						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0179) [] 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		2404780					37
39 DELIVERY ROOM & LABOR ROOM		5596					39
40 ANESTHESIOLOGY		94663					40
41 RADIOLOGY-DIAGNOSTIC		1220317					41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		2170202					42
43 RADIOISOTOPE		641197					43
43.10 ULTRASOUND		264985					43.10
43.20 CT SCAN		536277					43.20
43.30 CATH LAB		44222					43.30
44 LABORATORY		197072					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		100349					49
49.01 SLEEP LAB		68379					49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		255860					53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		43079					54
55 MEDICAL SUPPLIES CHARGED TO PAT		106124					55
56 DRUGS CHARGED TO PATIENTS		1239169					56
57 RENAL DIALYSIS		1090					57
58 ASC (NON-DISTINCT PART)		499347					58
58.10 GI LAB		678157					58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES		147949					59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		346038					60
60.01 PALOS DIAGNOSTIC CENTER		192718					60.01
61 EMERGENCY		724579					61
62 OBSERVATION BEDS (NON-DISTINCT)		53580					62
63 OUTPATIENT REHAB		117408					63
63.10 WOUND CARE CENTER		386028					63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		12539165					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		12539165					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S179) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	RATIO OF		CAPITAL COSTS	RATIO OF	
	RELATED COST	RELATED COST			COST TO CHARGES	CAPITAL COSTS		COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1844619	66279440				.027831		37
39 DELIVERY ROOM & LABOR ROOM		482437	12116782				.039816		39
40 ANESTHESIOLOGY		169260	15483726				.010931		40
41 RADIOLOGY-DIAGNOSTIC		1555843	28961029	34050			.053722	1829	41
41.01 BREAST HEALTH CENTER									41.01
42 RADIOLOGY-THERAPEUTIC		855865	19560305	13782			.043755	603	42
43 RADIOISOTOPE		326952	11600443	3688			.028184	104	43
43.10 ULTRASOUND		240127	16527645	5604			.014529	81	43.10
43.20 CT SCAN		473115	45157841	74554			.010477	781	43.20
43.30 CATH LAB		140753	5330201				.026407		43.30
44 LABORATORY		707057	87302900	448458			.008099	3632	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		359908	23648175	17987			.015219	274	49
49.01 SLEEP LAB		19988	948504				.021073		49.01
50 PHYSICAL THERAPY		206628	6882898	34603			.030020	1039	50
51 OCCUPATIONAL THERAPY									51
52 SPEECH PATHOLOGY		19202	1137142	1812			.016886	31	52
53 ELECTROCARDIOLOGY		198358	18150351	38524			.010929	421	53
53.01 C-PORT									53.01
54 ELECTROENCEPHALOGRAPHY		50358	1183095	634			.042565	27	54
55 MEDICAL SUPPLIES CHARGED TO P		355086	1969895	4993			.180256	900	55
56 DRUGS CHARGED TO PATIENTS		437507	72759858	295551			.006013	1777	56
57 RENAL DIALYSIS		54567	2521516	978			.021641	21	57
58 ASC (NON-DISTINCT PART)		47636	107509				.443088		58
58.10 GI LAB		370319	16156475	7121			.022921	163	58.10
59 ENTEROSTOMAL THERAPY									59
59.10 NEUROLOGY									59.10
59.20 EMG									59.20
59.30 OUTSIDE SERVICES		276349	3885724	1012			.071119	72	59.30
59.40 AUDIOLOGY									59.40
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		108832	978349	551			.111240	61	60
60.01 PALOS DIAGNOSTIC CENTER		27698	1111821				.024912		60.01
61 EMERGENCY		615650	50554742	109521			.012178	1334	61
62 OBSERVATION BEDS (NON-DISTINC		77617	1795173				.043237		62
63 OUTPATIENT REHAB		339423	3913482	1620			.086732	141	63
63.10 WOUND CARE CENTER		64750	4000651				.016185		63.10
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		10425904	520025672	1095043				13291	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ULTRASOUND							43.10
43.20 CT SCAN							43.20
43.30 CATH LAB							43.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 C-PORT							53.01
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
58.10 GI LAB							58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES							59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PALOS DIAGNOSTIC CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB							63
63.10 WOUND CARE CENTER							63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66279440					37
39 DELIVERY ROOM & LABOR ROOM		12116782					39
40 ANESTHESIOLOGY		15483726					40
41 RADIOLOGY-DIAGNOSTIC		28961029			34050		41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		19560305			13782		42
43 RADIOISOTOPE		11600443			3688		43
43.10 ULTRASOUND		16527645			5604		43.10
43.20 CT SCAN		45157841			74554		43.20
43.30 CATH LAB		5330201					43.30
44 LABORATORY		87302900			448458		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		23648175			17987		49
49.01 SLEEP LAB		948504					49.01
50 PHYSICAL THERAPY		6882898			34603		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1137142			1812		52
53 ELECTROCARDIOLOGY		18150351			38524		53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		1183095			634		54
55 MEDICAL SUPPLIES CHARGED TO P		1969895			4993		55
56 DRUGS CHARGED TO PATIENTS		72759858			295551		56
57 RENAL DIALYSIS		2521516			978		57
58 ASC (NON-DISTINCT PART)		107509					58
58.10 GI LAB		16156475			7121		58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES		3885724			1012		59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		978349			551		60
60.01 PALOS DIAGNOSTIC CENTER		1111821					60.01
61 EMERGENCY		50554742			109521		61
62 OBSERVATION BEDS (NON-DISTINC		1795173					62
63 OUTPATIENT REHAB		3913482			1620		63
63.10 WOUND CARE CENTER		4000651					63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		520025672			1095043		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S179) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					53.01
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
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 OUTSIDE SERVICES					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	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				3221916		3221916	25
26 INTENSIVE CARE UNIT				640773		640773	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
29.10 NICU				102537		102537	29.10
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				345212		345212	31
33 NURSERY				36233		36233	33
101 TOTAL				4346671		4346671	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	54129	6700			59.52	398784	25
26 INTENSIVE CARE UNIT	7551	746			84.86	63306	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
29.10 NICU	1420	1090			72.21	78709	29.10
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4345				79.45		31
33 NURSERY	2231	1193			16.24	19374	33
101 TOTAL	69676	9729				560173	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		1844619	66279440				.027831	37	
39 DELIVERY ROOM & LABOR ROOM		482437	12116782				.039816	39	
40 ANESTHESIOLOGY		169260	15483726				.010931	40	
41 RADIOLOGY-DIAGNOSTIC		1555843	28961029				.053722	41	
41.01 BREAST HEALTH CENTER								41.01	
42 RADIOLOGY-THERAPEUTIC		855865	19560305				.043755	42	
43 RADIOISOTOPE		326952	11600443				.028184	43	
43.10 ULTRASOUND		240127	16527645				.014529	43.10	
43.20 CT SCAN		473115	45157841				.010477	43.20	
43.30 CATH LAB		140753	5330201				.026407	43.30	
44 LABORATORY		707057	87302900				.008099	44	
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30	
49 RESPIRATORY THERAPY		359908	23648175				.015219	49	
49.01 SLEEP LAB		19988	948504				.021073	49.01	
50 PHYSICAL THERAPY		206628	6882898				.030020	50	
51 OCCUPATIONAL THERAPY								51	
52 SPEECH PATHOLOGY		19202	1137142				.016886	52	
53 ELECTROCARDIOLOGY		198358	18150351				.010929	53	
53.01 C-PORT								53.01	
54 ELECTROENCEPHALOGRAPHY		50358	1183095				.042565	54	
55 MEDICAL SUPPLIES CHARGED TO P		355086	1969895				.180256	55	
56 DRUGS CHARGED TO PATIENTS		437507	72759858				.006013	56	
57 RENAL DIALYSIS		54567	2521516				.021641	57	
58 ASC (NON-DISTINCT PART)		47636	107509				.443088	58	
58.10 GI LAB		370319	16156475				.022921	58.10	
59 ENTEROSTOMAL THERAPY								59	
59.10 NEUROLOGY								59.10	
59.20 EMG								59.20	
59.30 OUTSIDE SERVICES		276349	3885724				.071119	59.30	
59.40 AUDIOLOGY								59.40	
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		108832	978349				.111240	60	
60.01 PALOS DIAGNOSTIC CENTER		27698	1111821				.024912	60.01	
61 EMERGENCY		615650	50554742				.012178	61	
62 OBSERVATION BEDS (NON-DISTINC		77617	1795173				.043237	62	
63 OUTPATIENT REHAB		339423	3913482				.086732	63	
63.10 WOUND CARE CENTER		64750	4000651				.016185	63.10	
63.50 RHC								63.50	
63.60 FQHC								63.60	
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		10425904	520025672					101	

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/30/2008 12:00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					54129		6700	25
26 INTENSIVE CARE UNIT					7551		746	26
27 CORONARY CARE UNIT								27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
29.10 NICU					1420		1090	29.10
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4345			31
33 NURSERY					2231		1193	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					69676		9729	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							3
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
43.10 ULTRASOUND							43.10
43.20 CT SCAN							43.20
43.30 CATH LAB							43.30
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
49.01 SLEEP LAB							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 C-PORT							53.01
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
58.10 GI LAB							58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES							59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PALOS DIAGNOSTIC CENTER							60.01
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63 OUTPATIENT REHAB							63
63.10 WOUND CARE CENTER							63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		66279440					37
39 DELIVERY ROOM & LABOR ROOM		12116782					39
40 ANESTHESIOLOGY		15483726					40
41 RADIOLOGY-DIAGNOSTIC		28961029					41
41.01 BREAST HEALTH CENTER							41.01
42 RADIOLOGY-THERAPEUTIC		19560305					42
43 RADIOISOTOPE		11600443					43
43.10 ULTRASOUND		16527645					43.10
43.20 CT SCAN		45157841					43.20
43.30 CATH LAB		5330201					43.30
44 LABORATORY		87302900					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		23648175					49
49.01 SLEEP LAB		948504					49.01
50 PHYSICAL THERAPY		6882898					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1137142					52
53 ELECTROCARDIOLOGY		18150351					53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY		1183095					54
55 MEDICAL SUPPLIES CHARGED TO P		1969895					55
56 DRUGS CHARGED TO PATIENTS		72759858					56
57 RENAL DIALYSIS		2521516					57
58 ASC (NON-DISTINCT PART)		107509					58
58.10 GI LAB		16156475					58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES		3885724					59.30
59.40 AUDIOLOGY							59.40
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		978349					60
60.01 PALOS DIAGNOSTIC CENTER		1111821					60.01
61 EMERGENCY		50554742					61
62 OBSERVATION BEDS (NON-DISTINC		1795173					62
63 OUTPATIENT REHAB		3913482					63
63.10 WOUND CARE CENTER		4000651					63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		520025672					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0179) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					53.01
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
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 OUTSIDE SERVICES					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0179)	SUB I (TEFRA) (14-S179)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	54129	4345					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	54129	4345					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	54129	4345					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)	30735	1957					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) (14-0179)	SUB I (TEFRA) (14-S179)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35885530	3075296					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	35885530	3075296					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45845843	3080389					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.782743	.998347					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							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	35885530	3075296					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) (14-0179)	SUB I (TEFRA) (14-S179)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	662.96	707.78				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20376076	1385125				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	20376076	1385125				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9572790	7551	1267.75	4366	5534997	43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
46.10 NICU	1874371	1420	1319.98			46.10
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0179)	SUB I (TEFRA) (14-S179)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	27595628	178689				48
49 TOTAL PROGRAM INPATIENT COSTS	53506701	1563814				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2199846	155484				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2618908	13291				51
52 TOTAL PROGRAM EXCLUDABLE COST	4818754	168775				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	48687947	1395039				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) (14-0179)	SUB I (TEFRA) (14-S179)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		248				54
55		11630.78				55
56		2884433				56
57		1489394				57
58		57689				58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59		1621503				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/30/2008 12:00

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA)
 (14-0179)(14-S179)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1304	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	662.96	84
85 OBSERVATION BED COST	864500	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
 ROUTINE COST (FROM LINE 27)
 COST 1 (FROM LINE 2) COLUMN 1 DIVIDED BY COLUMN 2 (FROM LINE 85) TOTAL OBSERVATION BED COST (FROM LINE 85) OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4

86 OLD CAPITAL-RELATED COST	35885530	864500	86
87 NEW CAPITAL-RELATED COST	3221916	35885530	.089783
88 NON PHYSICIAN ANESTHETIST	35885530	864500	77617
89 MEDICAL EDUCATION	35885530	864500	88
		864500	89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	54129					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	54129					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	54129					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)	6700					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	2231					15
16 TITLE V OR XIX NURSERY DAYS	1193					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	35874366						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	35874366						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	45845843						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.782500						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							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	35874366						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV		
	1	1	1	1	1		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS							
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	662.76					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4440492					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4440492					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)	900389	2231	403.58	1193	481471	42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	9572790	7551	1267.75	746	945742	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
46.10	NICU	1874371	1420	1319.98	1090	1438778	46.10
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49	TOTAL PROGRAM INPATIENT COSTS	7306483					49
PASS THROUGH COST ADJUSTMENTS							
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	560173					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52	TOTAL PROGRAM EXCLUDABLE COST	560173					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/30/2008 12:00

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

NF

1

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

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0179)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1304	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	662.96	84
85 OBSERVATION BED COST	864500	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0179) [] 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		52998709		25
26 INTENSIVE CARE UNIT		12440114		26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU				29.10
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.309917	19357976	5999366	37
39 DELIVERY ROOM & LABOR ROOM	.336278	48244	16223	39
40 ANESTHESIOLOGY	.058699	3790044	222472	40
41 RADIOLOGY-DIAGNOSTIC	.247185	8132701	2010282	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	.227865	1110999	253158	42
43 RADIOISOTOPE	.213336	3156387	673371	43
43.10 ULTRASOUND	.172150	2822583	485908	43.10
43.20 CT SCAN	.064768	10963291	710070	43.20
43.30 CATH LAB	.182360	2590044	472320	43.30
44 LABORATORY	.141873	25816295	3662635	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.163343	12977502	2119784	49
49.01 SLEEP LAB	.309353	3647	1128	49.01
50 PHYSICAL THERAPY	.364701	2044594	745665	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.255827	646657	165432	52
53 ELECTROCARDIOLOGY	.116420	6729623	783463	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	.174798	215693	37703	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.997637	928134	925941	55
56 DRUGS CHARGED TO PATIENTS	.167369	29231939	4892520	56
57 RENAL DIALYSIS	.386253	1724371	666043	57
58 ASC (NON-DISTINCT PART)	11.860970			58
58.10 GI LAB	.169134	3067718	518855	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 OUTSIDE SERVICES	.263545	1234311	325296	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.842269	25382	21378	60
60.01 PALOS DIAGNOSTIC CENTER	.317861	10085	3206	60.01
61 EMERGENCY	.170287	10997645	1872756	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.481569			62
63 OUTPATIENT REHAB	.607905			63
63.10 WOUND CARE CENTER	.196863	54114	10653	63.10
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		147679979	27595628	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		147679979		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S179)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
29 SURGICAL INTENSIVE CARE UNIT				29
29.10 NICU				29.10
31 SUBPROVIDER I		3083389		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.309626			37
39 DELIVERY ROOM & LABOR ROOM	.330962			39
40 ANESTHESIOLOGY	.058058			40
41 RADIOLOGY-DIAGNOSTIC	.247182	34050	8417	41
41.01 BREAST HEALTH CENTER				41.01
42 RADIOLOGY-THERAPEUTIC	.227865	13782	3140	42
43 RADIOISOTOPE	.213336	3688	787	43
43.10 ULTRASOUND	.172150	5604	965	43.10
43.20 CT SCAN	.064768	74554	4829	43.20
43.30 CATH LAB	.175626			43.30
44 LABORATORY	.141873	448458	63624	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.161349	17987	2902	49
49.01 SLEEP LAB	.309353			49.01
50 PHYSICAL THERAPY	.364701	34603	12620	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.255827	1812	464	52
53 ELECTROCARDIOLOGY	.115289	38524	4441	53
53.01 C-PORT				53.01
54 ELECTROENCEPHALOGRAPHY	.174798	634	111	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.997637	4993	4981	55
56 DRUGS CHARGED TO PATIENTS	.167369	295551	49466	56
57 RENAL DIALYSIS	.382370	978	374	57
58 ASC (NON-DISTINCT PART)	11.860970			58
58.10 GI LAB	.169134	7121	1204	58.10
59 ENTEROSTOMAL THERAPY				59
59.10 NEUROLOGY				59.10
59.20 EMG				59.20
59.30 OUTSIDE SERVICES	.263545	1012	267	59.30
59.40 AUDIOLOGY				59.40
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.838327	551	462	60
60.01 PALOS DIAGNOSTIC CENTER	.317861			60.01
61 EMERGENCY	.170287	109521	18650	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.481569			62
63 OUTPATIENT REHAB	.607905	1620	985	63
63.10 WOUND CARE CENTER	.186686			63.10
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1095043	178689	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1095043		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0179)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
29 SURGICAL INTENSIVE CARE UNIT			29
29.10 NICU			29.10
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.309626		37
39 DELIVERY ROOM & LABOR ROOM	.330962		39
40 ANESTHESIOLOGY	.058058		40
41 RADIOLOGY-DIAGNOSTIC	.247182		41
41.01 BREAST HEALTH CENTER			41.01
42 RADIOLOGY-THERAPEUTIC	.227865		42
43 RADIOISOTOPE	.213336		43
43.10 ULTRASOUND	.172150		43.10
43.20 CT SCAN	.064768		43.20
43.30 CATH LAB	.175626		43.30
44 LABORATORY	.141873		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.161349		49
49.01 SLEEP LAB	.309353		49.01
50 PHYSICAL THERAPY	.364701		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.255827		52
53 ELECTROCARDIOLOGY	.115289		53
53.01 C-PORT			53.01
54 ELECTROENCEPHALOGRAPHY	.174798		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.997637		55
56 DRUGS CHARGED TO PATIENTS	.167369		56
57 RENAL DIALYSIS	.382370		57
58 ASC (NON-DISTINCT PART)	11.860970		58
58.10 GI LAB	.169134		58.10
59 ENTEROSTOMAL THERAPY			59
59.10 NEUROLOGY			59.10
59.20 EMG			59.20
59.30 OUTSIDE SERVICES	.263545		59.30
59.40 AUDIOLOGY			59.40
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.838327		60
60.01 PALOS DIAGNOSTIC CENTER	.317861		60.01
61 EMERGENCY	.170287		61
62 OBSERVATION BEDS (NON-DISTINCT	.481569		62
OTHER REIMBURSABLE COST CENTERS			
63 OUTPATIENT REHAB	.607905		63
63.10 WOUND CARE CENTER	.186686		63.10
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	11136346					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	11136346					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	22272692					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	29917					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	29917					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	59833					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	450920					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	263.90					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	3.09					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	6.66					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE	3.09					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	3.09					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..	6.49					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	4.22				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.015991				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.011700				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	0.011700				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	69599				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	71185				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]	142370				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	283154 0	283154			3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0560				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1754				4.01
4.02	SUM OF 4 AND 4.01	0.2314				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0831				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	3701721				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,					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	48981179				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	48981179				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	4086351				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	257609				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	53325139				16
17	PRIMARY PAYER PAYMENTS	51120				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	53274019				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4240192				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	382448				20
21	REIMBURSABLE BAD DEBTS	1242353				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	869647				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	873037				21.02
22	SUBTOTAL	49521026				22

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/30/2008 12:00

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0179)	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	IME REIMBURSEMENT					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	49521026				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	48632230				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	888796				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	1229645				30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO					52
53	CAPITAL OUTLIER 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 (14-0179) 1	HOSPITAL (14-0179) 1.01	HOSPITAL (14-0179) 1.02	
1 MEDICAL AND OTHER SERVICES	67			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	12539165			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11686999			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.837			1.03
1.04 LINE 1.01 TIMES LINE 1.03	10495281			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	67			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	401			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	401			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	401			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	334			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	67			17
17.01 TOTAL PPS PAYMENTS	11686999			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0179)	HOSPITAL (14-0179)	HOSPITAL (14-0179)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	3181027		18.01
LINE 17.01			
19 SUBTOTAL	8506039		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	58657		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	8564696		23
24 PRIMARY PAYER PAYMENTS	12830		24
25 SUBTOTAL	8551866		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	512218		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	358553		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	427243		27.02
28 SUBTOTAL	8910419		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	8910419		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	8493142		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	417277		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S179)	SUB I (14-S179)	SUB I (14-S179)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S179)	SUB I (14-S179)	SUB I (14-S179)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0179)
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
(14-0179)
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
(14-0179)
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 (14-0179)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		48632230		8493142	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		48632230		8493142	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S179)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	PART A			
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1361441		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				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT PROGRAM	.01			3.02
REVISION OF THE INTERIM RATE FOR THE COST TO	.02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE	NONE	3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1361441		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM	.01		5.01
	TO	.02		5.02
	PROVIDER	.03		5.03
	PROVIDER	.50		5.50
	TO	.51		5.51
	PROGRAM	.52		5.52
SUBTOTAL		.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO			6.01
	PROVIDER	.01		6.02
	PROVIDER TO	.02		
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY				7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S179)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1621503				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	405376				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	1107821				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS					1.09
1.10	NET IPF PPS ECT PAYMENTS	1889				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)	11.871585				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1109710				1.19
1.20	STOP LESS PAYMENT FLOOR	1135052				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	851289				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1515086				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1515086				4
5	PRIMARY PAYER PAYMENTS	6520				5
6	SUBTOTAL	1508566				6
7	DEDUCTIBLES	125696				7
8	SUBTOTAL	1382870				8
9	COINSURANCE	30664				9
10	SUBTOTAL	1352206				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	104055				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	72839				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	75159				11.02
12	SUBTOTAL	1425045				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (5/2007)

VERSION: 2008.05
11/30/2008 12:00

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S179)	SUB II	SUB III	SUB IV	
13.01						13.01
14						14
15						15
16						16
17						17
18						18
19						19
19.01						19.01
20						20
21						21
50						50
51						51
52						52
53						53

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I	
		HOSPITAL (14-0179) (OTHER)	SUB I (14-S179)	SUB II	SUB III	SUB IV	
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	7306483					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	7306483					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	7306483					9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	7306483					22
23	COST OF COVERED SERVICES	7306483					23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	7306483					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	7306483					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			
		HOSPITAL (14-0179) (OTHER)	SUB I	SUB II	SUB III	SUB IV NF I
		1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
	EXCESS OF REASONABLE COST	7306483				34
35	SUBTOTAL					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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	3.09 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]	3.03
3.04	FTE ADJUSTMENT CAP	3.09 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	6.66 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.09 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	3.74 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	2.92 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	6.66 3.09
3.10	SEE INSTRUCTIONS	3.09 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	1.35 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	1.09 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.74 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	2.06 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	2.06 3.16
3.17	SEE INSTRUCTIONS	127315.66 3.17
3.18	SEE INSTRUCTIONS	262270 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		2.00	3.19
3.20	SEE INSTRUCTIONS		3.17	3.20
3.21	SEE INSTRUCTIONS		2.30	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		2.30	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		125876.51	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		289516	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		551786	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		37058	4
5	TOTAL INPATIENT DAYS		66141	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.560288	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	309159	309159	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD	992	992	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		66141	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		7107	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2521516	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. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
11/30/2008 12:00

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY

12	PART A REASONABLE COST		
	REASONABLE COST	55070515	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	57640	15
16	TOTAL PART A REASONABLE COST	55012875	16
	PART B REASONABLE COST		
17	REASONABLE COST	12539232	17
18	PRIMARY PAYER PAYMENTS	12830	18
19	TOTAL PART B REASONABLE COST	12526402	19
20	TOTAL REASONABLE COST	67539277	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.814532	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.185468	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	316266	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	257609	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	58657	25

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

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] 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	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]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	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	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	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	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	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3
 PART IV
 (CONT)

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

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	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	0.00	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		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		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	8536	4
5	TOTAL INPATIENT DAYS	66141	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.129058	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	66141	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		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
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12]	0 0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		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. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
	PART B REASONABLE COST	
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	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	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15810601			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	26269647			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY				7
8	PREPAID EXPENSES	3485022			8
9	OTHER CURRENT ASSETS	81969			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	45647239			11
FIXED ASSETS					
12	LAND	13211674			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	2125707			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	139872507			14
14.01	ACCUMULATED DEPRECIATION	-151940188			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	82567330			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	85837030			21
OTHER ASSETS					
22	INVESTMENTS	397305103			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	100649513			25
26	TOTAL OTHER ASSETS	497954616			26
27	TOTAL ASSETS	629438885			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6391011			28
29	SALARIES, WAGES & FEES PAYABLE				29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	2985000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS	35683903			34
35	OTHER CURRENT LIABILITIES	28489236			35
36	TOTAL CURRENT LIABILITIES	73549150			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE	131355000			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	69967079			41
42	TOTAL LONG TERM LIABILITIES	201322079			42
43	TOTAL LIABILITIES	274871229			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	354567656			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	354567656			51
52	TOTAL LIABILITIES AND FUND BALANCES	629438885			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	358522737			1
2 NET INCOME (LOSS)	8304235			2
3 TOTAL	366826972			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 OTHER ADJ, NET	444367			5
6				6
7				7
8				8
9 CONTR. OF PROPERTY AND EQUIP				9
10 TOTAL ADDITIONS	444367			10
11 SUBTOTAL	367271339			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 PENSION ADJUSTMENT	12703683			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	12703683			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	354567656			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				
2 HOSPITAL	83102841		83102841	1
4 SUBPROVIDER I	6928992		6928992	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	90031833		90031833	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	20509984		20509984	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
13.10 NICU	3652749		3652749	13.10
14 OTHER SPECIAL CARE (SPECIFY)				14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	24162733		24162733	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	114194566		114194566	16
17 ANCILLARY SERVICES	296041476	240583065	536624541	17
18 OUTPATIENT SERVICES		1293180	1293180	18
18.10 WOUND CARE CENTER				18.10
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY		5293756	5293756	19
20 AMBULANCE				20
21 CORF				21
22 ASC				22
23 HOSPICE		2298924	2298924	23
24				24
25 TOTAL PATIENT REVENUES	410236042	249468925	659704967	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		175513146	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	14642417		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		14642417	33
34 DEDUCT (SPECIFY)			34
35			35
36 PROVE LEVEL DEPRECIATION			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		190155563	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	659704967	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	464058119	2
3	NET PATIENT REVENUES	195646848	3
4	LESS - TOTAL OPERATING EXPENSES	190155563	4
5	NET INCOME FROM SERVICE TO PATIENTS	5491285	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1094441	6
7	INCOME FROM INVESTMENTS	797992	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	759417	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	71543	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	8679	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	RESTRICTED/UNRESTRICTED FD REV	540403	24
24.01	ADULT DAY CARE	270603	24.01
24.02	CARDIOLOGY PROFESSIONAL BILLING REV	201749	24.02
24.03	AFFILIATE SERVICES	328390	24.03
24.04	HEALTH PROMOTION	78881	24.04
24.05	CYTOPATHOLOGY	39616	24.05
24.06	PHARMACY REVENUE	71543	24.06
24.07	MISCELLANEOUS REVENUE	221884	24.07
24.08	SELF INSURANCE INVESTMENT INCOME	2245406	24.08
24.09	MATERNAL EDUCATION	4994	24.09
24.10	SCRAP SILVER REVENUE	9895	24.10
24.11	MEDICAL STAFFAPPLICATIONS	21500	24.11
24.12	VOTIVE LIGHT REVENUE	10778	24.12
24.13	ANSWERING SERVICE REVENUE	225340	24.13
24.14	OTHER BUILDING RENTAL INCOME	255314	24.14
24.15	AUDIT REVENUE	655	24.15
24.16	CLASS REVENUE	1050	24.16
24.17	PURCH SERVICES REVENUE	3117	24.17
24.18	HHA MISC. REVENUE		24.18
24.19	HOSPICE OTHER REVENUE		24.19
24.20	LCC CONNECTIONS REVENUE		24.20
24.21	VOLUNTEER RESOURCES INCOME		24.21
24.22	ECG REVENUE	1790	24.22
24.23	CASH OVER/SHORT		24.23
25	TOTAL OTHER INCOME	7264980	25
26	TOTAL	12756265	26
27			27
27.01	LOSS ON REFINANCING OF DEBT	4452030	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	4452030	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8304235	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

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	564562	118484			204229	887275
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1138672	238971	62111			1439754
7 PHYSICAL THERAPY	230228	48318	14972	274392		567910
8 OCCUPATIONAL THERAPY				40010		40010
9 SPEECH PATHOLOGY				6950		6950
10 MEDICAL SOCIAL SERVICES	21890	4594	418			26902
11 HOME HEALTH AIDE	61231	12851	3952			78034
12 SUPPLIES					100680	100680
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	2016583	423218	81453	321352	304909	3147515

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7404

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	-108688	778587		778587	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		1439754		1439754	6
7 PHYSICAL THERAPY		567910		567910	7
8 OCCUPATIONAL THERAPY		40010		40010	8
9 SPEECH PATHOLOGY		6950		6950	9
10 MEDICAL SOCIAL SERVICES		26902		26902	10
11 HOME HEALTH AIDE		78034		78034	11
12 SUPPLIES		100680		100680	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	-108688	3038827		3038827	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7404

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	778587					778587	778587	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1439754					1439754	495954	1935708 6
7 PHYSICAL THERAPY	567910					567910	195629	763539 7
8 OCCUPATIONAL THERAPY	40010					40010	13782	53792 8
9 SPEECH PATHOLOGY	6950					6950	2394	9344 9
10 MEDICAL SOCIAL SERVICES	26902					26902	9267	36169 10
11 HOME HEALTH AIDE	78034					78034	26880	104914 11
12 SUPPLIES	100680					100680	34681	135361 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	3038827					3038827		3038827 24

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET)	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATN & MAINT (SQUARE FEET)	TRANSPORT- ATION (MILEAGE)	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
	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 HHA REIMBURSABLE SERVICES					-778587	2260240	5
6 SKILLED NURSING CARE						1439754	6
7 PHYSICAL THERAPY						567910	7
8 OCCUPATIONAL THERAPY						40010	8
9 SPEECH PATHOLOGY						6950	9
10 MEDICAL SOCIAL SERVICES						26902	10
11 HOME HEALTH AIDE						78034	11
12 SUPPLIES						100680	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					-778587	2260240	24
25 COST TO BE ALLOC (PER W/S H)						778587	25
26 UNIT COST MULTIPLIER						.344471	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7404

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		473640		473640			1
2 SKILLED NURSING CARE		2373562		2373562	301705	2675267	2
3 PHYSICAL THERAPY		936250		936250	119008	1055258	3
4 OCCUPATIONAL THERAPY		65960		65960	8384	74344	4
5 SPEECH PATHOLOGY		11458		11458	1456	12914	5
6 MEDICAL SOCIAL SERVICES		44350		44350	5637	49987	6
7 HOME HEALTH AIDE		128645		128645	16352	144997	7
8 SUPPLIES		165979		165979	21098	187077	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		4199844		4199844	473640	4199844	20
21 UNIT COST MULTIPLIER					.127111		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7404

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP DOLLAR VALUE	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP DOLLAR VALUE	EMPLOYEE BENEFITS FTE'S SALARIES)	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (SQUARE FEET)
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL	4075		4075	46512	72663		153719	1
2 SKILLED NURSING CARE							1935708	2
3 PHYSICAL THERAPY							763539	3
4 OCCUPATIONAL THERAPY							53792	4
5 SPEECH PATHOLOGY							9344	5
6 MEDICAL SOCIAL SERVICES							36169	6
7 HOME HEALTH AIDE							104914	7
8 SUPPLIES							135361	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	4075		4075	46512	72663		3192546	20
21 TOTAL COST TO BE ALLOCATED			50906	46442	56371		722148	21
22 UNIT COST MULTIPLIER			12.492270		.775787		.226198	22
22 UNIT COST MULTIPLIER				.998495				22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

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	2675267		2675267	17964	148.92	1
2	PHYSICAL THERAPY	3	1055258		1055258	7567	139.46	2
3	OCCUPATIONAL THERAPY	4	74344		74344	472	157.51	3
4	SPEECH PATHOLOGY	5	12914		12914	82	157.49	4
5	MEDICAL SOCIAL SERV	6	49987		49987	121	413.12	5
6	HOME HEALTH AIDE SERV	7	144997		144997	1143	126.86	6
7	TOTAL		4012767		4012767	27349		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
			1	2	3	4	LIMITS	
8	SKILLED NURSING CARE						5	8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	187077		187077	269636	.693813	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7404

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.364701			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.255827			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.997637			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.167369			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY	139.46	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	157.51						2
3	SPEECH PATHOLOGY	157.49						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7404

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	2227350	1369446		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	2227350	1369446		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2227350	1369446		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	2076693	1159882	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	20681	21506	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	45747	56184	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	32816	12997	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES	1133		10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	95441	37612	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6659	13675	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES		808	10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES	185		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	2279355	1302664	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	2279355	1302664	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	2279355	1302664	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2279355	1302664	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	2279355	1302664	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	2279355	1302664	24
25 TOTAL INTERIM PAYMENTS	2279355	1302664	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.: 14-7404

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		2279355		1302664	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				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		2279355		1302664	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				5.01
	TO				5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO				5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				6.01
	PROVIDER	.01			6.02
	PROVIDER TO	.02			
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED COSTS-BLDG AND FIXT.							1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.							2
3 PLANT OPERATION AND MAINTENANCE							3
4 TRANSPORTATION - STAFF							4
5 VOLUNTEER SERVICE COORDINATION							5
6 ADMINISTRATIVE AND GENERAL	167510	29081			38725	235316	6
INPATIENT CARE SERVICE							
7 INPATIENT - GENERAL CARE							7
8 INPATIENT - RESPITE CARE							8
VISITING SERVICES							
9 PHYSICIAN SERVICES					54598	54598	9
10 NURSING CARE	495609	86042	18686			600337	10
10.20 NURSING CARE-CONTINUOUS HOME CARE							10.20
11 PHYSICAL THERAPY	196	34	36			266	11
12 OCCUPATIONAL THERAPY							12
13 SPEECH/LANGUAGE PATHOLOGY							13
14 MEDICAL SOCIAL SERVICES	27701	4809	656			33166	14
15 SPIRITUAL COUNSELING	80955	14055	4963			99973	15
16 DIETARY COUNSELING							16
17 COUNSELING - OTHER							17
18 HOME HEALTH AIDE AND HOMEMAKER	114533	19884	14108			148525	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE							18.20
19 OTHER							19
OTHER HOSPICE SERVICE COSTS							
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					85645	85645	20
20.30 ANALGESICS							20.30
20.31 SEDATIVES / HYPNOTICS							20.31
20.32 OTHER - SPECIFY							20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					170817	170817	21
22 PATIENT TRANSPORTATION							22
23 IMAGING SERVICES							23
24 LABS AND DIAGNOSTICS							24
25 MEDICAL SUPPLIES					54900	54900	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)							26
27 RADIATION THERAPY							27
28 CHEMOTHERAPY							28
29 OTHER							29
HOSPICE NONREIMBURSABLE SERVICE							
30 BEREAVEMENT PROGRAM COSTS							30
31 VOLUNTEER PROGRAM COSTS							31
32 FUNDRAISING							32
33 OTHER PROGRAM COSTS							33
34 TOTAL	886504	153905	38449		404685	1483543	34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1511

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED COSTS-BLDG AND FIXT.					1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.					2
3 PLANT OPERATION AND MAINTENANCE					3
4 TRANSPORTATION - STAFF					4
5 VOLUNTEER SERVICE COORDINATION					5
6 ADMINISTRATIVE AND GENERAL	-8567	226749		226749	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE					7
8 INPATIENT - RESPITE CARE					8
VISITING SERVICES					
9 PHYSICIAN SERVICES		54598		54598	9
10 NURSING CARE		600337		600337	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY		266		266	11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		33166		33166	14
15 SPIRITUAL COUNSELING		99973		99973	15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		148525		148525	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		85645		85645	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		170817		170817	21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		54900		54900	25
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)					26
27 RADIATION THERAPY					27
28 CHEMOTHERAPY					28
29 OTHER					29
HOSPICE NONREIMBURSABLE SERVICE					
30 BEREAVEMENT PROGRAM COSTS					30
31 VOLUNTEER PROGRAM COSTS					31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	-8567	1474976		1474976	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1511

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1									1
2									2
3									3
4									4
5									5
6		15629		67111	47090			37680	167510
7									7
8									8
9									9
10					495609				495609
10.20									10.20
11						196			196
12									12
13									13
14			27701						27701
15								80955	80955
16									16
17									17
18							114533		114533
18.20									18.20
19									19
20									20
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34		15629	27701	67111	542699	196	114533	118635	886504

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1511

WORKSHEET K-2

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1 GENERAL SERVICE COST CENTER									1
2 CAP REL COSTS-BLDG AND FIXT.									2
3 CAP REL COSTS-MOVABLE EQUIP.									3
4 PLANT OPERATION & MAINT.									4
5 TRANSPORTATION - STAFF									5
6 VOLUNTEER SERVICE COORD.									5
7 ADMINISTRATIVE AND GENERAL		2713		11651	8175			6542	29081
8 INPATIENT CARE SERVICE									6
9 INPATIENT - GENERAL CARE									7
10 INPATIENT - RESPITE CARE									8
11 VISITING SERVICES									8
12 PHYSICIAN SERVICES									9
13 NURSING CARE					86042				86042
14 NURSING CARE-CONT.HOME CARE									10
15 PHYSICAL THERAPY						34			34
16 OCCUPATIONAL THERAPY									11
17 SPEECH/LANGUAGE PATHOLOGY									12
18 MEDICAL SOCIAL SERVICES			4809						4809
19 SPIRITUAL COUNSELING								14055	14055
20 DIETARY COUNSELING									15
21 COUNSELING - OTHER									16
22 HH AIDE AND HOMEMAKER							19884		19884
23 HH AIDE & HMKR-CONT.HME CARE									17
24 OTHER									18
25 OTHER HOSPICE SERVICE COSTS									18
26 DRUGS, BIOL. & INFUS. THER.									18.20
27 ANALGESICS									19
28 SEDATIVES / HYPNOTICS									20
29 OTHER - SPECIFY									20.30
30 DURABLE MED. EQUIP./OXYGEN									20.31
31 PATIENT TRANSPORTATION									20.32
32 IMAGING SERVICES									21
33 LABS AND DIAGNOSTICS									21
34 MEDICAL SUPPLIES									22
35 OUTPAT.SERV.(INCL.E/R DEPT.)									22
36 RADIATION THERAPY									23
37 CHEMOTHERAPY									23
38 OTHER									24
39 HOSPICE NONREIMBURSABLE SERVICE									24
40 BEREAVEMENT PROGRAM COSTS									25
41 VOLUNTEER PROGRAM COSTS									25
42 FUNDRAISING									26
43 OTHER PROGRAM COSTS									26
44 TOTAL		2713	4809	11651	94217	34	19884	20597	153905

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1511

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	226749						226749	226749	6
7									7
8									8
9	54598						54598	9918	64516
10	600337						600337	109055	709392
10.20									10.20
11	266						266	48	314
12									12
13									13
14	33166						33166	6025	39191
15	99973						99973	18161	118134
16									16
17									17
18	148525						148525	26981	175506
18.20									18.20
19									19
20	85645						85645	15558	101203
20.30									20.30
20.31									20.31
20.32									20.32
21	170817						170817	31030	201847
22									22
23									23
24									24
25	54900						54900	9973	64873
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	1474976						1474976		1474976

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1511

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED ED	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		95398		95398			1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES		79109		79109	4070	83179	4
5 NURSING CARE		894007		894007	45993	940000	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY		385		385	20	405	6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		49911		49911	2568	52479	9
10 SPIRITUAL COUNSELING		150945		150945	7766	158711	10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS		228832		228832	11772	240604	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		124095		124095	6384	130479	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN		247504		247504	12733	260237	16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		79547		79547	4092	83639	20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		1949733		1949733		1949733	29
30 UNIT COST MULTIPLIER					.051446		30

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/30/2008 12:00

APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1511

WORKSHEET K-5
PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
ANCILLARY SERVICE COST CENTERS					
1	PHYSICAL THERAPY	50	0.364701		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.255827		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.167369		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.141873		6
7	MEDICAL SUPPLIES	55	0.997637		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.170287		8
9	RADIATION THERAPY	41	0.247182		9
9.01	BREAST HEALTH CENTER	41.01			9.01
10	ENTEROSTOMAL THERAPY	59			10
10.10	NEUROLOGY	59.10			10.10
10.20	EMG	59.20			10.20
10.30	OUTSIDE SERVICES	59.30	0.263545		10.30
10.40	AUDIOLOGY	59.40			10.40
11	TOTALS				11

PROVIDER NO. 14-0179 LITTLE COMPANY OF MARY
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/30/2008 12:00

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1511

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				1949733	1
2 TOTAL UNDUPLICATED DAYS				14449	2
3 AGGREGATE COST PER DIEM				134.94	3
4 UNDUPLICATED MEDICARE DAYS	13181				4
5 AGGREGATE MEDICARE COST	1778644				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			1268		12
13 AGGREGATE COST FOR OTHER DAYS			171104		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0179)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	3851424			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	23099			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]	169.84			4
4.01	NO. OF INTERNS & RESIDENTS	4.22	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	0.70			4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	26960			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0560			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.1754			5.01
5.02	SUM OF LINES 5 AND 5.01	0.2314			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0480			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	184868			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4086351			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
29 SURGICAL INTENSIVE CARE UNIT					29
29.10 NICU					29.10
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 BREAST HEALTH CENTER					41.01
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
43.10 ULTRASOUND					43.10
43.20 CT SCAN					43.20
43.30 CATH LAB					43.30
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
49.01 SLEEP LAB					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 C-PORT					53.01
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
58.10 GI LAB					58.10
59 ENTEROSTOMAL THERAPY					59
59.10 NEUROLOGY					59.10
59.20 EMG					59.20
59.30 OUTSIDE SERVICES					59.30
59.40 AUDIOLOGY					59.40
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PALOS DIAGNOSTIC CENTER					60.01
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63 OUTPATIENT REHAB					63
63.10 WOUND CARE CENTER					63.10
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20

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
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
94 MOBILE MED					94
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97.10 ADULT DAY CARE					97.10
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 VACANT SPACE					98.01
00 FUND DEVELOPMENT					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	56.78		12.38				69.16 25
26 INTENSIVE CARE UNIT	57.82		9.88				67.70 26
29.10 NICU			76.76				76.76 29.10
33 NURSERY			53.47				53.47 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	29.21	11.72					40.93 37
39 DELIVERY ROOM & LABOR ROOM	0.40	0.14					0.54 39
40 ANESTHESIOLOGY	24.48	10.53					35.01 40
41 RADIOLOGY-DIAGNOSTIC	28.08	17.05					45.13 41
42 RADIOLOGY-THERAPEUTIC	5.68	48.69					54.37 42
43 RADIOISOTOPE	27.21	25.91					53.12 43
43.10 ULTRASOUND	17.08	9.31					26.39 43.10
43.20 CT SCAN	24.28	18.34					42.62 43.20
43.30 CATH LAB	48.59	4.72					53.31 43.30
44 LABORATORY	29.57	1.59					31.16 44
49 RESPIRATORY THERAPY	54.88	2.63					57.51 49
49.01 SLEEP LAB	0.38	23.30					23.68 49.01
50 PHYSICAL THERAPY	29.71						29.71 50
52 SPEECH PATHOLOGY	56.87						56.87 52
53 ELECTROCARDIOLOGY	37.08	12.23					49.31 53
54 ELECTROENCEPHALOGRAPHY	18.23	20.83					39.06 54
55 MEDICAL SUPPLIES CHARGED TO PAT	47.12	5.40					52.52 55
56 DRUGS CHARGED TO PATIENTS	40.18	10.18					50.36 56
57 RENAL DIALYSIS	68.39	0.11					68.50 57
58 ASC (NON-DISTINCT PART)		39.16					39.16 58
58.10 GI LAB	18.99	24.82					43.81 58.10
59.30 OUTSIDE SERVICES	31.77	14.45					46.22 59.30
60 CLINIC	2.59	42.19					44.78 60
60.01 PALOS DIAGNOSTIC CENTER	0.91	54.53					55.44 60.01
61 EMERGENCY	21.75	8.42					30.17 61
62 OBSERVATION BEDS (NON-DISTINCT)		6.20					6.20 62
63 OUTPATIENT REHAB		4.94					4.94 63
63.10 WOUND CARE CENTER	1.35	51.69					53.04 63.10
101 TOTAL CHARGES	22.88	9.52					32.40 101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	45.04						45.04 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
41 RADIOLOGY-DIAGNOSTIC	0.12						0.12 41
42 RADIOLOGY-THERAPEUTIC	0.07						0.07 42
43 RADIOISOTOPE	0.03						0.03 43
43.10 ULTRASOUND	0.03						0.03 43.10
43.20 CT SCAN	0.17						0.17 43.20
44 LABORATORY	0.51						0.51 44
49 RESPIRATORY THERAPY	0.08						0.08 49
50 PHYSICAL THERAPY	0.50						0.50 50
52 SPEECH PATHOLOGY	0.16						0.16 52
53 ELECTROCARDIOLOGY	0.21						0.21 53
54 ELECTROENCEPHALOGRAPHY	0.05						0.05 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.25						0.25 55
56 DRUGS CHARGED TO PATIENTS	0.41						0.41 56
57 RENAL DIALYSIS	0.04						0.04 57
58.10 GI LAB	0.04						0.04 58.10
59.30 OUTSIDE SERVICES	0.03						0.03 59.30
60 CLINIC	0.06						0.06 60
61 EMERGENCY	0.22						0.22 61
63 OUTPATIENT REHAB	0.04						0.04 63
101 TOTAL CHARGES	0.17						0.17 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT	8165716	5.05	-8165716	-12.60			3
4	NEW CAP REL COSTS-MVBLE EQUIP	6631247	4.10	-6631247	-10.23			4
5	EMPLOYEE BENEFITS	2163431	1.34	-2163431	-3.34			5
6	ADMINISTRATIVE & GENERAL	27717014	17.15	-27717014	-42.75			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	7473355	4.62	-7473355	-11.53			8
9	LAUNDRY & LINEN SERVICE	581017	.36	-581017	-.90			9
10	HOUSEKEEPING	2684588	1.66	-2684588	-4.14			10
11	DIETARY	1481428	.92	-1481428	-2.29			11
12	CAFETERIA	721700	.45	-721700	-1.11			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1971874	1.22	-1971874	-3.04			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY	2168906	1.34	-2168906	-3.35			16
17	MEDICAL RECORDS & LIBRARY	2112318	1.31	-2112318	-3.26			17
18	SOCIAL SERVICE	729700	.45	-729700	-1.13			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	227949	.14	-227949	-.35			22
23	I&R SERVICES-OTHER PRGM COSTS A							23
24	PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	20228326	12.51	15832210	24.42	36060536	22.31	25
26	INTENSIVE CARE UNIT	6269763	3.88	3303027	5.09	9572790	5.92	26
27	CORONARY CARE UNIT							27
29	SURGICAL INTENSIVE CARE UNIT							29
29.10	NICU	1335651	.83	538720	.83	1874371	1.16	29.10
31	SUBPROVIDER I	1493909	.92	1581387	2.44	3075296	1.90	31
33	NURSERY	635506	.39	264883	.41	900389	.56	33
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	12812319	7.93	7939796	12.25	20752115	12.84	37
39	DELIVERY ROOM & LABOR ROOM	2372093	1.47	1638104	2.53	4010197	2.48	39
40	ANESTHESIOLOGY	472166	.29	426793	.66	898959	.56	40
41	RADIOLOGY-DIAGNOSTIC	3474982	2.15	3683655	5.68	7158637	4.43	41
41.01	BREAST HEALTH CENTER							41.01
42	RADIOLOGY-THERAPEUTIC	1917928	1.19	2539189	3.92	4457117	2.76	42
43	RADIOISOTOPE	1507818	.93	966969	1.49	2474787	1.53	43
43.10	ULTRASOUND	1977341	1.22	867885	1.34	2845226	1.76	43.10
43.20	CT SCAN	1694816	1.05	1229948	1.90	2924764	1.81	43.20
43.30	CATH LAB	591387	.37	344735	.53	936122	.58	43.30
44	LABORATORY	8684189	5.37	3701710	5.71	12385899	7.66	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2436135	1.51	1379465	2.13	3815600	2.36	49
49.01	SLEEP LAB	209250	.13	84173	.13	293423	.18	49.01

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
50 PHYSICAL THERAPY	1555458	.96	954740	1.47	2510198	1.55	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	200534	.12	90378	.14	290912	.18	52
53 ELECTROCARDIOLOGY	1305544	.81	786995	1.21	2092539	1.29	53
53.01 C-PORT							53.01
54 ELECTROENCEPHALOGRAPHY	80307	.05	126496	.20	206803	.13	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1102175	.68	863065	1.33	1965240	1.22	55
56 DRUGS CHARGED TO PATIENTS	7102352	4.39	5075397	7.83	12177749	7.53	56
57 RENAL DIALYSIS	704354	.44	259797	.40	964151	.60	57
58 ASC (NON-DISTINCT PART)	975891	.60	299270	.46	1275161	.79	58
58.10 GI LAB	1631078	1.01	1101535	1.70	2732613	1.69	58.10
59 ENTEROSTOMAL THERAPY							59
59.10 NEUROLOGY							59.10
59.20 EMG							59.20
59.30 OUTSIDE SERVICES	622954	.39	401110	.62	1024064	.63	59.30
59.40 AUDIOLOGY							59.40
60 CLINIC	361556	.22	458620	.71	820176	.51	60
60.01 PALOS DIAGNOSTIC CENTER	250527	.15	102878	.16	353405	.22	60.01
61 EMERGENCY	5366565	3.32	3242243	5.00	8608808	5.33	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63 OUTPATIENT REHAB	1127250	.70	1251774	1.93	2379024	1.47	63
63.10 WOUND CARE CENTER	456426	.28	290439	.45	746865	.46	63.10
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	3038827	1.88	1161017	1.79	4199844	2.60	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	1474976	.91	474757	.73	1949733	1.21	93
94 MOBILE MED	264305	.16	85391	.13	349696	.22	94
NONREIMBURSABLE COST CENTERS							
GIFT, FLOWER, COFFEE SHOP & CAN			212808	.33	212808	.13	96
97.10 ADULT DAY CARE	308049	.19	131754	.20	439803	.27	97.10
98 PHYSICIANS' PRIVATE OFFICES	782982	.48	474261	.73	1257243	.78	98
98.01 VACANT SPACE			642103	.99	642103	.40	98.01
100 FUND DEVELOPMENT			20766	.03	20766	.01	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	161655932	100.00	0	.00	161655932	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1844619	66279440	.027831	19357976	538752	37
39 DELIVERY ROOM & LABOR ROOM	482437	12116782	.039816	48244	1921	39
40 ANESTHESIOLOGY	169260	15483726	.010931	3790044	41429	40
41 RADIOLOGY-DIAGNOSTIC	1555843	28961029	.053722	8132701	436905	41
41.01 BREAST HEALTH CENTER						41.01
42 RADIOLOGY-THERAPEUTIC	855865	19560305	.043755	1110999	48612	42
43 RADIOISOTOPE	326952	11600443	.028184	3156387	88960	43
43.10 ULTRASOUND	240127	16527645	.014529	2822583	41009	43.10
43.20 CT SCAN	473115	45157841	.010477	10963291	114862	43.20
43.30 CATH LAB	140753	5330201	.026407	2590044	68395	43.30
44 LABORATORY	707057	87302900	.008099	25816295	209086	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	359908	23648175	.015219	12977502	197505	49
49.01 SLEEP LAB	19988	948504	.021073	3647	77	49.01
50 PHYSICAL THERAPY	206628	6882898	.030020	2044594	61379	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	19202	1137142	.016886	646657	10919	52
53 ELECTROCARDIOLOGY	198358	18150351	.010929	6729623	73548	53
53.01 C-PORT						53.01
54 ELECTROENCEPHALOGRAPHY	50358	1183095	.042565	215693	9181	54
55 MEDICAL SUPPLIES CHARGED TO PAT	355086	1969895	.180256	928134	167302	55
56 DRUGS CHARGED TO PATIENTS	437507	72759858	.006013	29231939	175772	56
57 RENAL DIALYSIS	54567	2521516	.021641	1724371	37317	57
58 ASC (NON-DISTINCT PART)	47636	107509	.443088			58
58.10 GI LAB	370319	16156475	.022921	3067718	70315	58.10
59 ENTEROSTOMAL THERAPY						59
59.10 NEUROLOGY						59.10
59.20 EMG						59.20
59.30 OUTSIDE SERVICES	276349	3885724	.071119	1234311	87783	59.30
59.40 AUDIOLOGY						59.40
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	108832	978349	.111240	25382	2823	60
60.01 PALOS DIAGNOSTIC CENTER	27698	1111821	.024912	10085	251	60.01
61 EMERGENCY	615650	50554742	.012178	10997645	133929	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	77617	1795173	.043237			62
63 OUTPATIENT REHAB	339423	3913482	.086732			63
63.10 WOUND CARE CENTER	64750	4000651	.016185	54114	876	63.10
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	10425904	520025672		147679979	2618908	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	3221916		3221916	54129	59.52	30735	1829347 25
26 INTENSIVE CARE UNIT	640773		640773	7551	84.86	4366	370499 26
27 CORONARY CARE UNIT							27
29 SURGICAL INTENSIVE CARE UNIT							29
29.10 NICU	102537		102537	1420	72.21		29.10
101 TOTAL	3965226		3965226			35101	2199846 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						2199846	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2618908	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						4818754	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					6815		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					35101		
PER DISCHARGE CAPITAL COSTS						707.08	
PER DIEM CAPITAL COSTS						137.28	

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)	48687947
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	213118802
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.228

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1563814
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4178432
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.374

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)	4818754
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.023

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 COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	12538075
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)	61419069
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.204