

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

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED 12/03/2004 [] INITIAL [] RE-OPENING
 USE ONLY: [XX] DESK REVIEWED INTERMEDIARY NO. 00131 [XX] 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 ELMHURST MEMORIAL HOSPITAL (14-0200) (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.

(SIGNATURE ON FILE)

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
1	HOSPITAL	1	2	4	1
2	SUBPROVIDER I	385389	266668	2998432	2
3	SWING BED - SNF	227606		398805	3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY	1065			5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	614060	266668	3397237	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

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?	NO	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES	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: 6559923	PAID LOSSES:		AND/OR SELF INSURANCE:					
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
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	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: 1	STATE: 2	ZIP CODE 3	CBSA 4	FTE/ CAMPUS 5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----DISCHARGES-----				TOTAL ALL PATIENTS	
	TITLE V 12	TITLE XVIII 13	TITLE XIX 14			
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6920	1350	13988		1
2 HMO XIX						2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF						3
4 HOSPITAL ADULTS & PEDS - SWING BED NF						4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS						5
6 INTENSIVE CARE UNIT						6
7 CORONARY CARE UNIT						7
8 BURN INTENSIVE CARE UNIT						8
9 SURGICAL INTENSIVE CARE UNIT						9
10 OTHER SPECIAL CARE (SPECIFY)						10
11 NURSERY						11
12 TOTAL HOSPITAL		6920	1350	13988		12
13 RPCH VISITS						13
14 SUBPROVIDER I		173	132	740		14
15 SKILLED NURSING FACILITY						15
16 NURSING FACILITY						16
17 OTHER LONG TERM CARE						17
18 HOME HEALTH AGENCY						18
20 ASC (DISTINCT PART)						20
21 HOSPICE (DISTINCT PART)						21
23 O/P REHAB PROVIDER						23
24 RHC I						24
25 TOTAL						25
26 OBSERVATION BED DAYS						26
27 AMBULANCE TRIPS						27
28 EMPLOYEE DISCOUNT DAYS						28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES	1	2	3	4	5	6	
1 TOTAL SALARIES	125494928		125494928	4700802.00	26.70		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B	484989		484989	7253.00	66.87	CRNAS IN 20504	3
4 PHYSICIAN - PART A							4
4.01 TEACHING PHYSICIAN SALARIES							4.01
5 PHYSICIAN - PART B	346482		346482	5250.00	66.00		5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)							6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF	3065498		3065498	100963.00	30.36		8
8.01 EXCLUDED AREA SALARIES	6698932	779808	7478740	266396.00	28.07	HHA, HOSPICE, PSYCH	8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	1765247		1765247	25810.00	68.39	PER DETAILED LIST	9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A	859705		859705	6644.00	129.40		10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	25927348		25927348			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	2403531		2403531			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B	30587		30587			CMS 339	17
18 PHYSICIAN PART A						CMS 339	18
18.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
19 PHYSICIAN PART B	22086		22086			CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20 INTERNS & RESIDENTS (IN APPR PGM)							20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS	3068283		3068283	69893.00	43.90		21
22 ADMINISTRATIVE & GENERAL	23350391	-21375	23329016	930363.00	25.08		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS							23
24 OPERATION OF PLANT	2618691	-108857	2509834	84955.00	29.54		24
25 LAUNDRY & LINEN SERVICE	507186		507186	40844.00	12.42		25
26 HOUSEKEEPING	3067410	-382413	2684997	220025.00	12.20		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	2704912	-1253959	1450953	84205.00	17.23		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA		1244858	1244858	86876.00	14.33		28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	1436652		1436652	34349.00	41.83		30
31 CENTRAL SERVICES AND SUPPLY							31
32 PHARMACY	4563358		4563358	125336.00	36.41		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	2015970		2015970	100758.00	20.01		33
34 SOCIAL SERVICE							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)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	124663457		124663457	4688299.00	26.59	1
2 EXCLUDED AREA SALARIES	9764430	779808	10544238	367359.00	28.70	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	114899027	-779808	114119219	4320940.00	26.41	3
4 SUBTOTAL OTHER WAGES & REL COSTS	2624952		2624952	32454.00	80.88	4
5 SUBTOTAL WAGE-RELATED COSTS	25927348		25927348		22.72%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	143451327	-779808	142671519	4353394.00	32.77	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	43332853	-521746	42811107	1777604.00	24.08	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7408

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		1222		1337	2559	1
2 UNDUPLICATED CENSUS COUNT		1633.00		433.00	2066.00	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)	1.05		1.05	3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	2.02		2.02	4
5 OTHER ADMINISTRATIVE PERSONNEL	45.52		45.52	5
6 DIRECT NURSING SERVICE	8.56		8.56	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE	7.53	.28	7.81	8
9 PHYSICAL THERAPY SUPERVISOR	.48		.48	9
10 OCCUPATIONAL THERAPY SERVICE	.68	.08	.76	10
11 OCCUPATIONAL THERAPY SUPERVISOR	.04		.04	11
12 SPEECH PATHOLOGY SERVICE		.09	.09	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	1.00		1.00	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	.66		.66	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 PARISH NURSE	2.19		2.19	18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7408

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	TOTAL 7
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5	EPISODES 6	
21 SKILLED NURSING VISITS	9216	17	373	160			9766 21
22 SKILLED NURSING VISIT CHARGES	1529856	2822	61918	26560			1621156 22
23 PHYSICAL THERAPY VISITS	11044	11	44	212			11311 23
24 PHYSICAL THERAPY VISIT CHARGES	2010008	2002	8008	38584			2058602 24
25 OCCUPATIONAL THERAPY VISITS	643	1	3	12			659 25
26 OCCUPATIONAL THERAPY VISIT CHARGES	117026	182	546	2184			119938 26
27 SPEECH PATHOLOGY VISITS	32		2	8			42 27
28 SPEECH PATHOLOGY VISIT CHARGES	5824		364	1456			7644 28
29 MEDICAL SOCIAL SERVICE VISITS	189		6	3			198 29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	42147		1338	669			44154 30
31 HOME HEALTH AIDE VISITS	946	10		25			981 31
32 HOME HEALTH AIDE VISIT CHARGES	125818	1330		3325			130473 32
33 TOTAL VISITS	22070	39	428	420			22957 33
34 OTHER CHARGES							34
35 TOTAL CHARGES	3830679	6336	72174	72778			3981967 35
36 TOTAL NUMBER OF EPISODES	1492		161	42			1695 36
37 TOTAL NUMBER OF OUTLIER EPISODES		1					1 37
38 TOTAL MEDICAL SUPPLY CHARGES							38

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB		77						2
3	RUA								3
3.01	RUX								3.01
3.02	RUL								3.02
4	RVC		133						4
5	RVB		2191						5
6	RVA		77						6
6.01	RVX								6.01
6.02	RVL								6.02
7	RHC		779						7
8	RHB		2825						8
9	RHA		304						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		24						10
11	RMB		88						11
12	RMA		6						12
12.01	RMX								12.01
12.02	RML								12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		22						15
16	SE2		2						16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA		18						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		3598						45
46	TOTAL		10144						46

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
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 11:59

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1577

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					21	21 1
2 ROUTINE HOME CARE	14938				723	15661 2
3 INPATIENT RESPITE CARE						3
4 GENERAL INPATIENT CARE	340				26	366 4
5 TOTAL HOSPICE DAYS	15278				770	16048 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	240				11	251 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	63.66				70.00	63.94 8
9 UNDUPLICATED CENSUS COUNT	240					240 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	14789007 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	14789007 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.250164 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	56263947 28
29	TOTAL GROSS MEDICAID COST	14075214 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	34206965 30
31	UNCOMPENSATED CARE COST	8557351 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	14075214 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6044797	6044797	1175654	7220451	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7723669	7723669	-2803	7720866	4
5	0500 EMPLOYEE BENEFITS	3068283	27906759	30975042	960818	31935860	-180437	31755423	5
6	0600 ADMINISTRATIVE & GENERAL	23350391	84789296	108139687	-14868218	93271469	-41898031	51373438	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	2618691	8986133	11604824	-1245997	10358827		10358827	8
9	0900 LAUNDRY & LINEN SERVICE	507186	1565948	2073134		2073134	-13307	2059827	9
10	1000 HOUSEKEEPING	3067410	714860	3782270	-441968	3340302	-49400	3290902	10
11	1100 DIETARY	2704912	2152920	4857832	-2586299	2271533	-654049	1617484	11
12	1200 CAFETERIA				2559294	2559294	-1361348	1197946	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1436652	226881	1663533		1663533		1663533	14
15	1500 CENTRAL SERVICES & SUPPLY								15
16	1600 PHARMACY	4563358	16952698	21516056	-16559417	4956639	-488150	4468489	16
17	1700 MEDICAL RECORDS & LIBRARY	2015970	253587	2269557		2269557	-172535	2097022	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	24238734	2860313	27099047	-1415264	25683783	-41908	25641875	25
26	2600 INTENSIVE CARE UNIT	4469097	593849	5062946		5062946	-3400	5059546	26
27	2700 CORONARY CARE UNIT								27
31	3100 SUBPROVIDER I	1391986	52653	1444639	442082	1886721	-42780	1843941	31
33	3300 NURSERY				960836	960836		960836	33
34	3400 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	3065498	430090	3495588	581771	4077359	-870	4076489	34
37	3700 OPERATING ROOM	9306745	13613659	22920404	9263	22929667	-103378	22826289	37
40	4000 ANESTHESIOLOGY	781932	324370	1106302	24000	1130302	-488912	641390	40
41	4100 RADIOLOGY-DIAGNOSTIC	7811410	1080824	8892234	-429264	8462970	-5532	8457438	41
42	4200 RADIOLOGY-THERAPEUTIC	1900618	284591	2185209	289000	2474209	-2158	2472051	42
43	4300 RADIOISOTOPE	658770	570764	1229534	154564	1384098		1384098	43
44	4400 LABORATORY	7014525	8369181	15383706	116191	15499897	-420705	15079192	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	2059372	547049	2606421	32592	2639013	-32592	2606421	49
50	5000 PHYSICAL THERAPY	2884158	444130	3328288	-68061	3260227	-3253	3256974	50
51	5100 OCCUPATIONAL THERAPY	474410	20279	494689	48814	543503		543503	51
52	5200 SPEECH PATHOLOGY	157058	38005	195063	19247	214310		214310	52
53	5300 ELECTROCARDIOLOGY	2490112	7712828	10202940	10800	10213740	-1133650	9080090	53
56	5600 DRUGS CHARGED TO PATIENTS				16559417	16559417		16559417	56
57	5700 RENAL DIALYSIS		470530	470530		470530		470530	57
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	513108	48244	561352		561352		561352	60
61	6100 EMERGENCY	4820411	1358103	6178514	273113	6451627	-456515	5995112	61
61.01	4950 OUTPATIENT CLINICS	2299807	1054523	3354330	278610	3632940	-2146813	1486127	61.01
61.02	4951 CARDIAC REHAB	517378	12044	529422		529422	-515	528907	61.02
62	6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	3559287	2305125	5864412	-1310031	4554381	-238889	4315492	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
93	9300 HOSPICE	670097	837102	1507199	229074	1736273	-2725	1733548	93
95	SUBTOTALS	124417366	186577338	310994704	-1606567	309388137	-48769001	260619136	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	114371	55076	169447		169447		169447	96
98	9800 PHYSICIANS' PRIVATE OFFICES	963191	1501645	2464836	1587412	4052248		4052248	98
98.01	9801 MEALS ON WHEELS								98.01
98.02	9802 GUEST MEALS				19155	19155		19155	98.02
100	7950 OTHER NONREIMBURSABLE								100
101	TOTAL	125494928	188134059	313628987		313628987	-48769001	264859986	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE		
			LINE #	SALARY	OTHER
1		2	3	4	5
1 RECLASS CAFETERIA	A	CAFETERIA	12	1244858	1314436
2	A	GUEST MEALS	98.02	9101	10054
3					
4 RECLASS DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		5846451
5	B	NEW CAP REL COSTS-MVBLE EQUIP	4		6554250
6					
7					
8 RECLASS DRUGS SOLD	C	DRUGS CHARGED TO PATIENTS	56		16559417
9					
10 RECLASS PHYSICIAN ADMIN TIMES	D	SUBPROVIDER I	31		182010
11	D	SKILLED NURSING FACILITY	34		10800
12	D	OPERATING ROOM	37		191061
13	D	ANESTHESIOLOGY	40		24000
14	D	RADIOLOGY-THERAPEUTIC	42		14300
15	D	LABORATORY	44		143800
16	D	RESPIRATORY THERAPY	49		32592
17	D	ELECTROCARDIOLOGY	53		10800
18	D	EMERGENCY	61		302587
19	D	OUTPATIENT CLINICS	61.01		101764
20	D	HOSPICE	93		9600
21	D	PHYSICIANS' PRIVATE OFFICES	98		3600
22					
23 RECLASS HHA BENEFITS	E	EMPLOYEE BENEFITS	5		960818
24					
25					
26 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-THERAPEUTIC	42	260294	14406
27	F	RADIOISOTOPE	43	146458	8106
28					
29 RECLASS SELF FUNDED DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		1169419
30	G				
31	G				
32	G				
33	G				
34	G				
35	G				
36 SUBTOTAL				1660711	33464271

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 RECLASS CAFETERIA	A	DIETARY	11	1253959	1324490	1
2	A					2
3						3
4 RECLASS DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	6		12400701	9 4
5	B					9 5
6						6
7						7
8 RECLASS DRUGS SOLD	C	PHARMACY	16		16559417	8
9						9
10 RECLASS PHYSICIAN ADMIN TIMES	D	ADMINISTRATIVE & GENERAL	6		1026914	10
11	D					11
12	D					12
13	D					13
14	D					14
15	D					15
16	D					16
17	D					17
18	D					18
19	D					19
20	D					20
21	D					21
22						22
23 RECLASS HHA BENEFITS	E	HOME HEALTH AGENCY	71		960818	23
24						24
25						25
26 RECLASS RADIOLOGY SUPPORT COSTS	F	RADIOLOGY-DIAGNOSTIC	41	406752	22512	26
27	F					27
28						28
29 RECLASS SELF FUNDED DEPRECIATION	G	ADMINISTRATIVE & GENERAL	6		585199	9 29
30	G	OPERATION OF PLANT	8		319979	30
31	G	DIETARY	11		7850	31
32	G	ADULTS & PEDIATRICS	25		17510	32
33	G	OPERATING ROOM	37		181798	33
34	G	LABORATORY	44		27609	34
35	G	EMERGENCY	61		29474	35
36 SUBTOTAL				1660711	33464271	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5 PSYCH ADMIN COSTS	H	SUBPROVIDER I	31	258062	2010
6	H	OUTPATIENT CLINICS	61.01	175480	1366
7					7
8					8
9					9
10					10
11 RECLASS NURSERY COSTS	I	NURSERY	33	845410	115426
12					12
13					13
14 RECLASSIFY HOSPITAL OVERHEAD COSTS	K	ADMINISTRATIVE & GENERAL	6	119579	10160
15					15
16					16
17					17
18 RECLASS HHA ADMIN TO HOSPICE	L	HOSPICE	93	134274	85200
19					19
20 RECLASS REHAB ADMIN EXPENSES	M	OCCUPATIONAL THERAPY	51	44618	4196
21	M	SPEECH PATHOLOGY	52	17593	1654
22					22
23 RECLASS PROPERTY INSURANCE TO BLDG	N	NEW CAP REL COSTS-BLDG & FIXT	3		198346
24					24
25 SNF MANAGEMENT FEES	O	SKILLED NURSING FACILITY	34		570971
26					26
27					27
28					28
29					29
30 RECLASS OTHER POB EXPENSES	Q	PHYSICIANS' PRIVATE OFFICES	98	632224	951588
31	Q				31
32	Q				32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				3887951	35405188

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
				LINE #	SALARY	OTHER	
1		1	6	7	8	9	10
2							1
3							2
4							3
5	PSYCH ADMIN COSTS	H	ADULTS & PEDIATRICS	25	433542	3376	4
6		H					5
7							6
8							7
9							8
10							9
11	RECLASS NURSERY COSTS	I	ADULTS & PEDIATRICS	25	845410	115426	10
12							11
13							12
14	RECLASSIFY HOSPITAL OVERHEAD COS	K	HOME HEALTH AGENCY	71	119579	10160	13
15							14
16							15
17							16
18	RECLASS HHA ADMIN TO HOSPICE	L	HOME HEALTH AGENCY	71	134274	85200	17
19							18
20	RECLASS REHAB ADMIN EXPENSES	M	PHYSICAL THERAPY	50	62211	5850	19
21		M					20
22							21
23	RECLASS PROPERTY INSURANCE TO BLD	N	ADMINISTRATIVE & GENERAL	6		198346	22
24							9 23
25	SNF MANAGEMENT FEES	O	ADMINISTRATIVE & GENERAL	6		570971	24
26							25
27							26
28							27
29							28
30	RECLASS OTHER POB EXPENSES	Q	ADMINISTRATIVE & GENERAL	6	140954	74872	29
31		Q	OPERATION OF PLANT	8	108857	817161	30
32		Q	HOUSEKEEPING	10	382413	59555	31
33							32
34							33
35							34
36	TOTAL RECLASSIFICATIONS				3887951	35405188	35

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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	3511314					3511314		1
2 LAND IMPROVEMENTS	7218944	797710		797710		8016654		2
3 BUILDINGS AND FIXTURES	88572530	3598764		3598764		92171294		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	78264746	2583549		2583549		80848295		5
6 MOVABLE EQUIPMENT	118528575	9690585		9690585	2332027	125887133		6
7 SUBTOTAL	296096109	16670608		16670608	2332027	310434690		7
8 RECONCILING ITEMS								8
9 TOTAL	296096109	16670608		16670608	2332027	310434690		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	-1	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	B	-37033	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-129931	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST A-8-2	-2829764			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST A-8-1	4800306			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-1361348	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-172535	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST A-8-4		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST WKST A-8-4				36
37 COMMUNITY ED REVENUE	B	-42329	ADMINISTRATIVE & GENERAL	6	37
37.03 ADVERTISING OFFSET	A	-1889930	ADMINISTRATIVE & GENERAL	6	37.03
37.08 FOUNDATION SALARIES CONTRA	B	-419734	ADMINISTRATIVE & GENERAL	6	37.08
37.10 OFFSET CPE TUITION	B	-3400	ADMINISTRATIVE & GENERAL	6	37.10
37.15 OFFSET ANSWERING SVC REVENUES	B	-416100	ADMINISTRATIVE & GENERAL	6	37.15
37.21 RADIOLOGY OTHER REVENUE	B	-5532	RADIOLOGY-DIAGNOSTIC	41	37.21
37.26 OFFSET MGMT FEES FOUNDATION	B	-52873	ADMINISTRATIVE & GENERAL	6	37.26
37.27 HHA RELATED PARTY RENT	A	-206238	HOME HEALTH AGENCY	71	37.27
38 ADVERTISING BENEFITS	A	-69720	EMPLOYEE BENEFITS	5	38
38.31 UNFUNDED MALPRACTICE PREMIUMS	A	-6076252	ADMINISTRATIVE & GENERAL	6	38.31
39					39
40 OFFSET PHYSICIAN DEVELOPMENT CO	A	-382779	ADMINISTRATIVE & GENERAL	6	40
40.20 PHYSICAL THERAPY OTHER REVENUE	B	-3253	PHYSICAL THERAPY	50	40.20
40.21 PATIENT PHONE BENEFITS	A	-15393	EMPLOYEE BENEFITS	5	40.21
40.22 PATIENT PHONE DEPR	A	-2803	NEW CAP REL COSTS-MVBLE EQUIP	4	9 40.22
41 HOUSEKEEPING OTHER REVENUE	B	-49400	HOUSEKEEPING	10	41
42 DIETARY LEASED EMPLOYEES	B	-45120	DIETARY	11	42
43 LAB OTHER REVENUE	B	-60	LABORATORY	44	43
44 OFFSET PERINATAL ED REVENUES	B	-23904	ADULTS & PEDIATRICS	25	44
45 OTHER EDUCATIO SERVICES	B	-424256	ADMINISTRATIVE & GENERAL	6	45
46 OFFSET BAD DEBT EXPENSE	A	-34206965	ADMINISTRATIVE & GENERAL	6	46
47 LINEN OTHER REVENUE	B	-13307	LAUNDRY & LINEN SERVICE	9	47
47.01 OFFSET IHA LOBBYIN DUES	A	-30678	ADMINISTRATIVE & GENERAL	6	47.01
47.04 OTHER DUES, LOBBYING	A	-15567	ADMINISTRATIVE & GENERAL	6	47.04
47.05 MISCELLANEOUS REVENUE	B	-1265	ADMINISTRATIVE & GENERAL	6	47.05
48 PHARMACY OTHER REVENUE	B	-3000	PHARMACY	16	48
49 OFFSET INFUSION THERAPY COST	A	-485150	PHARMACY	16	49
49.02 EDUCATION & DEVELOP. REVENUE	B	-2740	EMPLOYEE BENEFITS	5	49.02
49.03 OFFSET HHA BAD DEBTS	A	-32651	HOME HEALTH AGENCY	71	49.03
49.04 HOSPICE BAD DEBTS	A	-2725	HOSPICE	93	49.04

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
49.07 OFFSET GOODWILL	A	-80366	ADMINISTRATIVE & GENERAL	6	49.07
49.09 PAT ACCTG OTHER REVENUE	B	-7359	ADMINISTRATIVE & GENERAL	6	49.09
49.11 QUAL RESOURCE MGMT REVENUE	B	-1494	ADMINISTRATIVE & GENERAL	6	49.11
49.14 DIETARY PAT. REVENUE	B	-562641	DIETARY	11	49.14
49.15 FOOD SERVICES OTHER REVENUE	B	-7360	DIETARY	11	49.15
49.16 CLINICAL NUTRITION REVENUE	B	-38928	DIETARY	11	49.16
49.18 BREAST PUMP RENTAL REVENUE	B	-14828	ADULTS & PEDIATRICS	25	49.18
49.19 BIRTHING CENTER OTHER REVENUE	B	-60	ADULTS & PEDIATRICS	25	49.19
49.21 ER NURSING EDUCATION REVENUE	B	-8750	EMERGENCY	61	49.21
49.22 ER OTHER OPER REVENUE	B	-255515	EMERGENCY	61	49.22
49.23 OTHER CLINICS REVENUE	B	-1985682	OUTPATIENT CLINICS	61.01	49.23
49.24 CARDIAC REHAB OTHER REVENUE	B	-515	CARDIAC REHAB	61.02	49.24
49.25 CRNA PART B COSTS	A	-484989	ANESTHESIOLOGY	40	49.25
49.26 CRNA BENEFITS	A	-92584	EMPLOYEE BENEFITS	5	49.26
49.28 POB NONALLOWABLE EXPENSES	A	-347260	ADMINISTRATIVE & GENERAL	6	49.28
49.29 ACCESS HEALTH SUBSIDY	A	-227240	ADMINISTRATIVE & GENERAL	6	49.29
50 TOTAL		-48769001			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	6	ADMINISTRATIVE & GENERAL	PARENT EXPENSE	4006651		4006651	1
2							2
3	6	ADMINISTRATIVE & GENERAL	RENTAL COST LOMBARD BUILD		382000	-382000	3
4	3	NEW CAP REL COSTS-BLDG & FIXT	DEPRECIATION LOMBARD BUIL	174370		174370	9 4
4.02	3	NEW CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	1001285		1001285	9 4.02
5		TOTALS		5182306	382000	4800306	5

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

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

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

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B ELMHURST PARENT CORP	100.00				1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

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	729955	679955	50000	174000	1	84	4
2	25	ADULTS & PEDIATRICS	3200		3200	174000	1	84	4
3	26	INTENSIVE CARE UNIT	20800		20800	174000	208	17400	870
4	31	SUBPROVIDER I	77580	36000	41580	174000	416	34800	1740
5	34	SKILLED NURSING FACILITY	5220		5220	174000	52	4350	218
6	37	OPERATING ROOM	209618	82658	126960	174000	1270	106240	5312
7	40	ANESTHESIOLOGY	24000		24000	174000	240	20077	1004
8	42	RADIOLOGY-THERAPEUTIC	13200		13200	174000	132	11042	552
9	44	LABORATORY	594645	402520	192125	174000	2080	174000	8700
10	49	RESPIRATORY THERAPY	32592	32592					
11	53	ELECTROCARDIOLOGY	1133650	1133650					
12	61	EMERGENCY	366250		366250	174000	2080	174000	8700
13	61.01	OUTPATIENT CLINICS	209650	151700	57950	174000	580	48519	2426
101		TOTAL	3420360	2519075	901285		7060	590596	29530

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				84	49916	729871
2	25	ADULTS & PEDIATRICS	BIRTHING CENTER				84	3116	3116
3	26	INTENSIVE CARE UNIT	AGGREGATE				17400	3400	3400
4	31	SUBPROVIDER I	AGGREGATE				34800	6780	42780
5	34	SKILLED NURSING FACILITY	AGGREGATE				4350	870	870
6	37	OPERATING ROOM	AGGREGATE				106240	20720	103378
7	40	ANESTHESIOLOGY	AGGREGATE				20077	3923	3923
8	42	RADIOLOGY-THERAPEUTIC	AGGREGATE				11042	2158	2158
9	44	LABORATORY	AGGREGATE				174000	18125	420645
10	49	RESPIRATORY THERAPY	AGGREGATE						32592
11	53	ELECTROCARDIOLOGY	AGGREGATE						1133650
12	61	EMERGENCY	AGGREGATE				174000	192250	192250
13	61.01	OUTPATIENT CLINICS	AGGREGATE				48519	9431	161131
101		TOTAL					590596	310689	2829764

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT	7220451	7220451							3
4 NEW CAP REL COSTS-MVBLE EQUIP	7720866		7720866						4
5 EMPLOYEE BENEFITS	31755423	58106	82952	31896481					5
6 ADMINISTRATIVE & GENERAL	51373438	1383782	2557430	6078079	61392729	61392729			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT	10358827	1072715	193017	653900	12278459	3704816	15983275		8
9 LAUNDRY & LINEN SERVICE	2059827	114501	2396	132140	2308864	696660	388900	3394424	9
10 HOUSEKEEPING	3290902	91465	12763	699536	4094666	1235496	310659		10
11 DIETARY	1617484	102233	44462	378024	2142203	646373	347232		11
12 CAFETERIA	1197946	181619	60956	324329	1764850	532513	616865		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1663533	66552	256651	374298	2361034	712402	226040		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	4468489	48483	25470	1188914	5731356	1729339	164671	1228	16
17 MEDICAL RECORDS & LIBRARY	2097022	69185	176522	525231	2867960	865358	234985		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	25641875	1138022	333083	5981827	33094807	9985742	3865261	1638225	25
26 INTENSIVE CARE UNIT	5059546	142382	99619	1164356	6465903	1950976	483596	196563	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I	1843941	98699	8167	429895	2380702	718336	335230	29250	31
33 NURSERY	960836	61329		220259	1242424	374880	208301		33
34 SKILLED NURSING FACILITY	4076489	140604	9768	798670	5025531	1516369	477557	194466	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	22826289	505221	941865	2424733	26698108	8055700	1715967	473489	37
40 ANESTHESIOLOGY	641390	22225	161706	203721	1029042	310496	75485	279	40
41 RADIOLOGY-DIAGNOSTIC	8457438	445659	1674218	1929173	12506488	3773620	1513667	92539	41
42 RADIOLOGY-THERAPEUTIC	2472051	26136	72827	562993	3134007	945633	88771	21021	42
43 RADIOISOTOPE	1384098	163784	72440	209790	1830112	552205	556288	12241	43
44 LABORATORY	15079192	279963	331145	1827529	17517829	5285707	950887	2015	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2606421	86798	68210	536538	3297967	995105	294807	54	49
50 PHYSICAL THERAPY	3256974	93888	15789	735216	4101867	1237669	318887	48343	50
51 OCCUPATIONAL THERAPY	543503	19602	2373	135225	700703	211425	66578		51
52 SPEECH PATHOLOGY	214310	16668	1514	45503	277995	83880	56614		52
53 ELECTROCARDIOLOGY	9080090	161984	280537	648761	10171372	3069039	550174	43887	53
56 DRUGS CHARGED TO PATIENTS	16559417				16559417	4996523			56
57 RENAL DIALYSIS	470530	53217	1086		524833	158359	180749	1633	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	561352		2165	133683	697200	210368			60
61 EMERGENCY	5995112	101089	126020	1255886	7478107	2256392	343344	353414	61
61.01 OUTPATIENT CLINICS	1486127	195643	62387	644899	2389056	720857	664496		61.01
61.02 CARDIAC REHAB	528907	33848	9220	134795	706770	213256	114964	174	61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY	4315492	91121		861181	5267794	1589467	309489		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	1733548	21213		209567	1964328	592703	72051		93
95 SUBTOTALS	260619136	7087736	7686758	31448651	260004483	59927664	15532515	3108821	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	169447	27559		29798	226804	68434	93602		96
98 PHYSICIANS' PRIVATE OFFICES	4052248	105156	34108	415661	4607173	1390136	357158	285603	98
98.01 MEALS ON WHEELS									98.01
98.02 GUEST MEALS	19155			2371	21526	6495			98.02
100 OTHER NONREIMBURSABLE									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	264859986	7220451	7720866	31896481	264859986	61392729	15983275	3394424	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	16	17	25	26
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING	5640821							10
11 DIETARY	128154	3263962						11
12 CAFETERIA	227669		3141897					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	83426		33578	3416480				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	60776		122523		7809893			16
17 MEDICAL RECORDS & LIBRARY	86727		98497			4153527		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	1426564	2467694	807929	1406962	9134	1088311	55790629	25
26 INTENSIVE CARE UNIT	178483	44911	137110	238768	1005	289444	9986759	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	123725	183271	58609	102065	130	170772	4102090	31
33 NURSERY	76879		25043	43611			1971138	33
34 SKILLED NURSING FACILITY	176254	538165	118753	206800	356	192963	8447214	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	633319	270	316001	550295	64572	578889	39086610	37
40 ANESTHESIOLOGY	27860		19906	34665	990		1498723	40
41 RADIOLOGY-DIAGNOSTIC	558655		232975		193234	385926	19257104	41
42 RADIOLOGY-THERAPEUTIC	32763	6897	68998	120155	8866		4427111	42
43 RADIOISOTOPE	205311		26534		240373		3423064	43
44 LABORATORY	350948		289089		660	578889	24976024	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	108806		78327		33735		4808801	49
50 PHYSICAL THERAPY	117693		103554		1592	385926	6315531	50
51 OCCUPATIONAL THERAPY	24572		15062				1018340	51
52 SPEECH PATHOLOGY	20895		5806				445190	52
53 ELECTROCARDIOLOGY	203055	4622	78113		24264		14144526	53
56 DRUGS CHARGED TO PATIENTS					7175236		28731176	56
57 RENAL DIALYSIS	66710		4290				936574	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			19280				926848	60
61 EMERGENCY	126719	18132	169171	294601	3904	385926	11429710	61
61.01 OUTPATIENT CLINICS	245248		80454	140105	48421	96481	4385118	61.01
61.02 CARDIAC REHAB	42430		18117	31550			1127261	61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	114224		126471	220242			7627687	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	26592		15310	26661			2697645	93
95 SUBTOTALS	5474457	3263962	3069500	3416480	7806472	4153527	257560873	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	34546		5907				429293	96
98 PHYSICIANS' PRIVATE OFFICES	131818		66490		3421		6841799	98
98.01 MEALS ON WHEELS								98.01
98.02 GUEST MEALS							28021	98.02
100 OTHER NONREIMBURSABLE								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	5640821	3263962	3141897	3416480	7809893	4153527	264859986	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	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	55790629	25
26	INTENSIVE CARE UNIT	9986759	26
27	CORONARY CARE UNIT		27
31	SUBPROVIDER I	4102090	31
33	NURSERY	1971138	33
34	SKILLED NURSING FACILITY	8447214	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	39086610	37
40	ANESTHESIOLOGY	1498723	40
41	RADIOLOGY-DIAGNOSTIC	19257104	41
42	RADIOLOGY-THERAPEUTIC	4427111	42
43	RADIOISOTOPE	3423064	43
44	LABORATORY	24976024	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	4808801	49
50	PHYSICAL THERAPY	6315531	50
51	OCCUPATIONAL THERAPY	1018340	51
52	SPEECH PATHOLOGY	445190	52
53	ELECTROCARDIOLOGY	14144526	53
56	DRUGS CHARGED TO PATIENTS	28731176	56
57	RENAL DIALYSIS	936574	57
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	926848	60
61	EMERGENCY	11429710	61
61.01	OUTPATIENT CLINICS	4385118	61.01
61.02	CARDIAC REHAB	1127261	61.02
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	7627687	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE	2697645	93
95	SUBTOTALS	257560873	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	429293	96
98	PHYSICIANS' PRIVATE OFFICES	6841799	98
98.01	MEALS ON WHEELS		98.01
98.02	GUEST MEALS	28021	98.02
100	OTHER NONREIMBURSABLE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	264859986	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAP MOVABLE EQUIPMENT 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS		58106	82952	141058	141058				5
6 ADMINISTRATIVE & GENERAL	19991	1383782	2557430	3961203	26899	3988102			6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT		1072715	193017	1265732	2891	240670	1509293		8
9 LAUNDRY & LINEN SERVICE		114501	2396	116897	584	45256	36724	199461	9
10 HOUSEKEEPING		91465	12763	104228	3093	80260	29335		10
11 DIETARY	10172	102233	44462	156867	1671	41989	32789		11
12 CAFETERIA	9466	181619	60956	252041	1434	34593	58250		12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		66552	256651	323203	1655	46279	21345		14
15 CENTRAL SERVICES & SUPPLY									15
16 PHARMACY	106441	48483	25470	180394	5257	112340	15550	72	16
17 MEDICAL RECORDS & LIBRARY	15211	69185	176522	260918	2322	56215	22190		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	8195	1138022	333083	1479300	26450	648632	364992	96266	25
26 INTENSIVE CARE UNIT		142382	99619	242001	5148	126738	45666	11550	26
27 CORONARY CARE UNIT									27
31 SUBPROVIDER I		98699	8167	106866	1901	46664	31656	1719	31
33 NURSERY		61329		61329	974	24353	19670		33
34 SKILLED NURSING FACILITY	1397	140604	9768	151769	3531	98505	45095	11427	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	407791	505221	941865	1854877	10721	523310	162038	27823	37
40 ANESTHESIOLOGY		22225	161706	183931	901	20170	7128	16	40
41 RADIOLOGY-DIAGNOSTIC		445659	1674218	2119877	8530	245140	142935	5438	41
42 RADIOLOGY-THERAPEUTIC	35646	26136	72827	134609	2489	61430	8383	1235	42
43 RADIOISOTOPE		163784	72440	236224	928	35872	52530	719	43
44 LABORATORY	653726	279963	331145	1264834	8081	343367	89792	118	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	2929	86798	68210	157937	2372	64643	27839	3	49
50 PHYSICAL THERAPY		93888	15789	109677	3251	80401	30112	2841	50
51 OCCUPATIONAL THERAPY		19602	2373	21975	598	13734	6287		51
52 SPEECH PATHOLOGY		16668	1514	18182	201	5449	5346		52
53 ELECTROCARDIOLOGY	50329	161984	280537	492850	2869	199369	51953	2579	53
56 DRUGS CHARGED TO PATIENTS						324581			56
57 RENAL DIALYSIS		53217	1086	54303		10287	17068	96	57
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC			2165	2165	591	13666			60
61 EMERGENCY	5142	101089	126020	232251	5553	146578	32422	20767	61
61.01 OUTPATIENT CLINICS	144168	195643	62387	402198	2852	46828	62748		61.01
61.02 CARDIAC REHAB		33848	9220	43068	596	13853	10856	10	61.02
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY		91121		91121	3808	103254	29225		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE		21213		21213	927	38503	6804		93
95 SUBTOTALS	1470604	7087736	7686758	16245098	139078	3892929	1466728	182679	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		27559		27559	132	4446	8839		96
98 PHYSICIANS' PRIVATE OFFICES		105156	34108	139264	1838	90305	33726	16782	98
98.01 MEALS ON WHEELS									98.01
98.02 GUEST MEALS					10	422			98.02
100 OTHER NONREIMBURSABLE									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1470604	7220451	7720866	16411921	141058	3988102	1509293	199461	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS
	10	11	12	14	16	17		25
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	216916							10
11 DIETARY	4928	238244						11
12 CAFETERIA	8755		355073					12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	3208		3795	399485				14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY	2337		13847		329797			16
17 MEDICAL RECORDS & LIBRARY	3335		11131			356111		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	54860	180123	91304	164516	386	93310	3200139	25
26 INTENSIVE CARE UNIT	6863	3278	15495	27919	42	24816	509516	26
27 CORONARY CARE UNIT								27
31 SUBPROVIDER I	4758	13377	6624	11934	5	14641	240145	31
33 NURSERY	2956		2830	5099			117211	33
34 SKILLED NURSING FACILITY	6778	39282	13421	24181	15	16544	410548	34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	24354	20	35712	64345	2727	49632	2755559	37
40 ANESTHESIOLOGY	1071		2250	4053	42		219562	40
41 RADIOLOGY-DIAGNOSTIC	21483		26329		8160	33088	2610980	41
42 RADIOLOGY-THERAPEUTIC	1260	503	7798	14050	374		232131	42
43 RADIOISOTOPE	7895		2999		10151		347318	43
44 LABORATORY	13496		32671		28	49632	1802019	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	4184		8852		1425		267255	49
50 PHYSICAL THERAPY	4526		11703		67	33088	275666	50
51 OCCUPATIONAL THERAPY	945		1702				45241	51
52 SPEECH PATHOLOGY	803		656				30637	52
53 ELECTROCARDIOLOGY	7808	337	8828		1025		767618	53
56 DRUGS CHARGED TO PATIENTS					302996		627577	56
57 RENAL DIALYSIS	2565		485				84804	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC			2179				18601	60
61 EMERGENCY	4873	1324	19118	34447	165	33088	530586	61
61.01 OUTPATIENT CLINICS	9431		9092	16382	2045	8272	559848	61.01
61.02 CARDIAC REHAB	1632		2047	3689			75751	61.02
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	4392		14293	25753			271846	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
93 HOSPICE	1023		1730	3117			73317	93
95 SUBTOTALS	210519	238244	346891	399485	329653	356111	16073875	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1328		668				42972	96
98 PHYSICIANS' PRIVATE OFFICES	5069		7514		144		294642	98
98.01 MEALS ON WHEELS								98.01
98.02 GUEST MEALS							432	98.02
100 OTHER NONREIMBURSABLE								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	216916	238244	355073	399485	329797	356111	16411921	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	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	3200139	25
26	INTENSIVE CARE UNIT	509516	26
27	CORONARY CARE UNIT		27
31	SUBPROVIDER I	240145	31
33	NURSERY	117211	33
34	SKILLED NURSING FACILITY	410548	34
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	2755559	37
40	ANESTHESIOLOGY	219562	40
41	RADIOLOGY-DIAGNOSTIC	2610980	41
42	RADIOLOGY-THERAPEUTIC	232131	42
43	RADIOISOTOPE	347318	43
44	LABORATORY	1802019	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	267255	49
50	PHYSICAL THERAPY	275666	50
51	OCCUPATIONAL THERAPY	45241	51
52	SPEECH PATHOLOGY	30637	52
53	ELECTROCARDIOLOGY	767618	53
56	DRUGS CHARGED TO PATIENTS	627577	56
57	RENAL DIALYSIS	84804	57
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	18601	60
61	EMERGENCY	530586	61
61.01	OUTPATIENT CLINICS	559848	61.01
61.02	CARDIAC REHAB	75751	61.02
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	271846	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE	73317	93
95	SUBTOTALS	16073875	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	42972	96
98	PHYSICIANS' PRIVATE OFFICES	294642	98
98.01	MEALS ON WHEELS		98.01
98.02	GUEST MEALS	432	98.02
100	OTHER NONREIMBURSABLE		100
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	16411921	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	
	3	4	5	6A	6	8	9	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	7220451	7720866	31896481		61392729	15983275	3394424	103
104 UNIT COST MULT-WS B PT I		1.003541				37.742602		104
104 UNIT COST MULT-WS B PT I	11.112301		.260535		.301733		1.233723	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			141058		3988102	1509293	199461	107
108 UNIT COST MULT-WS B PT III						3.564016		108
108 UNIT COST MULT-WS B PT III			.001152		.019601		.072495	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	SQUARE FEET	MEALS SERVED	FTES	DIRECT NRSING HRS	COSTED REQUIS.	TIME SPENT	
	10	11	12	14	16	17	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10	HOUSEKEEPING	404946					10
11	DIETARY	9200	229511				11
12	CAFETERIA	16344		3214034			12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	5989		34349	2006917		14
15	CENTRAL SERVICES & SUPPLY						15
16	PHARMACY	4363		125336	18024116		16
17	MEDICAL RECORDS & LIBRARY	6226		100758		4305	17
18	SOCIAL SERVICE						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	102411	173520	826481	826481	21081	1128
26	INTENSIVE CARE UNIT	12813	3158	140258	140258	2319	300
27	CORONARY CARE UNIT						27
31	SUBPROVIDER I	8882	12887	59955	59955	300	177
33	NURSERY	5519		25618	25618		33
34	SKILLED NURSING FACILITY	12653	37842	121479	121479	821	200
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	45465	19	323256	323256	149022	600
40	ANESTHESIOLOGY	2000		20363	20363	2284	40
41	RADIOLOGY-DIAGNOSTIC	40105		238324		445956	400
42	RADIOLOGY-THERAPEUTIC	2352	485	70582	70582	20461	42
43	RADIOISOTOPE	14739		27143		554748	43
44	LABORATORY	25194		295726		1524	600
46.30	BLOOD CLOTTING FACTORS ADMIN						46.30
49	RESPIRATORY THERAPY	7811		80125		77855	49
50	PHYSICAL THERAPY	8449		105932		3675	400
51	OCCUPATIONAL THERAPY	1764		15408			51
52	SPEECH PATHOLOGY	1500		5939			52
53	ELECTROCARDIOLOGY	14577	325	79906		55998	53
56	DRUGS CHARGED TO PATIENTS					16559417	56
57	RENAL DIALYSIS	4789		4388			57
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC			19723			60
61	EMERGENCY	9097	1275	173055	173055	9010	400
61.01	OUTPATIENT CLINICS	17606		82301	82301	111749	100
61.02	CARDIAC REHAB	3046		18533	18533		61.02
62	OBSERVATION BEDS (NON-DISTINC						62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20
69.30	OUTPATIENT OCCUPATIONAL THERA						69.30
69.40	OUTPATIENT SPEECH PATHOLOGY						69.40
71	HOME HEALTH AGENCY	8200		129375	129375		71
SPECIAL PURPOSE COST CENTERS							
85.01	PANCREAS ACQUISITION						85.01
85.02	INTESTINAL ACQUISITION						85.02
93	HOSPICE	1909		15661	15661		93
95	SUBTOTALS	393003	229511	3139974	2006917	18016220	4305
NONREIMBURSABLE COST CENTERS							
96	GIFT, FLOWER, COFFEE SHOP & C	2480		6043			96
98	PHYSICIANS' PRIVATE OFFICES	9463		68017		7896	98
98.01	MEALS ON WHEELS						98.01
98.02	GUEST MEALS						98.02
100	OTHER NONREIMBURSABLE						100

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINIS-TRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	
	SQUARE FEET	MEALS SERVED	FTEs	DIRECT NRSING HRS	COSTED REQUIS.	TIME SPENT	
	10	11	12	14	16	17	
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	5640821	3263962	3141897	3416480	7809893	4153527	103
104 UNIT COST MULT-WS B PT I	13.929810		.977556		.433302		104
104 UNIT COST MULT-WS B PT I		14.221375		1.702352		964.814634	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	216916	238244	355073	399485	329797	356111	107
108 UNIT COST MULT-WS B PT III	.535666		.110476		.018298		108
108 UNIT COST MULT-WS B PT III		1.038050		.199054		82.720325	108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT		DISALLOWANCE		
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	55790629		55790629	3116	55793745	25
26 INTENSIVE CARE UNIT	9986759		9986759	3400	9990159	26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	4102090		4102090	6780	4108870	31
33 NURSERY	1971138		1971138		1971138	33
34 SKILLED NURSING FACILITY	8447214		8447214	870	8448084	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	39086610		39086610	20720	39107330	37
40 ANESTHESIOLOGY	1498723		1498723	3923	1502646	40
41 RADIOLOGY-DIAGNOSTIC	19257104		19257104		19257104	41
42 RADIOLOGY-THERAPEUTIC	4427111		4427111	2158	4429269	42
43 RADIOISOTOPE	3423064		3423064		3423064	43
44 LABORATORY	24976024		24976024	18125	24994149	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	4808801		4808801		4808801	49
50 PHYSICAL THERAPY	6315531		6315531		6315531	50
51 OCCUPATIONAL THERAPY	1018340		1018340		1018340	51
52 SPEECH PATHOLOGY	445190		445190		445190	52
53 ELECTROCARDIOLOGY	14144526		14144526		14144526	53
56 DRUGS CHARGED TO PATIENTS	28731176		28731176		28731176	56
57 RENAL DIALYSIS	936574		936574		936574	57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	926848		926848		926848	60
61 EMERGENCY	11429710		11429710	192250	11621960	61
61.01 OUTPATIENT CLINICS	4385118		4385118	9431	4394549	61.01
61.02 CARDIAC REHAB	1127261		1127261		1127261	61.02
62 OBSERVATION BEDS (NON-DISTI	4061689		4061689		4061689	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	251297230		251297230	260773	251558003	101
102 LESS OBSERVATION BEDS	4061689		4061689		4061689	102
103 TOTAL	247235541		247235541	260773	247496314	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	131783960		131783960			25
26 INTENSIVE CARE UNIT	18455066		18455066			26
27 CORONARY CARE UNIT						27
31 SUBPROVIDER I	8754766		8754766			31
33 NURSERY	5193188		5193188			33
34 SKILLED NURSING FACILITY	13356770		13356770			34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	71303234	47501546	118804780	.328999	.328999	.329173 37
40 ANESTHESIOLOGY	16514471	12433874	28948345	.051772	.051772	.051908 40
41 RADIOLOGY-DIAGNOSTIC	33615728	110383511	143999239	.133731	.133731	.133731 41
42 RADIOLOGY-THERAPEUTIC	688439	13573746	14262185	.310409	.310409	.310560 42
43 RADIOISOTOPE	4355903	10407109	14763012	.231868	.231868	.231868 43
44 LABORATORY	48316174	77350189	125666363	.198749	.198749	.198893 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	24772606	4176943	28949549	.166110	.166110	.166110 49
50 PHYSICAL THERAPY	7066245	10859601	17925846	.352314	.352314	.352314 50
51 OCCUPATIONAL THERAPY	3364764	609464	3974228	.256236	.256236	.256236 51
52 SPEECH PATHOLOGY	1135274	144153	1279427	.347960	.347960	.347960 52
53 ELECTROCARDIOLOGY	51549429	19906718	71456147	.197947	.197947	.197947 53
56 DRUGS CHARGED TO PATIENTS	122466084	63705469	186171553	.154326	.154326	.154326 56
57 RENAL DIALYSIS	1409508	18814	1428322	.655716	.655716	.655716 57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	495433	351806	847239	1.093963	1.093963	1.093963 60
61 EMERGENCY	14875853	26644865	41520718	.275277	.275277	.279907 61
61.01 OUTPATIENT CLINICS	153021	2950446	3103467	1.412974	1.412974	1.416013 61.01
61.02 CARDIAC REHAB	79677	930711	1010388	1.115671	1.115671	1.115671 61.02
62 OBSERVATION BEDS (NON-DISTI	2379035	4259497	6638532	.611835	.611835	.611835 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	582084628	406208462	988293090			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	582084628	406208462	988293090			103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				3200139		3200139	25
26 INTENSIVE CARE UNIT				509516		509516	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I				240145		240145	31
33 NURSERY				117211		117211	33
101 TOTAL				4067011		4067011	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	67364	34171			47.51	1623464	25
26 INTENSIVE CARE UNIT	5465	2991			93.23	278851	26
27 CORONARY CARE UNIT							27
28 BURN INTENSIVE CARE UNIT							28
29 SURGICAL INTENSIVE CARE UNIT							29
30 OTHER SPECIAL CARE (SPECIFY)							30
31 SUBPROVIDER I	4267	1645			56.28	92581	31
33 NURSERY	2815				41.64		33
101 TOTAL	79911	38807				1994896	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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		2755559	118804780	33040867			.023194	766350 37
40 ANESTHESIOLOGY		219562	28948345	7533262			.007585	57140 40
41 RADIOLOGY-DIAGNOSTIC		2610980	143999239	20993061			.018132	380646 41
42 RADIOLOGY-THERAPEUTIC		232131	14262185	417562			.016276	6796 42
43 RADIOISOTOPE		347318	14763012	2686578			.023526	63204 43
44 LABORATORY		1802019	125666363	29331510			.014340	420614 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		267255	28949549	16483242			.009232	152173 49
50 PHYSICAL THERAPY		275666	17925846	2681015			.015378	41229 50
51 OCCUPATIONAL THERAPY		45241	3974228	856888			.011384	9755 51
52 SPEECH PATHOLOGY		30637	1279427	806901			.023946	19322 52
53 ELECTROCARDIOLOGY		767618	71456147	32588913			.010743	350103 53
56 DRUGS CHARGED TO PATIENTS		627577	186171553	68671831			.003371	231493 56
57 RENAL DIALYSIS		84804	1428322	1157119			.059373	68702 57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		18601	847239	357171			.021955	7842 60
61 EMERGENCY		530586	41520718	8438336			.012779	107833 61
61.01 OUTPATIENT CLINICS		559848	3103467	75660			.180394	13649 61.01
61.02 CARDIAC REHAB		75751	1010388	44713			.074972	3352 61.02
62 OBSERVATION BEDS (NON-DISTINC		232966	6638532				.035093	62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11484119	810749340	226164629				2700203 101

PROVIDER NO. 14-0200 ELMHURST MEMORIAL HOSPITAL
 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 11:59

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	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
		COST	COST	AMOUNT		PATIENT	DIEM	DAYS	COSTS
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					67364		34171	25
26	INTENSIVE CARE UNIT					5465		2991	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					4267		1645	31
33	NURSERY					2815			33
34	SKILLED NURSING FACILITY					12814		10144	34
35	NURSING FACILITY								35
101	TOTAL					92725		48951	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0200) [] 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		118804780			33040867		11602056 37
40 ANESTHESIOLOGY		28948345			7533262		2978233 40
41 RADIOLOGY-DIAGNOSTIC		143999239			20993061		26522603 41
42 RADIOLOGY-THERAPEUTIC		14262185			417562		6076490 42
43 RADIOISOTOPE		14763012			2686578		3565588 43
44 LABORATORY		125666363			29331510		2879811 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28949549			16483242		663676 49
50 PHYSICAL THERAPY		17925846			2681015		50
51 OCCUPATIONAL THERAPY		3974228			856888		51
52 SPEECH PATHOLOGY		1279427			806901		52
53 ELECTROCARDIOLOGY		71456147			32588913		9358104 53
56 DRUGS CHARGED TO PATIENTS		186171553			68671831		21301876 56
57 RENAL DIALYSIS		1428322			1157119		14150 57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		847239			357171		60
61 EMERGENCY		41520718			8438336		4269450 61
61.01 OUTPATIENT CLINICS		3103467			75660		275079 61.01
61.02 CARDIAC REHAB		1010388			44713		340158 61.02
62 OBSERVATION BEDS (NON-DISTINC		6638532					2004125 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		810749340			226164629		91851399 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0200)	[]	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					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] 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	.328999	.328999	.328999			37
40 ANESTHESIOLOGY	.051772	.051772	.051772			40
41 RADIOLOGY-DIAGNOSTIC	.133731	.133731	.133731			41
42 RADIOLOGY-THERAPEUTIC	.310409	.310409	.310409			42
43 RADIOISOTOPE	.231868	.231868	.231868			43
44 LABORATORY	.198749	.198749	.198749			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.166110	.166110	.166110			49
50 PHYSICAL THERAPY	.352314	.352314	.352314			50
51 OCCUPATIONAL THERAPY	.256236	.256236	.256236			51
52 SPEECH PATHOLOGY	.347960	.347960	.347960			52
53 ELECTROCARDIOLOGY	.197947	.197947	.197947			53
56 DRUGS CHARGED TO PATIENTS	.154326	.154326	.154326			56
57 RENAL DIALYSIS	.655716	.655716	.655716			57
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.093963	1.093963	1.093963			60
61 EMERGENCY	.275277	.275277	.275277			61
61.01 OUTPATIENT CLINICS	1.412974	1.412974	1.412974			61.01
61.02 CARDIAC REHAB	1.115671	1.115671	1.115671			61.02
62 OBSERVATION BEDS (NON-DISTINCT	.611835	.611835	.611835			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS BPB 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	.154326	1
2 PROGRAM VACCINE CHARGES		2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS		3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
40 OPERATING ROOM		11602056						37
41 ANESTHESIOLOGY		2978233						40
42 RADIOLOGY-DIAGNOSTIC		26522603						41
43 RADIOLOGY-THERAPEUTIC		6076490						42
44 RADIOISOTOPE		3565588						43
44 LABORATORY		2879811						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		663676						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		9358104						53
56 DRUGS CHARGED TO PATIENTS		21301876						56
57 RENAL DIALYSIS		14150						57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC								60
61 EMERGENCY		4269450						61
61.01 OUTPATIENT CLINICS		275079						61.01
61.02 CARDIAC REHAB		340158						61.02
62 OBSERVATION BEDS (NON-DISTINCT		2004125						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		91851399						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		91851399						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0200) [] 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		3817065					37
40 ANESTHESIOLOGY		154189					40
41 RADIOLOGY-DIAGNOSTIC		3546894					41
42 RADIOLOGY-THERAPEUTIC		1886197					42
43 RADIOISOTOPE		826746					43
44 LABORATORY		572360					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		110243					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		1852409					53
56 DRUGS CHARGED TO PATIENTS		3287433					56
57 RENAL DIALYSIS		9278					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY		1175281					61
61.01 OUTPATIENT CLINICS		388679					61.01
61.02 CARDIAC REHAB		379504					61.02
62 OBSERVATION BEDS (NON-DISTINCT		1226194					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		19232472					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		19232472					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-S200) [] SUB IV [XX] 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		2755559	118804780	6465			.023194	150 37
40 ANESTHESIOLOGY		219562	28948345	3180			.007585	24 40
41 RADIOLOGY-DIAGNOSTIC		2610980	143999239	62557			.018132	1134 41
42 RADIOLOGY-THERAPEUTIC		232131	14262185				.016276	42
43 RADIOISOTOPE		347318	14763012				.023526	43
44 LABORATORY		1802019	125666363	200874			.014340	2881 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		267255	28949549	21477			.009232	198 49
50 PHYSICAL THERAPY		275666	17925846	15764			.015378	242 50
51 OCCUPATIONAL THERAPY		45241	3974228	7063			.011384	80 51
52 SPEECH PATHOLOGY		30637	1279427	1141			.023946	27 52
53 ELECTROCARDIOLOGY		767618	71456147	10483			.010743	113 53
56 DRUGS CHARGED TO PATIENTS		627577	186171553	578223			.003371	1949 56
57 RENAL DIALYSIS		84804	1428322				.059373	57
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		18601	847239				.021955	60
61 EMERGENCY		530586	41520718	82336			.012779	1052 61
61.01 OUTPATIENT CLINICS		559848	3103467	760			.180394	137 61.01
61.02 CARDIAC REHAB		75751	1010388				.074972	61.02
62 OBSERVATION BEDS (NON-DISTINC		232966	6638532				.035093	62
63.50 RHC								63.50
63.60 FOHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		11484119	810749340	990323				7987 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-S200)	[]	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	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST	COST	COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S200) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF [] ICF/MR
 [] SUB III

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		118804780			6465		37
40 ANESTHESIOLOGY		28948345			3180		40
41 RADIOLOGY-DIAGNOSTIC		143999239			62557		41
42 RADIOLOGY-THERAPEUTIC		14262185					42
43 RADIOISOTOPE		14763012					43
44 LABORATORY		125666363			200874		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28949549			21477		49
50 PHYSICAL THERAPY		17925846			15764		50
51 OCCUPATIONAL THERAPY		3974228			7063		51
52 SPEECH PATHOLOGY		1279427			1141		52
53 ELECTROCARDIOLOGY		71456147			10483		53
56 DRUGS CHARGED TO PATIENTS		186171553			578223		56
57 RENAL DIALYSIS		1428322					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		847239					60
61 EMERGENCY		41520718			82336		61
61.01 OUTPATIENT CLINICS		3103467			760		61.01
61.02 CARDIAC REHAB		1010388					61.02
62 OBSERVATION BEDS (NON-DISTINC		6638532					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		810749340			990323		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-S200)	[]	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
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5826)	[]	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
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
61.01 OUTPATIENT CLINICS							61.01
61.02 CARDIAC REHAB							61.02
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [XX] SNF (14-5826) [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF [] ICF/MR
 [] SUB III

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		118804780			6541		37
40 ANESTHESIOLOGY		28948345			287		40
41 RADIOLOGY-DIAGNOSTIC		143999239			246813		41
42 RADIOLOGY-THERAPEUTIC		14262185					42
43 RADIOISOTOPE		14763012			26372		43
44 LABORATORY		125666363			1844379		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		28949549			1126709		49
50 PHYSICAL THERAPY		17925846			2932993		50
51 OCCUPATIONAL THERAPY		3974228			1952262		51
52 SPEECH PATHOLOGY		1279427			138033		52
53 ELECTROCARDIOLOGY		71456147			35323		53
56 DRUGS CHARGED TO PATIENTS		186171553			5283317		56
57 RENAL DIALYSIS		1428322					57
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		847239					60
61 EMERGENCY		41520718					61
61.01 OUTPATIENT CLINICS		3103467			13912		61.01
61.02 CARDIAC REHAB		1010388			78		61.02
62 OBSERVATION BEDS (NON-DISTINC		6638532					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		810749340			13607019		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5826)	[]	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					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL	8.01	8.02	9	9.01	9.02

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) (14-0200)	SUB I (TEFRA) (14-S200)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5826)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	67364	4267				12814	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	67364	4267				12814	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	67364	4267				12814	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)	34171	1645				10144	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) (14-0200)	SUB I (TEFRA) (14-S200)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5826)	
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	55793745	4102090				8448084	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	55793745	4102090				8448084	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	95371827	6134670				9280341	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	95371827	6134670				9280341	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.585013	.668673				.910320	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1415.77	1437.70				724.23	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	55793745	4102090				8448084	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) (14-0200)	SUB I (TEFRA) (14-S200)	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	828.24	961.35			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28301789	1581421			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	28301789	1581421			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	9990159	5465	1828.03	2991	5467638 43
44	CORONARY CARE UNIT					44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (PPS) (14-0200)	SUB I (TEFRA) (14-S200)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	45561157	176960			48
49	TOTAL PROGRAM INPATIENT COSTS	79330584	1758381			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1902315	92581			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2700203	7987			51
52	TOTAL PROGRAM EXCLUDABLE COST	4602518	100568			52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	74728066	1657813			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) (14-0200)	SUB I (TEFRA) (14-S200)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		173				54
55		9290.95				55
56		1607334				56
57		-50479				57
58						58
58.01		8577.68				58.01
58.02		7210.34				58.02
58.03						58.03
58.04						58.04
59		1707902				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

	SNF (PPS) (14-5826) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	8448084	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	659.29	67
68 PROGRAM ROUTINE SERVICE COST	6687838	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	6687838	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	410548	71
72 PER DIEM CAPITAL RELATED COSTS	32.04	72
73 PROGRAM CAPITAL RELATED COSTS	325014	73
74 INPATIENT ROUTINE SERVICE COST	6362824	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	6362824	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	6687838	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	3018708	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	9706546	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)
 (14-0200)(14-S200)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4904	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	828.24	84
85 OBSERVATION BED COST	4061689	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL					
	ROUTINE COST	COLUMN 1 DIVIDED BY	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS-THROUGH COST	
	(FROM LINE 27)	COLUMN 2	(FROM LINE 85)	COL 3	TIMES COL 4
	1	2	3	4	5

86 OLD CAPITAL-RELATED COST	55793745		4061689		86
87 NEW CAPITAL-RELATED COST	3200139	55793745	.057357	4061689	232966
88 NON PHYSICIAN ANESTHETIST		55793745		4061689	88
89 MEDICAL EDUCATION		55793745		4061689	89

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0200) [] 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 TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		68669241		25
26 INTENSIVE CARE UNIT		11800309		26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.329173	33040867	10876161	37
40 ANESTHESIOLOGY	.051908	7533262	391037	40
41 RADIOLOGY-DIAGNOSTIC	.133731	20993061	2807423	41
42 RADIOLOGY-THERAPEUTIC	.310560	417562	129678	42
43 RADIOISOTOPE	.231868	2686578	622931	43
44 LABORATORY	.198893	29331510	5833832	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166110	16483242	2738031	49
50 PHYSICAL THERAPY	.352314	2681015	944559	50
51 OCCUPATIONAL THERAPY	.256236	856888	219566	51
52 SPEECH PATHOLOGY	.347960	806901	280769	52
53 ELECTROCARDIOLOGY	.197947	32588913	6450878	53
56 DRUGS CHARGED TO PATIENTS	.154326	68671831	10597849	56
57 RENAL DIALYSIS	.655716	1157119	758741	57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.093963	357171	390732	60
61 EMERGENCY	.279907	8438336	2361949	61
61.01 OUTPATIENT CLINICS	1.416013	75660	107136	61.01
61.02 CARDIAC REHAB	1.115671	44713	49885	61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.611835			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		226164629	45561157	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		226164629		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-S200)	<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
31 SUBPROVIDER I		3376430		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.328999	6465	2127	37
40 ANESTHESIOLOGY	.051772	3180	165	40
41 RADIOLOGY-DIAGNOSTIC	.133731	62557	8366	41
42 RADIOLOGY-THERAPEUTIC	.310409			42
43 RADIOISOTOPE	.231868			43
44 LABORATORY	.198749	200874	39924	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166110	21477	3568	49
50 PHYSICAL THERAPY	.352314	15764	5554	50
51 OCCUPATIONAL THERAPY	.256236	7063	1810	51
52 SPEECH PATHOLOGY	.347960	1141	397	52
53 ELECTROCARDIOLOGY	.197947	10483	2075	53
56 DRUGS CHARGED TO PATIENTS	.154326	578223	89235	56
57 RENAL DIALYSIS	.655716			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.093963			60
61 EMERGENCY	.275277	82336	22665	61
61.01 OUTPATIENT CLINICS	1.412974	760	1074	61.01
61.02 CARDIAC REHAB	1.115671			61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.611835			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		990323	176960	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		990323		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5826)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.328999	6541	2152	37
40 ANESTHESIOLOGY	.051772	287	15	40
41 RADIOLOGY-DIAGNOSTIC	.133731	246813	33007	41
42 RADIOLOGY-THERAPEUTIC	.310409			42
43 RADIOISOTOPE	.231868	26372	6115	43
44 LABORATORY	.198749	1844379	366568	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.166110	1126709	187158	49
50 PHYSICAL THERAPY	.352314	2932993	1033334	50
51 OCCUPATIONAL THERAPY	.256236	1952262	500240	51
52 SPEECH PATHOLOGY	.347960	138033	48030	52
53 ELECTROCARDIOLOGY	.197947	35323	6992	53
56 DRUGS CHARGED TO PATIENTS	.154326	5283317	815353	56
57 RENAL DIALYSIS	.655716			57
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.093963			60
61 EMERGENCY	.275277			61
61.01 OUTPATIENT CLINICS	1.412974	13912	19657	61.01
61.02 CARDIAC REHAB	1.115671	78	87	61.02
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.611835			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		13607019	3018708	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		13607019		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	12515050					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13107517					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	27524858					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	3770919					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	273.80					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
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					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6	56918344					6
7						7
7.01						7.01
8	56918344					8
9	4800345					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	61718689					16
17	57757					17
18	61660932					18
19	4894880					19
20	142872					20
21	493811					21
21.01	345668					21.01
21.02	369907					21.02
22	56968848					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	56968848					26
27						27
28	56583459					28
28.01						28.01
29	385389					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0200)	HOSPITAL (14-0200)	HOSPITAL (14-0200)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	19232472			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	14928115			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.791			1.03
1.04 LINE 1.01 TIMES LINE 1.03	15212885			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	98.13			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	14928115			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0200)	HOSPITAL (14-0200)	HOSPITAL (14-0200)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	4445429		18.01
LINE 17.01			
19 SUBTOTAL	10482686		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	10482686		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	10482686		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	380956		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	266669		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE	297834		27.02
BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL	10749355		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FDO LOSS			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	10749355		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10482687		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	266668		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-S200)	SUB I (14-S200)	SUB I (14-S200)	
	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-S200)	SUB I (14-S200)	SUB I (14-S200)
	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 FDO LOSS			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 B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5826)	SNF (14-5826)	SNF (14-5826)	
	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

	SNF (14-5826)	SNF (14-5826)	SNF (14-5826)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18			18
18.01			18.01
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
27.01			27.01
27.02			27.02
28			28
29			29
30			30
30.99			30.99
31			31
32			32
33			33
34			34
34.01			34.01
35			35
36			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0200) 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
 (14-0200)
 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
(14-0200)
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 (14-0200)

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		56583459		10482687	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
	TO .05				3.05
	PROVIDER .50				3.50
	TO .51				3.51
	PROGRAM .52	NONE		NONE	3.52
	TO .53				3.53
	PROGRAM .54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		56583459		10482687	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	385389		266668	6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		56968848		10749355	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL			INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S200)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1057931		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1057931		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	01/11/2005		5.01
	TO .02		NONE	5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51		NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01		227606	6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY			1285537	7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL		INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SKILLED NURSING FACILITY I (14-5826)

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		4699236		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM	.01			3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE		3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4699236		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE		5.02
	PROVIDER .03			5.03
	PROVIDER .50			5.50
	TO .51	NONE		5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01	1065		6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		4700301		7
NAME OF INTERMEDIARY: ADMINASTAR FEDERAL		INTERMEDIARY NUMBER: 00131		
SIGNATURE OF AUTHORIZED PERSON: _____		DATE (MO/DAY/YR): _____		

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S200)	SUB II	SUB III	SUB IV	
1	INPATIENT HOSPITAL SERVICES	1707902				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	426976				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)	892050				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	55083				1.09
1.10	NET IPF PPS ECT PAYMENTS	3568				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)	11.658470				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	950701				1.19
1.20	STOP LESS PAYMENT FLOOR	1195531				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	896648				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1377677				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	1377677				4
5	PRIMARY PAYER PAYMENTS	35094				5
6	SUBTOTAL	1342583				6
7	DEDUCTIBLES	85664				7
8	SUBTOTAL	1256919				8
9	COINSURANCE	27360				9
10	SUBTOTAL	1229559				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	79969				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	55978				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	68145				11.02
12	SUBTOTAL	1285537				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S200)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	LOSS ON SALE OF ASSETS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1285537				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1057931				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	227606				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
		SNF I (14-5826) (PPS) 2	
	COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		1
2	MEDICAL AND OTHER SERVICES		2
3	INTERNS AND RESIDENTS		3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		4
5	COST OF TEACHING PHYSICIANS		5
6	SUBTOTAL		6
7	INPATIENT PRIMARY PAYER PAYMENTS		7
8	OUTPATIENT PRIMARY PAYER PAYMENTS		8
9	SUBTOTAL		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 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		17
18	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)		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		22
23	COST OF COVERED SERVICES		23
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	4919760	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	4919760	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		31
32	AMOUNT FROM LINE 30	4919760	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5826) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	4919760	35
36 COINSURANCE	220524	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS	1065	38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	1065	38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	1065	38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	4700301	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 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)		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 PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 LOSS ON SALE OF ASSETS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	4700301	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	4700301	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	4699236	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM	1065	58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL	SPECIFIC	ENDOWMENT	PLANT
	FUND	PURPOSE	FUND	FUND
	1	FUND	3	4
		2		
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				1
2 TEMPORARY INVESTMENTS				2
3 NOTES RECEIVABLE				3
4 ACCOUNTS RECEIVABLE	47191152			4
5 OTHER RECEIVABLES	500000			5
6 ALLOWANCE FOR UNCOLLECTIBLE				
NOTES & ACCOUNTS RECEIVABLE				6
7 INVENTORY	4480768			7
8 PREPAID EXPENSES	5034399			8
9 OTHER CURRENT ASSETS	1841455			9
10 DUE FROM OTHER FUNDS				10
11 TOTAL CURRENT ASSETS	59047774			11
FIXED ASSETS				
12 LAND	3511314			12
12.01 ACCUMULATED DEPRECIATION				12.01
13 LAND IMPROVEMENTS	8016654			13
13.01 ACCUMULATED DEPRECIATION	-3265388			13.01
14 BUILDINGS	92171293			14
14.01 ACCUMULATED DEPRECIATION	-62423175			14.01
15 LEASEHOLD IMPROVEMENTS				15
15.01 ACCUMULATED AMORTIZATION				15.01
16 FIXED EQUIPMENT	80884882			16
16.01 ACCUMULATED DEPRECIATION	-57468844			16.01
17 AUTOMOBILES AND TRUCKS				17
17.01 ACCUMULATED DEPRECIATION				17.01
18 MAJOR MOVABLE EQUIPMENT	127432236			18
18.01 ACCUMULATED DEPRECIATION	-99218958			18.01
19 MINOR EQUIPMENT DEPRECIABLE				19
19.01 ACCUMULATED DEPRECIATION				19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE				20
21 TOTAL FIXED ASSETS	89640014			21
OTHER ASSETS				
22 INVESTMENTS	3587148			22
23 DEPOSITS ON LEASES				23
24 DUE FROM OWNERS/OFFICERS				24
25 OTHER ASSETS	39739250			25
26 TOTAL OTHER ASSETS	43326398			26
27 TOTAL ASSETS	192014186			27
LIABILITIES AND FUND BALANCES				
	GENERAL	SPECIFIC	ENDOWMENT	PLANT
	FUND	PURPOSE	FUND	FUND
	1	FUND	3	4
		2		
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	15244421			28
29 SALARIES, WAGES & FEES PAYABLE	13996653			29
30 PAYROLL TAXES PAYABLE				30
31 NOTES & LOANS PAYABLE (SHORT TERM)				31
32 DEFERRED INCOME				32
33 ACCELERATED PAYMENTS				33
34 DUE TO OTHER FUNDS				34
35 OTHER CURRENT LIABILITIES	29746998			35
36 TOTAL CURRENT LIABILITIES	58988072			36
LONG-TERM LIABILITIES				
37 MORTGAGE PAYABLE				37
38 NOTES PAYABLE	17706280			38
39 UNSECURED LOANS				39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66				40
.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				41
42 TOTAL LONG TERM LIABILITIES	17706280			42
43 TOTAL LIABILITIES	76694352			43
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	115319834			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				50
51 IMPROVEMENT, REPLACEMENT AND EXPANSION				
TOTAL FUND BALANCES	115319834			51
52 TOTAL LIABILITIES AND FUND BALANCES	192014186			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	97848143			1
2 NET INCOME (LOSS)	17029191			2
3 TOTAL	114877334			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 NET EFFECT OF UNREALIZED GAINS/LOSS	442500			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	442500			10
11 SUBTOTAL	115319834			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	115319834			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	137443180		137443180	1
4 SUBPROVIDER I	8754724		8754724	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	13356770		13356770	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	159554674		159554674	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	18454671		18454671	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18454671		18454671	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	178009345		178009345	16
19 ANCILLARY SERVICES	397893172	434743978	832637150	17
20 OUTPATIENT SERVICES				18
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY		9599104	9599104	19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 PHYSICIAN PART B REVENUE				24
27 TOTAL PATIENT REVENUES	575902517	444343082	1020245599	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		313628987	26
27 ADD (SPECIFY)			27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS			33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		313628987	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1020245599	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	705403535	2
3	NET PATIENT REVENUES	314842064	3
4	LESS - TOTAL OPERATING EXPENSES	313628987	4
5	NET INCOME FROM SERVICE TO PATIENTS	1213077	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	2268743	6
7	INCOME FROM INVESTMENTS	2440719	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	37033	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	1361348	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	3000	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	172533	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	COMMUNITY EDUCATION CLASSES		24
24.01	ANSWERING SERVICE	416100	24.01
24.02	LINEN REVENUE	972501	24.02
24.03	DIETARY PATIENT SERVICES REVENUE		24.03
24.04	POB RENTAL INCOME	3576533	24.04
24.05	HHA OTHER INCOME	240222	24.05
24.06	OTHER MISCELLANEOUS REVENUE		24.06
24.07	CLINIC OTHER REVENUE	1985682	24.07
24.08	GAIN ON DISPOSAL OF ASSETS	355528	24.08
24.09	FOUNDATION MANAGEMENT REVENUE	52873	24.09
24.11	FOUNDATION SALARY REIMBURSEMENT	419734	24.11
24.12	BIRTHING CENTER OTHER REVENUE		24.12
24.13	EMERGENCY OTHER REVENUE	255510	24.13
24.14	OUTSIDE EDUCATION SERVICES		24.14
24.15	PLANT OPERATIONS		24.15
24.16	OTHER MISCELLANEOUS REVENUE	1258055	24.16
25	TOTAL OTHER INCOME	15816114	25
26	TOTAL	17029191	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	17029191	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	1151986				1515883	2667869
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	1128799		41866		190735	1361400
7 PHYSICAL THERAPY	691887		34354	15966	7639	749846
8 OCCUPATIONAL THERAPY	39565		1965	913	437	42880
9 SPEECH PATHOLOGY	2682		133	62	30	2907
10 MEDICAL SOCIAL SERVICES	11232		558	259	124	12173
11 HOME HEALTH AIDE	30770		3341		568	34679
12 SUPPLIES						12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME	423683				485639	909322
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	78683				4653	83336
23.50 TELEMEDICINE						23.50
24 TOTAL	3559287		82217	17200	2205708	5864412

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7408

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	-1310031	1357838	-206238	1151600	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		1361400		1361400	6
7 PHYSICAL THERAPY		749846		749846	7
8 OCCUPATIONAL THERAPY		42880		42880	8
9 SPEECH PATHOLOGY		2907		2907	9
10 MEDICAL SOCIAL SERVICES		12173		12173	10
11 HOME HEALTH AIDE		34679		34679	11
12 SUPPLIES					12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME		909322	-32651	876671	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		83336		83336	23
23.50 TELEMEDICINE					23.50
24 TOTAL	-1310031	4554381	-238889	4315492	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7408

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	1151600					1151600	1151600	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1361400					1361400	495525	1856925 6
7 PHYSICAL THERAPY	749846					749846	272930	1022776 7
8 OCCUPATIONAL THERAPY	42880					42880	15608	58488 8
9 SPEECH PATHOLOGY	2907					2907	1058	3965 9
10 MEDICAL SOCIAL SERVICES	12173					12173	4431	16604 10
11 HOME HEALTH AIDE	34679					34679	12623	47302 11
12 SUPPLIES								12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME	876671					876671	319092	1195763 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	83336					83336	30333	113669 23
23.50 TELEMEDICINE								23.50
24 TOTAL	4315492					4315492		4315492 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7408

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-1151600	3163892	5
6 SKILLED NURSING CARE						1361400	6
7 PHYSICAL THERAPY						749846	7
8 OCCUPATIONAL THERAPY						42880	8
9 SPEECH PATHOLOGY						2907	9
10 MEDICAL SOCIAL SERVICES						12173	10
11 HOME HEALTH AIDE						34679	11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME						876671	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						83336	23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1151600	3163892	24
25 COST TO BE ALLOC (PER W/S H)						1151600	25
26 UNIT COST MULTIPLIER						.363982	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7408

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION	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		1038273		1038273			1
2 SKILLED NURSING CARE		2847766		2847766	448712	3296478	2
3 PHYSICAL THERAPY		1608011		1608011	253369	1861380	3
4 OCCUPATIONAL THERAPY		93335		93335	14707	108042	4
5 SPEECH PATHOLOGY		6071		6071	957	7028	5
6 MEDICAL SOCIAL SERVICES		30997		30997	4884	35881	6
7 HOME HEALTH AIDE		75701		75701	11928	87629	7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME		1740660		1740660	274271	2014931	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		186873		186873	29445	216318	19
19.50 TELEMEDICINE							19.50
20 TOTALS		7627687		7627687	1038273	7627687	20
21 UNIT COST MULTIPLIER					.157567		21

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

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	3296478		3296478	12742	258.71	1
2	PHYSICAL THERAPY	3	1861380		1861380	13675	136.12	2
3	OCCUPATIONAL THERAPY	4	108042		108042	782	138.16	3
4	SPEECH PATHOLOGY	5	7028		7028	53	132.60	4
5	MEDICAL SOCIAL SERV	6	35881		35881	222	161.63	5
6	HOME HEALTH AIDE SERV	7	87629		87629	1017	86.16	6
7	TOTAL		5396438		5396438	28491		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		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						15
16	COST OF DRUGS	9		2431	2431			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					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7408

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		
1	PHYSICAL THERAPY 50	.352314			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51	.256236			COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.347960			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55				COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.154326	15750	2431	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			
1	PHYSICAL THERAPY	136.12	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY	138.16						2
3	SPEECH PATHOLOGY	132.60						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7408

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	4052831	1202807		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	4052831	1202807		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	4052831	1202807		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	4256315	1343865	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	14415	4281	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	46375	26213	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	45912	10905	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	5239		10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	4368256	1385264	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	4368256	1385264	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	4368256	1385264	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	4368256	1385264	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	4368256	1385264	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	4368256	1385264	24
25 TOTAL INTERIM PAYMENTS	4368256	1385264	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.: 14-7408

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		4368256		1385264
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .04			3.04
	.05			3.05
	.50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	.54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		4368256		1385264
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	NONE	NONE	5.02
	PROVIDER .03			5.03
	PROGRAM .50			5.50
	TO .51	NONE	NONE	5.51
	PROGRAM .52			5.52
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			6.01
	PROVIDER TO .02			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		4368256		1385264

NAME OF INTERMEDIARY: ADMINASTAR FEDERAL

INTERMEDIARY NUMBER: 00131

SIGNATURE OF AUTHORIZED PERSON: _____

DATE (MO/DAY/YR): _____

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

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	334470				358479	692949 6
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE					149774	149774 7
8 INPATIENT - RESPITE CARE					106525	106525 8
VISITING SERVICES						
9 PHYSICIAN SERVICES					2122	2122 9
10 NURSING CARE	206066		7869			213935 10
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY						11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	72119		4614			76733 14
15 SPIRITUAL COUNSELING						15
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	57442		3675			61117 18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					104241	104241 20
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					78664	78664 21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					19811	19811 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			1328			1328 31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	670097		17486		819616	1507199 34

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1577

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	229074	922023	-2725	919298	6
INPATIENT CARE SERVICE					
7 INPATIENT - GENERAL CARE		149774		149774	7
8 INPATIENT - RESPITE CARE		106525		106525	8
VISITING SERVICES					
9 PHYSICIAN SERVICES		2122		2122	9
10 NURSING CARE		213935		213935	10
10.20 NURSING CARE-CONTINUOUS HOME CARE					10.20
11 PHYSICAL THERAPY					11
12 OCCUPATIONAL THERAPY					12
13 SPEECH/LANGUAGE PATHOLOGY					13
14 MEDICAL SOCIAL SERVICES		76733		76733	14
15 SPIRITUAL COUNSELING					15
16 DIETARY COUNSELING					16
17 COUNSELING - OTHER					17
18 HOME HEALTH AIDE AND HOMEMAKER		61117		61117	18
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE					18.20
19 OTHER					19
OTHER HOSPICE SERVICE COSTS					
20 DRUGS, BIOLOGICAL & INFUSION THERAPY		104241		104241	20
20.30 ANALGESICS					20.30
20.31 SEDATIVES / HYPNOTICS					20.31
20.32 OTHER - SPECIFY					20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		78664		78664	21
22 PATIENT TRANSPORTATION					22
23 IMAGING SERVICES					23
24 LABS AND DIAGNOSTICS					24
25 MEDICAL SUPPLIES		19811		19811	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		1328		1328	31
32 FUNDRAISING					32
33 OTHER PROGRAM COSTS					33
34 TOTAL	229074	1736273	-2725	1733548	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1577

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		82630						251840	334470
7									7
8									8
9									9
10					206066				206066
10.20									10.20
11									11
12									12
13									13
14			72119						72119
15									15
16									16
17									17
18							57442		57442
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		82630	72119		206066		57442	251840	670097

HOSPICE COMPENSATION ANALYSIS - EMPLOYEE BENEFITS (PAYROLL RELATED)

HOSPICE NO.: 14-1577

WORKSHEET K-2

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

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1577

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
	0	1	2	3	4	5			
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.								1	
2 CAP REL COSTS-MOVABLE EQUIP.								2	
3 PLANT OPERATION & MAINT.								3	
4 TRANSPORTATION - STAFF								4	
5 VOLUNTEER SERVICE COORD.								5	
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	919298						919298	919298	6
7 INPATIENT - GENERAL CARE	149774						149774	169097	318871
8 INPATIENT - RESPITE CARE	106525						106525	120268	226793
9 VISITING SERVICES		2122					2122	2396	4518
10 NURSING CARE	213935						213935	241535	455470
10.20 NURSING CARE-CONTINUOUS HOME									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES	76733						76733	86632	163365
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER									17
18 HH AIDE AND HOMEMAKER	61117						61117	69002	130119
18.20 HH AIDE & HMKR-CONT. HOME CA									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.	104241						104241	117689	221930
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN	78664						78664	88813	167477
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES	19811						19811	22367	42178
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERV.									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS	1328						1328	1499	2827
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 COST TO BE ALLOCATED	1733548						1733548		1733548

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1577

WORKSHEET K-5
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION	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		234766		234766			1
2 INPATIENT - GENERAL CARE		415085		415085	39567	454652	2
3 INPATIENT - RESPITE CARE		295224		295224	28141	323365	3
4 PHYSICIAN SERVICES		5881		5881	561	6442	4
5 NURSING CARE		712163		712163	67883	780046	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		254398		254398	24250	278648	9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS		202625		202625	19315	221940	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		288894		288894	27538	316432	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN		218010		218010	20781	238791	16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		54904		54904	5234	60138	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		15695		15695	1496	17191	26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		2697645		2697645		2697645	29
30 UNIT COST MULTIPLIER					.095322		30

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APPORTIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1577

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	0.352314		1
2	OCCUPATIONAL THERAPY	51	0.256236		2
3	SPEECH/LANGUAGE PATHOLOGY	52	0.347960		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.154326		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.198749		6
7	MEDICAL SUPPLIES	55			7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.275277		8
8.01	OUTPATIENT CLINICS	61.01	1.412974		8.01
8.02	CARDIAC REHAB	61.02	1.115671		8.02
9	RADIATION THERAPY	41	0.133731		9
10	OTHER ANCILLARY (SPECIFY)	59			10
11	TOTALS				11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1577

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				2697645	1
2 TOTAL UNDUPLICATED DAYS				16048	2
3 AGGREGATE COST PER DIEM				168.10	3
4 UNDUPLICATED MEDICARE DAYS	15278				4
5 AGGREGATE MEDICARE COST	2568232				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			770		12
13 AGGREGATE COST FOR OTHER DAYS			129437		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0200)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
2					2
3	4593784				3
3.01					3.01
4					4
4.01					4.01
4.02					4.02
4.03					4.03
5					5
5.01	0.0176				5.01
5.02	0.0704				5.02
5.03	0.0880				5.03
5.04	0.0180				5.04
6	82688				6
	4800345				
PART II - HOLD HARMLESS METHOD					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
PART III - PAYMENT UNDER REASONABLE COST					
1					1
2					2
3					3
4					4
5					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 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
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
61.01 OUTPATIENT CLINICS					61.01
61.02 CARDIAC REHAB					61.02
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 MEALS ON WHEELS					98.01
98.02 GUEST MEALS					98.02
00 OTHER NONREIMBURSABLE					00

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	50.73		6.18				56.91 25
26 INTENSIVE CARE UNIT	54.73		5.71				60.44 26
33 NURSERY			19.15				19.15 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	27.81	9.77	1.21				38.79 37
40 ANESTHESIOLOGY	26.02	10.29	1.58				37.89 40
41 RADIOLOGY-DIAGNOSTIC	14.58	18.42	0.71				33.71 41
42 RADIOLOGY-THERAPEUTIC	2.93	42.61	0.16				45.70 42
43 RADIOISOTOPE	18.20	24.15	0.94				43.29 43
44 LABORATORY	23.34	2.29	1.24				26.87 44
49 RESPIRATORY THERAPY	56.94	2.29	2.55				61.78 49
50 PHYSICAL THERAPY	14.96		0.45				15.41 50
51 OCCUPATIONAL THERAPY	21.56		0.60				22.16 51
52 SPEECH PATHOLOGY	63.07		1.54				64.61 52
53 ELECTROCARDIOLOGY	45.61	13.10	2.12				60.83 53
56 DRUGS CHARGED TO PATIENTS	36.89	11.44	1.58				49.91 56
57 RENAL DIALYSIS	81.01	0.99	3.09				85.09 57
60 CLINIC	42.16						42.16 60
61 EMERGENCY	20.32	10.28	1.61				32.21 61
61.01 OUTPATIENT CLINICS	2.44	8.86	0.12				11.42 61.01
61.02 CARDIAC REHAB	4.43	33.67	0.36				38.46 61.02
62 OBSERVATION BEDS (NON-DISTINCT		30.19					30.19 62
101 TOTAL CHARGES	22.88	9.29	1.08				33.25 101

***** 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	38.55		17.55				56.10 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
40 ANESTHESIOLOGY	0.01						0.01 40
41 RADIOLOGY-DIAGNOSTIC	0.04		0.02				0.06 41
44 LABORATORY	0.16		0.11				0.27 44
49 RESPIRATORY THERAPY	0.07		0.03				0.10 49
50 PHYSICAL THERAPY	0.09		0.01				0.10 50
51 OCCUPATIONAL THERAPY	0.18						0.18 51
52 SPEECH PATHOLOGY	0.09		0.04				0.13 52
53 ELECTROCARDIOLOGY	0.01		0.01				0.02 53
56 DRUGS CHARGED TO PATIENTS	0.31		0.10				0.41 56
61 EMERGENCY	0.20		0.16				0.36 61
61.01 OUTPATIENT CLINICS	0.02						0.02 61.01
101 TOTAL CHARGES	0.10		0.04				0.14 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL	
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----				
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT			
	1	2	3	4	5	6	7		
UTILIZATION PERCENTAGES BASED ON DAYS									
34 SKILLED NURSING FACILITY		79.16					79.16	34	
UTILIZATION PERCENTAGES BASED ON CHARGES									
37 OPERATING ROOM		0.01					0.01	37	
41 RADIOLOGY-DIAGNOSTIC		0.17					0.17	41	
43 RADIOISOTOPE		0.18					0.18	43	
44 LABORATORY		1.47					1.47	44	
49 RESPIRATORY THERAPY		3.89					3.89	49	
50 PHYSICAL THERAPY		16.36					16.36	50	
51 OCCUPATIONAL THERAPY		49.12					49.12	51	
52 SPEECH PATHOLOGY		10.79					10.79	52	
53 ELECTROCARDIOLOGY		0.05					0.05	53	
56 DRUGS CHARGED TO PATIENTS		2.84					2.84	56	
61.01 OUTPATIENT CLINICS		0.45					0.45	61.01	
61.02 CARDIAC REHAB		0.01					0.01	61.02	
101 TOTAL CHARGES		1.38					1.38	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	7220451	2.73	-7220451	-5.78			3
4	NEW CAP REL COSTS-MVBLE EQUIP	7720866	2.92	-7720866	-6.19			4
5	EMPLOYEE BENEFITS	31755423	11.99	-31755423	-25.44			5
6	ADMINISTRATIVE & GENERAL	51373438	19.40	-51373438	-41.16			6
7	MAINTENANCE & REPAIRS							7
8	OPERATION OF PLANT	10358827	3.91	-10358827	-8.30			8
9	LAUNDRY & LINEN SERVICE	2059827	.78	-2059827	-1.65			9
10	HOUSEKEEPING	3290902	1.24	-3290902	-2.64			10
11	DIETARY	1617484	.61	-1617484	-1.30			11
12	CAFETERIA	1197946	.45	-1197946	-.96			12
13	MAINTENANCE OF PERSONNEL							13
14	NURSING ADMINISTRATION	1663533	.63	-1663533	-1.33			14
15	CENTRAL SERVICES & SUPPLY							15
16	PHARMACY	4468489	1.69	-4468489	-3.58			16
17	MEDICAL RECORDS & LIBRARY	2097022	.79	-2097022	-1.68			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	25641875	9.68	30148754	24.15	55790629	21.06	25
26	INTENSIVE CARE UNIT	5059546	1.91	4927213	3.95	9986759	3.77	26
27	CORONARY CARE UNIT							27
31	SUBPROVIDER I	1843941	.70	2258149	1.81	4102090	1.55	31
33	NURSERY	960836	.36	1010302	.81	1971138	.74	33
34	SKILLED NURSING FACILITY	4076489	1.54	4370725	3.50	8447214	3.19	34
ANCILLARY SERVICE COST CENTERS								
37	OPERATING ROOM	22826289	8.62	16260321	13.03	39086610	14.76	37
40	ANESTHESIOLOGY	641390	.24	857333	.69	1498723	.57	40
41	RADIOLOGY-DIAGNOSTIC	8457438	3.19	10799666	8.65	19257104	7.27	41
42	RADIOLOGY-THERAPEUTIC	2472051	.93	1955060	1.57	4427111	1.67	42
43	RADIOISOTOPE	1384098	.52	2038966	1.63	3423064	1.29	43
44	LABORATORY	15079192	5.69	9896832	7.93	24976024	9.43	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO							46.30
49	RESPIRATORY THERAPY	2606421	.98	2202380	1.76	4808801	1.82	49
50	PHYSICAL THERAPY	3256974	1.23	3058557	2.45	6315531	2.38	50
51	OCCUPATIONAL THERAPY	543503	.21	474837	.38	1018340	.38	51
52	SPEECH PATHOLOGY	214310	.08	230880	.18	445190	.17	52
53	ELECTROCARDIOLOGY	9080090	3.43	5064436	4.06	14144526	5.34	53
56	DRUGS CHARGED TO PATIENTS	16559417	6.25	12171759	9.75	28731176	10.85	56
57	RENAL DIALYSIS	470530	.18	466044	.37	936574	.35	57
60	CLINIC	561352	.21	365496	.29	926848	.35	60

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
61 EMERGENCY	5995112	2.26	5434598	4.35	11429710	4.32	61
61.01 OUTPATIENT CLINICS	1486127	.56	2898991	2.32	4385118	1.66	61.01
61.02 CARDIAC REHAB	528907	.20	598354	.48	1127261	.43	61.02
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	4315492	1.63	3312195	2.65	7627687	2.88	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
93 HOSPICE	1733548	.65	964097	.77	2697645	1.02	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	169447	.06	259846	.21	429293	.16	96
98 PHYSICIANS' PRIVATE OFFICES	4052248	1.53	2789551	2.23	6841799	2.58	98
98.01 MEALS ON WHEELS							98.01
98.02 GUEST MEALS	19155	.01	8866	.01	28021	.01	98.02
100 OTHER NONREIMBURSABLE							100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	264859986	100.00	0	.00	264859986	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE
	RELATED		CAPITAL		PROGRAM
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL
	1	2	CHARGES	4	COSTS
			3		5
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	2755559	118804780	.023194	33040867	766350 37
40 ANESTHESIOLOGY	219562	28948345	.007585	7533262	57140 40
41 RADIOLOGY-DIAGNOSTIC	2610980	143999239	.018132	20993061	380646 41
42 RADIOLOGY-THERAPEUTIC	232131	14262185	.016276	417562	6796 42
43 RADIOISOTOPE	347318	14763012	.023526	2686578	63204 43
44 LABORATORY	1802019	125666363	.014340	29331510	420614 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	267255	28949549	.009232	16483242	152173 49
50 PHYSICAL THERAPY	275666	17925846	.015378	2681015	41229 50
51 OCCUPATIONAL THERAPY	45241	3974228	.011384	856888	9755 51
52 SPEECH PATHOLOGY	30637	1279427	.023946	806901	19322 52
53 ELECTROCARDIOLOGY	767618	71456147	.010743	32588913	350103 53
56 DRUGS CHARGED TO PATIENTS	627577	186171553	.003371	68671831	231493 56
57 RENAL DIALYSIS	84804	1428322	.059373	1157119	68702 57
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC	18601	847239	.021955	357171	7842 60
61 EMERGENCY	530586	41520718	.012779	8438336	107833 61
61.01 OUTPATIENT CLINICS	559848	3103467	.180394	75660	13649 61.01
61.02 CARDIAC REHAB	75751	1010388	.074972	44713	3352 61.02
62 OBSERVATION BEDS (NON-DISTINCT	232966	6638532	.035093		62
OTHER REIMBURSABLE COST CENTERS					
63.50 RHC					63.50
63.60 FQHC					63.60
101 TOTAL	11484119	810749340		226164629	2700203 101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		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	3200139		3200139	67364	47.51	34171	1623464 25
26 INTENSIVE CARE UNIT	509516		509516	5465	93.23	2991	278851 26
27 CORONARY CARE UNIT							27
101 TOTAL	3709655		3709655			37162	1902315 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS						1902315	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS						2700203	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS						4602518	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					6920		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					37162		
PER DISCHARGE CAPITAL COSTS						665.10	
PER DIEM CAPITAL COSTS						123.85	

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)	74728066
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	306634179
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.244

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))	1758381
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	4366753
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.403

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)	4602518
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.015

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)	19223194
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)	91837249
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.209