

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY CONDELL MEDICAL CENTER (14-0202) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 11/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX	
		PART A	PART B		
	1	2	3	4	
1	HOSPITAL				1
2	SUBPROVIDER I	824640	276673	26621400	2
3	SWING BED - SNF				3
4	SWING BED - NF				4
5	SKILLED NURSING FACILITY				5
6	NURSING FACILITY				6
7	HOME HEALTH AGENCY				7
8	OUTPATIENT REHABILITATION PROVIDER				8
9	HEALTH CLINIC				9
100	TOTAL	824640	276673	26621400	100

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 900 GARFIELD AVE P.O.BOX: 1
 1.01 CITY: LIBERTYVILLE STATE: IL ZIP CODE: 60648 COUNTY: LAKE 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL			N	P	O	2
3	SUBPROVIDER I						3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF						6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	CONDELL MEDICAL CENTER HHA 14-7247	07/01/1966	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE	CONDELL MEDICAL CENTER HOSPICE 14-1572	07/01/1966				12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 01/01/2008 TO: 11/30/2008 17
 18 TYPE OF CONTROL 18

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 19
 20 SUBPROVIDER I 20

OTHER INFORMATION

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

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

21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. 21.02

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 21.03

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? NO 22

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? YES 25

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? YES 25.01

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. YES 25.03

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

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

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME:	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:
40.02	STREET:		P.O. BOX:
40.03	CITY:		STATE: ZIP CODE:
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:					54			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?				YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.				NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)								58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)				NO				59

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO						60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)							60.01
MULTICAMPUS								
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO						61
	COUNTY:		STATE:	ZIP CODE	CBSA		FTE/ CAMPUS	
	1		2	3	4		5	
SETTLEMENT DATA								
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	NO						63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		6217	2272	13686	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		6217	2272	13686	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	89942091		89942091	3111627.00	28.91		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	6178385	116979	6295364	212017.00	29.69	FTE SUMMARY REP	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	815724		815724	11743.00	69.46	INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'	2695745		2695745	7681.00	350.96	INVOICES	9.03
10	CONTRACT LABOR: PHYSICIAN PART A							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)	18727672		18727672			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	1082064		1082064			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	684175		684175	21315.50	32.10		21
22	ADMINISTRATIVE & GENERAL	15887480	41366	15928846	942141.00	16.91		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1843776		1843776	57752.50	31.93		24
25	LAUNDRY & LINEN SERVICE	61033		61033	3852.30	15.84		25
26	HOUSEKEEPING	1537279		1537279	114771.40	13.39		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1532165	-648278	883887	55463.00	15.94		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		489933	489933	31964.00	15.33		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	1615112	121286	1736398	45420.10	38.23		30
31	CENTRAL SERVICES AND SUPPLY	893427		893427	69705.50	12.82		31
32	PHARMACY	2262105		2262105	69705.50	32.45		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	1821674		1821674	85330.40	21.35		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. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
1		1	2	3	4	5	
1	NET SALARIES	89942091		89942091	3111627.00	28.91	1
2	EXCLUDED AREA SALARIES	6178385	116979	6295364	212017.00	29.69	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	83763706	-116979	83646727	2899610.00	28.85	3
4	SUBTOTAL OTHER WAGES & REL COSTS	3511469		3511469	19424.00	180.78	4
5	SUBTOTAL WAGE-RELATED COSTS	18727672		18727672		22.39%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	106002847	-116979	105885868	2919034.00	36.27	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	28138226	4307	28142533	1497421.20	18.79	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7247

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: LAKE COUNTY

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6631			6631	1
2 UNDUPLICATED CENSUS COUNT		953.00	182.00	466.00		2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)		.76	.76	4
5 OTHER ADMINISTRATIVE PERSONNEL	15.91		15.91	5
6 DIRECT NURSING SERVICE	20.06		20.06	6
7 NURSING SUPERVISOR	1.58		1.58	7
8 PHYSICAL THERAPY SERVICE	10.42		10.42	8
9 PHYSICAL THERAPY SUPERVISOR	1.08		1.08	9
10 OCCUPATIONAL THERAPY SERVICE	1.21		1.21	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.71	.71	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE	3.17		3.17	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

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

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7247

WORKSHEET S-4
 (CONTINUED)

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

	FULL EPISODES				SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4				
21	SKILLED NURSING VISITS	7988	155	161	198		8502	21
22	SKILLED NURSING VISIT CHARGES	1518935	29355	30749	37642		1616681	22
23	PHYSICAL THERAPY VISITS	7216		19	122		7357	23
24	PHYSICAL THERAPY VISIT CHARGES	1457619		3838	24644		1486101	24
25	OCCUPATIONAL THERAPY VISITS	793		2	16		811	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	144872		364	2912		148148	26
27	SPEECH PATHOLOGY VISITS	93		3			96	27
28	SPEECH PATHOLOGY VISIT CHARGES	17856		576			18432	28
29	MEDICAL SOCIAL SERVICE VISITS	190	2	3	2		197	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	51870	546	819	546		53781	30
31	HOME HEALTH AIDE VISITS	1982			80		2062	31
32	HOME HEALTH AIDE VISIT CHARGES	309192			12480		321672	32
33	TOTAL VISITS	18262	157	188	418		19025	33
34	OTHER CHARGES	28551	175	736	139		29601	34
35	TOTAL CHARGES	3528895	30076	37082	78363		3674416	35
36	TOTAL NUMBER OF EPISODES							36
37	TOTAL NUMBER OF OUTLIER EPISODES							37
38	TOTAL MEDICAL SUPPLY CHARGES							38

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1572

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	3962	284			325	4571 1
2 ROUTINE HOME CARE	13486	854			174	14514 2
3 INPATIENT RESPITE CARE	67				333	400 3
4 GENERAL INPATIENT CARE	473	5			238	716 4
5 TOTAL HOSPICE DAYS	17988	1143			1070	20201 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	333	43			15	391 6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE						7
8 AVERAGE LENGTH OF STAY	54.02	26.58			71.33	51.66 8
9 UNDUPLICATED CENSUS COUNT						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	13957952	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	13957952	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.253530	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	106496573	28
29	TOTAL GROSS MEDICAID COST	27000076	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	9172479	30
31	UNCOMPENSATED CARE COST	2325499	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	27000076	32

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 MED SUPPLIES CHARGED	A	MEDICAL SUPPLIES CHARGED TO P	55		1727605	1
2						2
3 DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		8428572	3
4						4
5 FUNDRAISING	C	FUNDRAISING	100	34077	72	5
6						6
7 DELIVERY ROOM/NURSERY	D	NURSERY	33	500281	124037	7
8	D	DELIVERY ROOM & LABOR ROOM	39	1090212	270301	8
9						9
10 NURSING FLOAT	E	NURSING ADMINISTRATION	14	121286		10
11						11
12						12
13 CAFETERIA/GIFT SHOP	F	CAFETERIA	12	489933	855014	13
14	F	GIFT, FLOWER, COFFEE SHOP & C	96	158345	274686	14
15						15
16 HOSPITAL MANAGED CARE	G	ADMINISTRATIVE & GENERAL	6	6352	5677	16
17						17
18 SPLIT OF CAPITAL	H	OLD CAP REL COSTS-MVBLE EQUIP	2		11692047	18
19						19
20 EMS CONTINUING EDUCATION	I	ADMINISTRATIVE & GENERAL	6	69091	14585	20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2469577	23392596	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 MED SUPPLIES CHARGED	A	CENTRAL SERVICES & SUPPLY	15		1727605	1
2						2
3 DRUGS CHARGED	B	PHARMACY	16		8428572	3
4						4
5 FUNDRAISING	C	ADMINISTRATIVE & GENERAL	6	34077	72	5
6						6
7 DELIVERY ROOM/NURSERY	D	ADULTS & PEDIATRICS	25	1590493	394338	7
8	D					8
9						9
10 NURSING FLOAT	E	ADULTS & PEDIATRICS	25	121286		10
11						11
12						12
13 CAFETERIA/GIFT SHOP	F	DIETARY	11	648278	1129700	13
14	F					14
15						15
16 HOSPITAL MANAGED CARE	G	MANAGED CARE ADMINISTRATION	100.01	6352	5677	16
17						17
18 SPLIT OF CAPITAL	H	OLD CAP REL COSTS-BLDG & FIXT	1		11692047	9 18
19						19
20 EMS CONTINUING EDUCATION	I	PARAMED ED PRGM-(SPECIFY)	24	69091	14585	20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				2469577	23392596	36

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	
1 OLD CAP REL COSTS-BLDG & FIXT	193495630		193495630	.596503				1
2 OLD CAP REL COSTS-MVBLE EQUIP	130887433		130887433	.403497				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL	324383063		324383063	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	13836909		-1052219			-51508	12733182	1
2 OLD CAP REL COSTS-MVBLE EQUIP	11692047						11692047	2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	25528956		-1052219			-51508	24425229	5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL							
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL	
	9	10	11	12	13	14	15	
1 OLD CAP REL COSTS-BLDG & FIXT	25528956						25528956	1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 TOTAL	25528956						25528956	5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	-844607	OLD CAP REL COSTS-BLDG & FIXT	1	11 1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-79871	PHARMACY	16	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-12943	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-5499	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-688015			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-83760			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-482575	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					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-23334	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	11 29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4		SPEECH PATHOLOGY	52	36
37 MISCELLANEOUS REVENUE	B	-38261	ADMINISTRATIVE & GENERAL	6	37
38 MEDICAL APPLICATION FEES	B	-46605	ADMINISTRATIVE & GENERAL	6	38
39 MEDICAL OFFICE SUPPORT	B	-273190	PHYSICIAN SUPPORT SERVICES	100.02	39
40 FOOD SERVICE OUTSIDE SALES	B	-5111	DIETARY	11	40
41 RENTAL INCOME	B	-162267	OPERATION OF PLANT	8	41
41.01 ADJUST SELF INSURED HEALTHCARE EX	A	-274234	EMPLOYEE BENEFITS	5	9 41.01
42 ADJ NONALLOWABLE INTEREST EXPENSE	A	-153935	OLD CAP REL COSTS-BLDG & FIXT	1	11 42
43 REMOVE ILLINOIS PROVIDER TAX	A	-4741570	ADMINISTRATIVE & GENERAL	6	43
44 REMOVE BAD DEBTS	A	-37132785	ADMINISTRATIVE & GENERAL	6	44
45 ADJ AHA LOBBYING EXPENSE	A	-30583	ADMINISTRATIVE & GENERAL	6	45
46 ADJ USEFUL LIFE 1986 SURGERY ADDI	A	-53677	OLD CAP REL COSTS-BLDG & FIXT	1	11 46
47 OFFSET EMS REVENUE	B	-72816	PARAMED ED PRGM-(SPECIFY)	24	47
48 COFFEE SHOP REVENUE	B	-192373	DIETARY	11	48
49 OP TRANSPORTATION INCOME	B	-9021	ADMINISTRATIVE & GENERAL	6	49
50 TOTAL		-45407032			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	1	OLD CAP REL COSTS-BLDG & FIXT	RENTAL EXPENSE	52145	103653	-51508	14 1
2	50	PHYSICAL THERAPY	RENTAL EXPENSE	110500	88191	22309	2
3	100.01	MANAGED CARE ADMINISTRATION	RENTAL EXPENSE	24688	49075	-24387	3
4	71	HOME HEALTH AGENCY	RENTAL EXPENSE	30546	60720	-30174	4
5		TOTALS		217879	301639	-83760	5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				TYPE OF BUSINESS	
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP			
1	2	3	4	5	6		
1	G MED CTR OF LAKE CTY		CONDELL MED CTR		HEALTH SERVICES	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: FINANCIAL

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT	
LINE NO.	1	2	3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	OB		45833	45833			
6	43.04	CT SCAN	CAT SCAN		256	256			
7	43.05	RADIOLOGY SPECIAL PROCED	SPEC PROC		16229	16229			
8	44	LABORATORY	PATHOLOGY		233880	233880			
10	59	ELECTROMYOGRAPHY	EMG		33775	33775			
12	49.01	STRESS TEST	STRESS TESTING		2227	2227			
13	53	ELECTROCARDIOLOGY	EKG		1935	1935			
14	53.01	ECHOCARDIOGRAM	ECHO		2311	2311			
15	53.03	CARDIOLOGY	CARDIOLOGY		145716	145716			
17	54	ELECTROENCEPHALOGRAPHY	EEG		103470	103470			
19	61	EMERGENCY	TRAUMA		102383	102383			
101		TOTAL			688015	688015			

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE	2497818		630	284054	2782502	927124			93
95 SUBTOTALS	220376370	12533312	11580377	20222996	219715019	54569701	10782502	1140002	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	495041	199870	1753	50499	747163	248953	239066		96
100 FUNDRAISING	34149			7854	42003	13995			100
100.01MANAGED CARE ADMINISTRATION	1128897		21566	83001	1233464	410988			100.01
100.02PHYSICIAN SUPPORT SERVICES			1514	15998	17512	5835			100.02
100.03HOME MEDICAL EQUIPMENT	966841		79579	113162	1159582	386370			100.03
100.04HOME PHARMACY	821255		7258	79297	907810	302480			100.04
100.05HOSPICE									100.05
100.06NE IL MRI	3390				3390	1130			100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	223825943	12733182	11692047	20572807	223825943	55939452	11021568	1140002	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARAMED EDUCATION 24	
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE				79151	3976	112998	21683		93
95 SUBTOTALS	4073031	3740200	1770425	3554997	3107160	4291356	3204059	305665	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			7772						96
100 FUNDRAISING									100
100.01MANAGED CARE ADMINISTRATION									100.01
100.02PHYSICIAN SUPPORT SERVICES			16728						100.02
100.03HOME MEDICAL EQUIPMENT					2238		18458		100.03
100.04HOME PHARMACY			9124		4810		5069		100.04
100.05HOSPICE									100.05
100.06NE IL MRI									100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	4073031	3740200	1804049	3554997	3114208	4291356	3227586	305665	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	54907446		54907446	25
26 INTENSIVE CARE UNIT	10727583		10727583	26
33 NURSERY	3540212		3540212	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	31213838		31213838	37
38 RECOVERY ROOM	3138175		3138175	38
39 DELIVERY ROOM & LABOR ROOM	2148839		2148839	39
40 ANESTHESIOLOGY	830264		830264	40
41 RADIOLOGY-DIAGNOSTIC	8839488		8839488	41
43.01 NUCLEAR MEDICINE	4496390		4496390	43.01
43.02 ULTRASOUND	2378720		2378720	43.02
43.03 MRI	1200838		1200838	43.03
43.04 CT SCAN	2328719		2328719	43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	1849330		1849330	43.05
44 LABORATORY	9628982		9628982	44
44.01 REFERENCE LAB				44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	2237984		2237984	47
49 RESPIRATORY THERAPY	4366095		4366095	49
49.01 STRESS TEST	625082		625082	49.01
50 PHYSICAL THERAPY	7491031		7491031	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	674924		674924	53
53.01 ECHOCARDIOGRAM	755860		755860	53.01
53.03 CARDIOLOGY	709075		709075	53.03
53.04 CARDIAC CATH LAB	11931482		11931482	53.04
54 ELECTROENCEPHALOGRAPHY	818783		818783	54
55 MEDICAL SUPPLIES CHARGED TO PAT	2530838		2530838	55
56 DRUGS CHARGED TO PATIENTS	15358748		15358748	56
57 RENAL DIALYSIS	753687		753687	57
58.02 OUTPATIENT SURGERY	30558		30558	58.02
59 ELECTROMYOGRAPHY	24028		24028	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	980132		980132	60
60.01 ADDICTION RECOVERY CLINIC				60.01
60.03 LITHOTRIPSY				60.03
61 EMERGENCY	12160473		12160473	61
61.20 ACUTE CARE CENTER	9038074		9038074	61.20
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	6398891		6398891	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
85.02 INTESTINAL ACQUISITION				85.02
93 HOSPICE	3927434		3927434	93
95 SUBTOTALS	218042003		218042003	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	1242954		1242954	96
100 FUNDRAISING	55998		55998	100
100.01MANAGED CARE ADMINISTRATION	1644452		1644452	100.01
100.02PHYSICIAN SUPPORT SERVICES	40075		40075	100.02
100.03HOME MEDICAL EQUIPMENT	1566648		1566648	100.03
100.04HOME PHARMACY	1229293		1229293	100.04
100.05HOSPICE				100.05
100.06NE IL MRI	4520		4520	100.06
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	223825943		223825943	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	OLD CAP BLDGS & FIXTURES 1	OLD CAP MOVABLE EQUIPMENT 2	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE			630	630	1124	113228			93
95 SUBTOTALS		12533312	11580377	24113689	80032	6664594	2260944	98055	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		199870	1753	201623	200	30404	50129		96
100 FUNDRAISING					31	1709			100
100.01MANAGED CARE ADMINISTRATION			21566	21566	328	50193			100.01
100.02PHYSICIAN SUPPORT SERVICES			1514	1514	63	713			100.02
100.03HOME MEDICAL EQUIPMENT			79579	79579	448	47187			100.03
100.04HOME PHARMACY			7258	7258	314	36942			100.04
100.05HOSPICE									100.05
100.06NE IL MRI						138			100.06
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		12733182	11692047	24425229	81416	6831880	2311073	98055	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS-TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	PARAMED EDUCATION 24	
85.02 INTESTINAL ACQUISITION									85.02
93 HOSPICE				7842	940	8807	1407		93
95 SUBTOTALS	223841	373279	306490	352198	734505	334444	207893		95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN			1346						96
100 FUNDRAISING									100
100.01MANAGED CARE ADMINISTRATION									100.01
100.02PHYSICIAN SUPPORT SERVICES			2896						100.02
100.03HOME MEDICAL EQUIPMENT					529		1198		100.03
100.04HOME PHARMACY			1580		1137		329		100.04
100.05HOSPICE									100.05
100.06NE IL MRI									100.06
101 CROSS FOOT ADJUSTMENTS								25282	101
102 NEGATIVE COST CENTER									102
103 TOTAL	223841	373279	312312	352198	736171	334444	209420	25282	103

ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE				18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES A				22
23 I&R SERVICES-OTHER PRGM COSTS A				23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	8105278		8105278	25
26 INTENSIVE CARE UNIT	1112711		1112711	26
33 NURSERY	205981		205981	33
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	3772736		3772736	37
38 RECOVERY ROOM	563853		563853	38
39 DELIVERY ROOM & LABOR ROOM	66583		66583	39
40 ANESTHESIOLOGY	74558		74558	40
41 RADIOLOGY-DIAGNOSTIC	1704944		1704944	41
43.01 NUCLEAR MEDICINE	964372		964372	43.01
43.02 ULTRASOUND	249265		249265	43.02
43.03 MRI	80526		80526	43.03
43.04 CT SCAN	134921		134921	43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	73186		73186	43.05
44 LABORATORY	1056602		1056602	44
44.01 REFERENCE LAB				44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	86496		86496	47
49 RESPIRATORY THERAPY	374025		374025	49
49.01 STRESS TEST	57915		57915	49.01
50 PHYSICAL THERAPY	617065		617065	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	35508		35508	53
53.01 ECHOCARDIOGRAM	45170		45170	53.01
53.03 CARDIOLOGY	81699		81699	53.03
53.04 CARDIAC CATH LAB	1485784		1485784	53.04
54 ELECTROENCEPHALOGRAPHY	94573		94573	54
55 MEDICAL SUPPLIES CHARGED TO PAT	124103		124103	55
56 DRUGS CHARGED TO PATIENTS	664213		664213	56
57 RENAL DIALYSIS	29399		29399	57
58.02 OUTPATIENT SURGERY	1065		1065	58.02
59 ELECTROMYOGRAPHY	8715		8715	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	36715		36715	60
60.01 ADDICTION RECOVERY CLINIC				60.01
60.03 LITHOTRIPSY				60.03
61 EMERGENCY	1284849		1284849	61
61.20 ACUTE CARE CENTER	294832		294832	61.20
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	238973		238973	71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	25	26	27	
85.02 INTESTINAL ACQUISITION				85.02
93 HOSPICE	133978		133978	93
95 SUBTOTALS	23860593		23860593	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN	283702		283702	96
100 FUNDRAISING	1740		1740	100
100.01MANAGED CARE ADMINISTRATION	72087		72087	100.01
100.02PHYSICIAN SUPPORT SERVICES	5186		5186	100.02
100.03HOME MEDICAL EQUIPMENT	128941		128941	100.03
100.04HOME PHARMACY	47560		47560	100.04
100.05HOSPICE				100.05
100.06NE IL MRI	138		138	100.06
101 CROSS FOOT ADJUSTMENTS	25282		25282	101
102 NEGATIVE COST CENTER				102
103 TOTAL	24425229		24425229	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST
	1	2	3	5	6A	6	8
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT	375108						1
2 OLD CAP REL COSTS-MVBLE EQUIP		17777352					2
3 NEW CAP REL COSTS-BLDG & FIXT			375108				3
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	2168	11893	2168	89257916			5
6 ADMINISTRATIVE & GENERAL	79746	6249630	79746	15928846	-55939452	167886491	6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	21742	1877686	21742	1843776		8267015	271452
9 LAUNDRY & LINEN SERVICE	1462	4470	1462	61033		810563	1462
10 HOUSEKEEPING	2025	22273	2025	1537279		2993412	2025
11 DIETARY	4560	105890	4560	883887		2644916	4560
12 CAFETERIA	6230		6230	489933		1163441	6230
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	4944	49351	4944	1736398		2481413	4944
15 CENTRAL SERVICES & SUPPLY	11064	268156	11064	893427		1906389	11064
16 PHARMACY	4102	21072	4102	2262105		2971685	4102
17 MEDICAL RECORDS & LIBRARY	1925	28894	1925	1821674		2301285	1925
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)	343	2560	343	142936		218826	343
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	106231	2236962	106231	19268903		31052274	106231
26 INTENSIVE CARE UNIT	14480	164418	14480	3809158		6711306	14480
33 NURSERY	646	14981	646	1242839		2050726	646
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	29709	1827238	29709	4522246		20527437	29709
38 RECOVERY ROOM	8628	151442	8628	1208608		1975675	8628
39 DELIVERY ROOM & LABOR ROOM				1090212		1611793	
40 ANESTHESIOLOGY	120	46002	120			508061	120
41 RADIOLOGY-DIAGNOSTIC	15561	1141895	15561	2614279		5801715	15561
43.01 NUCLEAR MEDICINE	1602	1143735	1602	934512		3190132	1602
43.02 ULTRASOUND	355	233109	355	1108414		1696290	355
43.03 MRI	590	17210	590	379959		781902	590
43.04 CT SCAN	470	42853	470	754420		1521922	470
43.05 RADIOLOGY SPECIAL PROCEDURE				479743		1075876	
44 LABORATORY	8280	584433	8280	1989691		6496979	8280
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T	340	3542	340	211472		1626900	340
49 RESPIRATORY THERAPY	3620	112337	3620	1868991		2974726	3620
49.01 STRESS TEST	794	4503	794	280955		410173	794
50 PHYSICAL THERAPY	8030	66199	8030	3355600		5205313	8030
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	210	2989	210	351182		461484	210
53.01 ECHOCARDIOGRAM	120	21200	120	332600		520195	120
53.03 RADIOLOGY	1080	19915	1080	258702		477344	1080
53.04 CARDIAC CATH LAB	8460	911509	8460	926936		7825427	8460
54 ELECTROENCEPHALOGRAPHY	760	53130	760	327816		555276	760
55 MEDICAL SUPPLIES CHARGED TO P						1727605	
56 DRUGS CHARGED TO PATIENTS						8428572	
57 RENAL DIALYSIS	140		140			552652	140
58.02 OUTPATIENT SURGERY		133		14057		22592	
59 ELECTROMYOGRAPHY	130	3609	130			8081	130
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC				470210		670342	60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY	18193	144630	18193	4433233		7470168	18193
61.20 ACUTE CARE CENTER				3269456		6664701	
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	360	16754	360	3402317		4630481	360

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP	OLD CAP	NEW CAP	EMPLOYEE	RECON-	ADMINIS-	OPERATION
	BLDGS & FIXTURES SQUARE FEET	MOVABLE EQUIPMENT DOLLAR VALUE	BLDGS & FIXTURES SQUARE FEET	BENEFITS GROSS SALARIES		CILATION	TRATIVE & GENERAL ACCUM COST
	1	2	3	5	6A	6	8
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
93 HOSPICE		958		1232406		2782502	93
95 SUBTOTALS	369220	17607561	369220	87740211	-55939452	163775567	265564 95
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	5888	2666	5888	219095		747163	5888 96
100 FUNDRAISING				34077		42003	100
100.01 MANAGED CARE ADMINISTRATION		32791		360110		1233464	100.01
100.02 PHYSICIAN SUPPORT SERVICES		2302		69411		17512	100.02
100.03 HOME MEDICAL EQUIPMENT		120997		490970		1159582	100.03
100.04 HOME PHARMACY		11035		344042		907810	100.04
100.05 HOSPICE							100.05
100.06 NE IL MRI						3390	100.06
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	12733182	11692047		20572807		55939452	11021568 103
104 UNIT COST MULT-WS B PT I		.657693		.230487		.333198	104
104 UNIT COST MULT-WS B PT I	33.945376						40.602272 104
105 COST TO BE ALLOC PER B PT II				81416		6831880	2311073 105
106 UNIT COST MULT-WS B PT II				.000912		.040693	106
106 UNIT COST MULT-WS B PT II							8.513745 106
107 COST TO BE ALLOC PER B PT III							107
108 UNIT COST MULT-WS B PT III							108
108 UNIT COST MULT-WS B PT III							108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE-KEEPING HOURS OF SERVICE 10	DIETARY MEALS SERVED 11	CAFETERIA MEALS SERVED 12	NURSING ADMINIS-TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9	1912125							9
10		132396						10
11		938	159084					11
12				10677				12
13								13
14			195	237	691409			14
15	1842	2646		242		20902613		15
16		2007		364		266560	8532678	16
17		195		446				17
18								18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	958729	79225	145983	3025	324344	1002160		25
26	159020	7143	13101	508	76752	96925		26
33	2000	1551		831	105003	11853		33
ANCILLARY SERVICE COST CENTERS								
37	231896	5110		960	26712	10768971		37
38	91248			208		57780		38
39								39
40							111649	39
41	43967	5293		390		320711		41
43.01	11298	2373		113		704395		43.01
43.02	9687	730		113		15995		43.02
43.03	3350	1368		5		86224		43.03
43.04	9433	639		129		138960		43.04
43.05	9600			77		143729		43.05
44		3376		598		20075		44
44.01						141535		44.01
46.30								46.30
47		822				133		47
49	2000	1278		308		77751		49
49.01	4725	730		49		22547		49.01
50	167158	2138		43		32992		50
51								51
52								52
53		182		107		11992		53
53.01	4725			46		1258		53.01
53.03				21	4057	4543		53.03
53.04	27987	4289		163	12272	5035628		53.04
54	4600	730		63		15208		54
55						1527634		55
56							8195529	56
57						9351		57
58.02						687		58.02
59		183				1192		59
OUTPATIENT SERVICE COST CENTERS								
60				72	11853			60
60.01								60.01
60.03								60.03
61	168860	9125		773	80806	254179		61
61.20				587				61.20
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10								69.10
69.20								69.20
69.30								69.30
69.40								69.40
71		130			34216	57647	821	71

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		24	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
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		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)	100	24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS		25
26	INTENSIVE CARE UNIT		26
33	NURSERY		33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM		37
38	RECOVERY ROOM		38
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
43.01	NUCLEAR MEDICINE		43.01
43.02	ULTRASOUND		43.02
43.03	MRI		43.03
43.04	CT SCAN		43.04
43.05	RADIOLOGY SPECIAL PROCEDURE		43.05
44	LABORATORY		44
44.01	REFERENCE LAB		44.01
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
47	BLOOD STORING, PROCESSING & T		47
49	RESPIRATORY THERAPY		49
49.01	STRESS TEST		49.01
50	PHYSICAL THERAPY		50
51	OCCUPATIONAL THERAPY		51
52	SPEECH PATHOLOGY		52
53	ELECTROCARDIOLOGY		53
53.01	ECHOCARDIOGRAM		53.01
53.03	CARDIOLOGY		53.03
53.04	CARDIAC CATH LAB		53.04
54	ELECTROENCEPHALOGRAPHY		54
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
57	RENAL DIALYSIS		57
58.02	OUTPATIENT SURGERY		58.02
59	ELECTROMYOGRAPHY		59
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC		60
60.01	ADDICTION RECOVERY CLINIC		60.01
60.03	LITHOTRIPSY		60.03
61	EMERGENCY	100	61
61.20	ACUTE CARE CENTER		61.20
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		71

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
 04/30/2009 19:04

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION	ASSIGNED TIME	
		24	
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
93	HOSPICE		93
95	SUBTOTALS	100	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & C		96
100	FUNDRAISING		100
100.01	MANAGED CARE ADMINISTRATION		100.01
100.02	PHYSICIAN SUPPORT SERVICES		100.02
100.03	HOME MEDICAL EQUIPMENT		100.03
100.04	HOME PHARMACY		100.04
100.05	HOSPICE		100.05
100.06	NE IL MRI		100.06
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I	305665	103
104	UNIT COST MULT-WS B PT I	3056.650000	104
104	UNIT COST MULT-WS B PT I		104
105	COST TO BE ALLOC PER B PT II	25282	105
106	UNIT COST MULT-WS B PT II	252.820000	106
106	UNIT COST MULT-WS B PT II		106
107	COST TO BE ALLOC PER B PT III		107
108	UNIT COST MULT-WS B PT III		108
108	UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL	RCE	TOTAL	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT	COSTS	DISALLOWANCE	COSTS	
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	54907446		54907446		54907446	25
26 INTENSIVE CARE UNIT	10727583		10727583		10727583	26
33 NURSERY	3540212		3540212		3540212	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31213838		31213838		31213838	37
38 RECOVERY ROOM	3138175		3138175		3138175	38
39 DELIVERY ROOM & LABOR ROOM	2148839		2148839		2148839	39
40 ANESTHESIOLOGY	830264		830264		830264	40
41 RADIOLOGY-DIAGNOSTIC	8839488		8839488		8839488	41
43.01 NUCLEAR MEDICINE	4496390		4496390		4496390	43.01
43.02 ULTRASOUND	2378720		2378720		2378720	43.02
43.03 MRI	1200838		1200838		1200838	43.03
43.04 CT SCAN	2328719		2328719		2328719	43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	1849330		1849330		1849330	43.05
44 LABORATORY	9628982		9628982		9628982	44
44.01 REFERENCE LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	2237984		2237984		2237984	47
49 RESPIRATORY THERAPY	4366095		4366095		4366095	49
49.01 STRESS TEST	625082		625082		625082	49.01
50 PHYSICAL THERAPY	7491031		7491031		7491031	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	674924		674924		674924	53
53.01 ECHOCARDIOGRAM	755860		755860		755860	53.01
53.03 CARDIOLOGY	709075		709075		709075	53.03
53.04 CARDIAC CATH LAB	11931482		11931482		11931482	53.04
54 ELECTROENCEPHALOGRAPHY	818783		818783		818783	54
55 MEDICAL SUPPLIES CHARGED TO	2530838		2530838		2530838	55
56 DRUGS CHARGED TO PATIENTS	15358748		15358748		15358748	56
57 RENAL DIALYSIS	753687		753687		753687	57
58.02 OUTPATIENT SURGERY	30558		30558		30558	58.02
59 ELECTROMYOGRAPHY	24028		24028		24028	59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	980132		980132		980132	60
60.01 ADDICTION RECOVERY CLINIC						60.01
60.03 LITHOTRIPSY						60.03
61 EMERGENCY	12160473		12160473		12160473	61
61.20 ACUTE CARE CENTER	9038074		9038074		9038074	61.20
62 OBSERVATION BEDS (NON-DISTI	4155232		4155232		4155232	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	211870910		211870910		211870910	101
102 LESS OBSERVATION BEDS	4155232		4155232		4155232	102
103 TOTAL	207715678		207715678		207715678	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	98757680		98757680			25
26 INTENSIVE CARE UNIT	18223515		18223515			26
33 NURSERY	11952895		11952895			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	60996423	46618630	107615053	.290051	.290051	.290051 37
38 RECOVERY ROOM	5020710	8580492	13601202	.230728	.230728	.230728 38
39 DELIVERY ROOM & LABOR ROOM	18633284	1176312	19809596	.108475	.108475	.108475 39
40 ANESTHESIOLOGY	5649559	5115334	10764893	.077127	.077127	.077127 40
41 RADIOLOGY-DIAGNOSTIC	11936843	15625851	27562694	.320705	.320705	.320705 41
43.01 NUCLEAR MEDICINE	5303290	13499502	18802792	.239134	.239134	.239134 43.01
43.02 ULTRASOUND	3810880	6595192	10406072	.228590	.228590	.228590 43.02
43.03 MRI	8936788	7857684	16794472	.071502	.071502	.071502 43.03
43.04 CT SCAN	19313764	32417708	51731472	.045016	.045016	.045016 43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	15653	5754398	5770051	.320505	.320505	.320505 43.05
44 LABORATORY	52507801	41331259	93839060	.102612	.102612	.102612 44
44.01 REFERENCE LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	5405305	1888742	7294047	.306823	.306823	.306823 47
49 RESPIRATORY THERAPY	33222176	3157808	36379984	.120014	.120014	.120014 49
49.01 STRESS TEST	1180487	1037730	2218217	.281795	.281795	.281795 49.01
50 PHYSICAL THERAPY	3259596	8372888	11632484	.643975	.643975	.643975 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	3666867	2600425	6267292	.107690	.107690	.107690 53
53.01 ECHOCARDIOGRAM	7827770	3566026	11393796	.066340	.066340	.066340 53.01
53.03 CARDIOLOGY	56717	857233	913950	.775836	.775836	.775836 53.03
53.04 CARDIAC CATH LAB	30744785	9671823	40416608	.295212	.295212	.295212 53.04
54 ELECTROENCEPHALOGRAPHY	451776	1871971	2323747	.352355	.352355	.352355 54
55 MEDICAL SUPPLIES CHARGED TO	22890535	6207148	29097683	.086977	.086977	.086977 55
56 DRUGS CHARGED TO PATIENTS	69952006	21274647	91226653	.168358	.168358	.168358 56
57 RENAL DIALYSIS	2387199	8033	2395232	.314661	.314661	.314661 57
58.02 OUTPATIENT SURGERY		82979	82979	.368262	.368262	.368262 58.02
59 ELECTROMYOGRAPHY	102871	426335	529206	.045404	.045404	.045404 59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	913	3250621	3251534	.301437	.301437	.301437 60
60.01 ADDICTION RECOVERY CLINIC						60.01
60.03 LITHOTRIPSY						60.03
61 EMERGENCY	19012748	27659684	46672432	.260549	.260549	.260549 61
61.20 ACUTE CARE CENTER	435635	12626344	13061979	.691938	.691938	.691938 61.20
62 OBSERVATION BEDS (NON-DISTI		8505268	8505268	.488548	.488548	.488548 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	521656471	297638067	819294538			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	521656471	297638067	819294538			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	8105278		8105278			25
26 INTENSIVE CARE UNIT	1112711		1112711			26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY	205981		205981			33
101 TOTAL	9423970		9423970			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	52645	26663	153.96	4105035		25
26 INTENSIVE CARE UNIT	4387	2421	253.64	614062		26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY	4903		42.01			33
101 TOTAL	61935	29084		4719097		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3772736		107615053	33735208	.035058	1182689		37
38 RECOVERY ROOM	563853		13601202	2232557	.041456	92553		38
39 DELIVERY ROOM & LABOR ROOM	66583		19809596	42525	.003361	143		39
40 ANESTHESIOLOGY	74558		10764893	2530951	.006926	17529		40
41 RADIOLOGY-DIAGNOSTIC	1704944		27562694	7656831	.061857	473629		41
43.01 NUCLEAR MEDICINE	964372		18802792	2851857	.051289	146269		43.01
43.02 ULTRASOUND	249265		10406072	2173523	.023954	52065		43.02
43.03 MRI	80526		16794472	4790268	.004795	22969		43.03
43.04 CT SCAN	134921		51731472	11154515	.002608	29091		43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	73186		5770051	10151	.012684	129		43.05
44 LABORATORY	1056602		93839060	31578369	.011260	355572		44
44.01 REFERENCE LAB								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	86496		7294047	3197037	.011858	37910		47
49 RESPIRATORY THERAPY	374025		36379984	20203666	.010281	207714		49
49.01 STRESS TEST	57915		2218217	643307	.026109	16796		49.01
50 PHYSICAL THERAPY	617065		11632484	2439600	.053047	129413		50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	35508		6267292	2508093	.005666	14211		53
53.01 ECHOCARDIOGRAM	45170		11393796	4638437	.003964	18387		53.01
53.03 CARDIOLOGY	81699		913950	418	.089391	37		53.03
53.04 CARDIAC CATH LAB	1485784		40416608	17491442	.036762	643020		53.04
54 ELECTROENCEPHALOGRAPHY	94573		2323747	248242	.040698	10103		54
55 MEDICAL SUPPLIES CHARGED TO P	124103		29097683	14124172	.004265	60240		55
56 DRUGS CHARGED TO PATIENTS	664213		91226653	31065974	.007281	226191		56
57 RENAL DIALYSIS	29399		2395232	1785859	.012274	21920		57
58.02 OUTPATIENT SURGERY	1065		82979		.012835			58.02
59 ELECTROMYOGRAPHY	8715		529206	48352	.016468	796		59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	36715		3251534	650	.011292	7		60
60.01 ADDICTION RECOVERY CLINIC								60.01
60.03 LITHOTRIPSY								60.03
61 EMERGENCY	1284849		46672432	10319276	.027529	284079		61
61.20 ACUTE CARE CENTER	294832		13061979	727	.022572	16		61.20
62 OBSERVATION BEDS (NON-DISTINC	613383		8505268		.072118			62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	14677055		690360448	207472007		4043478		101

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
 04/30/2009 19:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	52645		26663		25
26 INTENSIVE CARE UNIT	4387		2421		26
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 OTHER SPECIAL CARE (SPECIFY)					30
31 SUBPROVIDER I					31
33 NURSERY	4903				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	61935		29084		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 NUCLEAR MEDICINE							43.01
43.02 ULTRASOUND							43.02
43.03 MRI							43.03
43.04 CT SCAN							43.04
43.05 RADIOLOGY SPECIAL PROCEDURE							43.05
44 LABORATORY							44
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
49.01 STRESS TEST							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 ECHOCARDIOGRAM							53.01
53.03 CARDIOLOGY							53.03
53.04 CARDIAC CATH LAB							53.04
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.02 OUTPATIENT SURGERY							58.02
59 ELECTROMYOGRAPHY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY				305665			61
61.20 ACUTE CARE CENTER							61.20
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				305665			305665 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] 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		107615053			33735208		16496590 37
38 RECOVERY ROOM		13601202			2232557		2145444 38
39 DELIVERY ROOM & LABOR ROOM		19809596			42525		3261 39
40 ANESTHESIOLOGY		10764893			2530951		1479298 40
41 RADIOLOGY-DIAGNOSTIC		27562694			7656831		7279474 41
43.01 NUCLEAR MEDICINE		18802792			2851857		6778822 43.01
43.02 ULTRASOUND		10406072			2173523		1546608 43.02
43.03 MRI		16794472			4790268		2987377 43.03
43.04 CT SCAN		51731472			11154515		10439846 43.04
43.05 RADIOLOGY SPECIAL PROCEDURE		5770051			10151		43.05
44 LABORATORY		93839060			31578369		4260123 44
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7294047			3197037		692771 47
49 RESPIRATORY THERAPY		36379984			20203666		1532138 49
49.01 STRESS TEST		2218217			643307		417019 49.01
50 PHYSICAL THERAPY		11632484			2439600		3672 50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		6267292			2508093		53
53.01 ECHOCARDIOGRAM		11393796			4638437		1200683 53.01
53.03 CARDIOLOGY		913950			418		260616 53.03
53.04 CARDIAC CATH LAB		40416608			17491442		5504258 53.04
54 ELECTROENCEPHALOGRAPHY		2323747			248242		1069037 54
55 MEDICAL SUPPLIES CHARGED TO P		29097683			14124172		25433106 55
56 DRUGS CHARGED TO PATIENTS		91226653			31065974		9200011 56
57 RENAL DIALYSIS		2395232			1785859		57
58.02 OUTPATIENT SURGERY		82979					58.02
59 ELECTROMYOGRAPHY		529206			48352		103719 59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3251534			650		1804233 60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY	305665	46672432	.006549	.006549	10319276	67581	4139057 61
61.20 ACUTE CARE CENTER		13061979			727		1297777 61.20
62 OBSERVATION BEDS (NON-DISTINC		8505268					1225981 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	305665	690360448			207472007	67581	84410921 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 NUCLEAR MEDICINE					43.01
43.02 ULTRASOUND					43.02
43.03 MRI					43.03
43.04 CT SCAN					43.04
43.05 RADIOLOGY SPECIAL PROCEDURE					43.05
44 LABORATORY					44
44.01 REFERENCE LAB					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
49 RESPIRATORY THERAPY					49
49.01 STRESS TEST					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 ECHOCARDIOGRAM					53.01
53.03 CARDIOLOGY					53.03
53.04 CARDIAC CATH LAB					53.04
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.02 OUTPATIENT SURGERY					58.02
59 ELECTROMYOGRAPHY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ADDICTION RECOVERY CLINIC					60.01
60.03 LITHOTRIPSY					60.03
61 EMERGENCY			27107		61
61.20 ACUTE CARE CENTER					61.20
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			27107		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0202) [] 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
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.290051	.290051	.290051			37
39 RECOVERY ROOM	.230728	.230728	.230728			38
40 DELIVERY ROOM & LABOR ROOM	.108475	.108475	.108475			39
41 ANESTHESIOLOGY	.077127	.077127	.077127			40
42 RADIOLOGY-DIAGNOSTIC	.320705	.320705	.320705			41
43.01 NUCLEAR MEDICINE	.239134	.239134	.239134			43.01
43.02 ULTRASOUND	.228590	.228590	.228590			43.02
43.03 MRI	.071502	.071502	.071502			43.03
43.04 CT SCAN	.045016	.045016	.045016			43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	.320505	.320505	.320505			43.05
44 LABORATORY	.102612	.102612	.102612			44
44.01 REFERENCE LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.306823	.306823	.306823			47
49 RESPIRATORY THERAPY	.120014	.120014	.120014			49
49.01 STRESS TEST	.281795	.281795	.281795			49.01
50 PHYSICAL THERAPY	.643975	.643975	.643975			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.107690	.107690	.107690			53
53.01 ECHOCARDIOGRAM	.066340	.066340	.066340			53.01
53.03 CARDIOLOGY	.775836	.775836	.775836			53.03
53.04 CARDIAC CATH LAB	.295212	.295212	.295212			53.04
54 ELECTROENCEPHALOGRAPHY	.352355	.352355	.352355			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.086977	.086977	.086977			55
56 DRUGS CHARGED TO PATIENTS	.168358	.168358	.168358			56
57 RENAL DIALYSIS	.314661	.314661	.314661			57
58.02 OUTPATIENT SURGERY	.368262	.368262	.368262			58.02
59 ELECTROMYOGRAPHY	.045404	.045404	.045404			59
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.301437	.301437	.301437			60
60.01 ADDICTION RECOVERY CLINIC						60.01
60.03 LITHOTRIPSY						60.03
61 EMERGENCY	.260549	.260549	.260549			61
61.20 ACUTE CARE CENTER	.691938	.691938	.691938			61.20
62 OBSERVATION BEDS (NON-DISTINCT	.488548	.488548	.488548			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.168358	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 (14-0202) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER (SEE)	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT OTHER DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		16496590						37
38 OPERATING ROOM		2145444						38
39 RECOVERY ROOM		3261						39
40 DELIVERY ROOM & LABOR ROOM		1479298						40
41 ANESTHESIOLOGY		7279474						41
43.01 RADIOLOGY-DIAGNOSTIC		6778822						43.01
43.02 NUCLEAR MEDICINE		1546608						43.02
43.03 ULTRASOUND		2987377						43.03
43.04 MRI		10439846						43.04
43.05 CT SCAN								43.05
44 RADIOLOGY SPECIAL PROCEDURE		4260123						44
44.01 LABORATORY								44.01
46.30 REFERENCE LAB								46.30
47 BLOOD CLOTTING FACTORS ADMIN C		692771						47
49 BLOOD STORING, PROCESSING & TR		1532138						49
49.01 RESPIRATORY THERAPY		417019						49.01
50 STRESS TEST		3672						50
51 PHYSICAL THERAPY								51
52 OCCUPATIONAL THERAPY								52
53 SPEECH PATHOLOGY								53
53.01 ELECTROCARDIOLOGY		1200683						53.01
53.03 ECHOCARDIOGRAM		260616						53.03
53.04 RADIOLOGY		5504258						53.04
54 CARDIAC CATH LAB		1069037						54
55 ELECTROENCEPHALOGRAPHY		2543106						55
56 MEDICAL SUPPLIES CHARGED TO PA		9200011						56
57 DRUGS CHARGED TO PATIENTS								57
58.02 RENAL DIALYSIS								58.02
59 OUTPATIENT SURGERY		103719						59
60 ELECTROMYOGRAPHY								60
60.01 OUTPATIENT SERVICE COST CENTERS		1804233						60.01
60.03 CLINIC								60.03
61 ADDICTION RECOVERY CLINIC		4139057						61
61.20 LITHOTRIPSY		1297777						61.20
62 EMERGENCY		1225981						62
63.50 ACUTE CARE CENTER								63.50
63.60 OBSERVATION BEDS (NON-DISTINCT)								63.60
65.01 RHC								65.01
65.02 FQHC								65.02
65.03 OTHER REIMBURSABLE COST CENTERS								65.03
101 AMBULANCE CHARGES (S-2 LINE 56)		84410921						101
102 AMBULANCE CHARGES (S-2 LINE 56)								102
103 AMBULANCE CHARGES (S-2 LINE 56)								103
104 SUBTOTAL		84410921						104
CRNA CHARGES								
PBP CLINIC LAB								
NET CHARGES		84410921						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0202) [] 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		4784852					37
38 RECOVERY ROOM		495014					38
39 DELIVERY ROOM & LABOR ROOM		354					39
40 ANESTHESIOLOGY		114094					40
41 RADIOLOGY-DIAGNOSTIC		2334564					41
43.01 NUCLEAR MEDICINE		1621047					43.01
43.02 ULTRASOUND		353539					43.02
43.03 MRI		213603					43.03
43.04 CT SCAN		469960					43.04
43.05 RADIOLOGY SPECIAL PROCEDURE							43.05
44 LABORATORY		437140					44
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		212558					47
49 RESPIRATORY THERAPY		183878					49
49.01 STRESS TEST		117514					49.01
50 PHYSICAL THERAPY		2365					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 ECHOCARDIOGRAM		79653					53.01
53.03 CARDIOLOGY		202195					53.03
53.04 CARDIAC CATH LAB		1624923					53.04
54 ELECTROENCEPHALOGRAPHY		376681					54
55 MEDICAL SUPPLIES CHARGED TO PAT		221192					55
56 DRUGS CHARGED TO PATIENTS		1548895					56
57 RENAL DIALYSIS							57
58.02 OUTPATIENT SURGERY							58.02
59 ELECTROMYOGRAPHY		4709					59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		543863					60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY		1078427					61
61.20 ACUTE CARE CENTER		897981					61.20
62 OBSERVATION BEDS (NON-DISTINCT)		598951					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL		18517952					101
102 CRNA CHARGES							102
103 LESS BPB CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		18517952					104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
	1	2	3	4	5	6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	8105278		8105278			25
26 INTENSIVE CARE UNIT	1112711		1112711			26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY	205981		205981			33
101 TOTAL	9423970		9423970			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	52645	6920	153.96	1065403		25
26 INTENSIVE CARE UNIT	4387	357	253.64	90549		26
27 CORONARY CARE UNIT						27
28 BURN INTENSIVE CARE UNIT						28
29 SURGICAL INTENSIVE CARE UNIT						29
30 OTHER SPECIAL CARE (SPECIFY)						30
31 SUBPROVIDER I						31
33 NURSERY	4903	3295	42.01	138423		33
101 TOTAL	61935	10572		1294375		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST	TOTAL CHARGES		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3772736		107615053	4898715	.035058	171739		37
38 RECOVERY ROOM	563853		13601202	516014	.041456	21392		38
39 DELIVERY ROOM & LABOR ROOM	66583		19809596	11643813	.003361	39135		39
40 ANESTHESIOLOGY	74558		10764893	596716	.006926	4133		40
41 RADIOLOGY-DIAGNOSTIC	1704944		27562694	1038795	.061857	64257		41
43.01 NUCLEAR MEDICINE	964372		18802792	485625	.051289	24907		43.01
43.02 ULTRASOUND	249265		10406072	471731	.023954	11300		43.02
43.03 MRI	80526		16794472	673026	.004795	3227		43.03
43.04 CT SCAN	134921		51731472	1885075	.002608	4916		43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	73186		5770051	2041	.012684	26		43.05
44 LABORATORY	1056602		93839060	5451547	.011260	61384		44
44.01 REFERENCE LAB								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T	86496		7294047	779680	.011858	9245		47
49 RESPIRATORY THERAPY	374025		36379984	3907046	.010281	40168		49
49.01 STRESS TEST	57915		2218217	60158	.026109	1571		49.01
50 PHYSICAL THERAPY	617065		11632484	150762	.053047	7997		50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	35508		6267292	228213	.005666	1293		53
53.01 ECHOCARDIOGRAM	45170		11393796	448363	.003964	1777		53.01
53.03 CARDIOLOGY	81699		913950		.089391			53.03
53.04 CARDIAC CATH LAB	1485784		40416608	1631089	.036762	59962		53.04
54 ELECTROENCEPHALOGRAPHY	94573		2323747	42034	.040698	1711		54
55 MEDICAL SUPPLIES CHARGED TO P	124103		29097683	3010356	.004265	12839		55
56 DRUGS CHARGED TO PATIENTS	664213		91226653	6984936	.007281	50857		56
57 RENAL DIALYSIS	29399		2395232	125307	.012274	1538		57
58.02 OUTPATIENT SURGERY	1065		82979		.012835			58.02
59 ELECTROMYOGRAPHY	8715		529206	18151	.016468	299		59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	36715		3251534	102	.011292	1		60
60.01 ADDICTION RECOVERY CLINIC								60.01
60.03 LITHOTRIPSY								60.03
61 EMERGENCY	1284849		46672432	2024580	.027529	55735		61
61.20 ACUTE CARE CENTER	294832		13061979	109	.022572	2		61.20
62 OBSERVATION BEDS (NON-DISTINC	613383		8505268		.072118			62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	14677055		690360448	47073984		651411		101

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
 04/30/2009 19:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

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

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS				
25 ADULTS & PEDIATRICS	52645		6920	25
26 INTENSIVE CARE UNIT	4387		357	26
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 OTHER SPECIAL CARE (SPECIFY)				30
31 SUBPROVIDER I				31
33 NURSERY	4903		3295	33
34 SKILLED NURSING FACILITY				34
35 NURSING FACILITY				35
101 TOTAL	61935		10572	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
43.01 NUCLEAR MEDICINE							43.01
43.02 ULTRASOUND							43.02
43.03 MRI							43.03
43.04 CT SCAN							43.04
43.05 RADIOLOGY SPECIAL PROCEDURE							43.05
44 LABORATORY							44
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
49 RESPIRATORY THERAPY							49
49.01 STRESS TEST							49.01
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.01 ECHOCARDIOGRAM							53.01
53.03 CARDIOLOGY							53.03
53.04 CARDIAC CATH LAB							53.04
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS							57
58.02 OUTPATIENT SURGERY							58.02
59 ELECTROMYOGRAPHY							59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY				305665			61
61.20 ACUTE CARE CENTER							61.20
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				305665			305665 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH			COST TO	RATIO OF COST	PROGRAM	
	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		107615053			4898715		37
38 RECOVERY ROOM		13601202			516014		38
39 DELIVERY ROOM & LABOR ROOM		19809596			11643813		39
40 ANESTHESIOLOGY		10764893			596716		40
41 RADIOLOGY-DIAGNOSTIC		27562694			1038795		41
43.01 NUCLEAR MEDICINE		18802792			485625		43.01
43.02 ULTRASOUND		10406072			471731		43.02
43.03 MRI		16794472			673026		43.03
43.04 CT SCAN		51731472			1885075		43.04
43.05 RADIOLOGY SPECIAL PROCEDURE		5770051			2041		43.05
44 LABORATORY		93839060			5451547		44
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		7294047			779680		47
49 RESPIRATORY THERAPY		36379984			3907046		49
49.01 STRESS TEST		2218217			60158		49.01
50 PHYSICAL THERAPY		11632484			150762		50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		6267292			228213		53
53.01 ECHOCARDIOGRAM		11393796			448363		53.01
53.03 CARDIOLOGY		913950					53.03
53.04 CARDIAC CATH LAB		40416608			1631089		53.04
54 ELECTROENCEPHALOGRAPHY		2323747			42034		54
55 MEDICAL SUPPLIES CHARGED TO P		29097683			3010356		55
56 DRUGS CHARGED TO PATIENTS		91226653			6984936		56
57 RENAL DIALYSIS		2395232			125307		57
58.02 OUTPATIENT SURGERY		82979					58.02
59 ELECTROMYOGRAPHY		529206			18151		59
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3251534			102		60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY	305665	46672432	.006549	.006549	2024580	13259	61
61.20 ACUTE CARE CENTER		13061979			109		61.20
62 OBSERVATION BEDS (NON-DISTINC		8505268					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	305665	690360448			47073984	13259	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0202) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
38 RECOVERY ROOM						38
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
43.01 NUCLEAR MEDICINE						43.01
43.02 ULTRASOUND						43.02
43.03 MRI						43.03
43.04 CT SCAN						43.04
43.05 RADIOLOGY SPECIAL PROCEDURE						43.05
44 LABORATORY						44
44.01 REFERENCE LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
49 RESPIRATORY THERAPY						49
49.01 STRESS TEST						49.01
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY						53
53.01 ECHOCARDIOGRAM						53.01
53.03 CARDIOLOGY						53.03
53.04 CARDIAC CATH LAB						53.04
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
58.02 OUTPATIENT SURGERY						58.02
59 ELECTROMYOGRAPHY						59
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
60.01 ADDICTION RECOVERY CLINIC						60.01
60.03 LITHOTRIPSY						60.03
61 EMERGENCY						61
61.20 ACUTE CARE CENTER						61.20
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 TOTAL						101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0202) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.290051	.290051	.290051			37
39 RECOVERY ROOM	.230728	.230728	.230728			38
40 DELIVERY ROOM & LABOR ROOM	.108475	.108475	.108475			39
41 ANESTHESIOLOGY	.077127	.077127	.077127			40
42 RADIOLOGY-DIAGNOSTIC	.320705	.320705	.320705			41
43.01 NUCLEAR MEDICINE	.239134	.239134	.239134			43.01
43.02 ULTRASOUND	.228590	.228590	.228590			43.02
43.03 MRI	.071502	.071502	.071502			43.03
43.04 CT SCAN	.045016	.045016	.045016			43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	.320505	.320505	.320505			43.05
44 LABORATORY	.102612	.102612	.102612			44
44.01 REFERENCE LAB						44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.306823	.306823	.306823			47
49 RESPIRATORY THERAPY	.120014	.120014	.120014			49
49.01 STRESS TEST	.281795	.281795	.281795			49.01
50 PHYSICAL THERAPY	.643975	.643975	.643975			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY						52
53 ELECTROCARDIOLOGY	.107690	.107690	.107690			53
53.01 ECHOCARDIOGRAM	.066340	.066340	.066340			53.01
53.03 CARDIOLOGY	.775836	.775836	.775836			53.03
53.04 CARDIAC CATH LAB	.295212	.295212	.295212			53.04
54 ELECTROENCEPHALOGRAPHY	.352355	.352355	.352355			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.086977	.086977	.086977			55
56 DRUGS CHARGED TO PATIENTS	.168358	.168358	.168358			56
57 RENAL DIALYSIS	.314661	.314661	.314661			57
58.02 OUTPATIENT SURGERY	.368262	.368262	.368262			58.02
59 ELECTROMYOGRAPHY	.045404	.045404	.045404			59
60 OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.301437	.301437	.301437			60
60.01 ADDICTION RECOVERY CLINIC						60.01
60.03 LITHOTRIPSY						60.03
61 EMERGENCY	.260549	.260549	.260549			61
61.20 ACUTE CARE CENTER	.691938	.691938	.691938			61.20
62 OBSERVATION BEDS (NON-DISTINCT	.488548	.488548	.488548			62
63.50 RHC						63.50
63.60 FQHC						63.60
65 OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE CHARGES (S-2 LINE 56.						65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.						65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						
104 NET CHARGES						103

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.168358	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 (14-0202) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	3757079							37
38 RECOVERY ROOM	1028249							38
39 DELIVERY ROOM & LABOR ROOM	754174							39
40 ANESTHESIOLOGY	483324							40
41 RADIOLOGY-DIAGNOSTIC	1809545							41
43.01 NUCLEAR MEDICINE	1066133							43.01
43.02 ULTRASOUND	1658592							43.02
43.03 MRI	857090							43.03
43.04 CT SCAN	3997181							43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	828485							43.05
44 LABORATORY	6536484							44
44.01 REFERENCE LAB								44.01
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR	368911							47
49 RESPIRATORY THERAPY	498623							49
49.01 STRESS TEST	83735							49.01
50 PHYSICAL THERAPY	1526426							50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY	166							53
53.01 ECHOCARDIOGRAM	534192							53.01
53.03 CARDIOLOGY								53.03
53.04 CARDIAC CATH LAB	620701							53.04
54 ELECTROENCEPHALOGRAPHY	418193							54
55 MEDICAL SUPPLIES CHARGED TO PA	1033768							55
56 DRUGS CHARGED TO PATIENTS	3060490							56
57 RENAL DIALYSIS								57
58.02 OUTPATIENT SURGERY	2624							58.02
59 ELECTROMYOGRAPHY	105355							59
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	445746							60
60.01 ADDICTION RECOVERY CLINIC								60.01
60.03 LITHOTRIPSY								60.03
61 EMERGENCY	7393637							61
61.20 ACUTE CARE CENTER	67900							61.20
62 OBSERVATION BEDS (NON-DISTINCT	1170638							62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE CHARGES (S-2 LINE 56								65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56								65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56								65.03
101 SUBTOTAL	40107441							101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES	40107441							104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0202) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] 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)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
37 ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	1089745						37
38 RECOVERY ROOM	237246						38
39 DELIVERY ROOM & LABOR ROOM	81809						39
40 ANESTHESIOLOGY	37277						40
41 RADIOLOGY-DIAGNOSTIC	580330						41
43.01 NUCLEAR MEDICINE	254949						43.01
43.02 ULTRASOUND	379138						43.02
43.03 MRI	61284						43.03
43.04 CT SCAN	179937						43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	265534						43.05
44 LABORATORY	670722						44
44.01 REFERENCE LAB							44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	113190						47
49 RESPIRATORY THERAPY	59842						49
49.01 STRESS TEST	23596						49.01
50 PHYSICAL THERAPY	982980						50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY	18						53
53.01 ECHOCARDIOGRAM	35438						53.01
53.03 CARDIOLOGY							53.03
53.04 CARDIAC CATH LAB	183238						53.04
54 ELECTROENCEPHALOGRAPHY	147352						54
55 MEDICAL SUPPLIES CHARGED TO PAT	89914						55
56 DRUGS CHARGED TO PATIENTS	515258						56
57 RENAL DIALYSIS							57
58.02 OUTPATIENT SURGERY	966						58.02
59 ELECTROMYOGRAPHY	4784						59
60 OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	134364						60
60.01 ADDICTION RECOVERY CLINIC							60.01
60.03 LITHOTRIPSY							60.03
61 EMERGENCY	1926405						61
61.20 ACUTE CARE CENTER	46983						61.20
62 OBSERVATION BEDS (NON-DISTINCT	571913						62
63.50 RHC							63.50
63.60 FQHC							63.60
65.01 OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE CHARGES (S-2 LINE 56.							65.01
65.02 AMBULANCE CHARGES (S-2 LINE 56.							65.02
65.03 AMBULANCE CHARGES (S-2 LINE 56.							65.03
101 SUBTOTAL	8674212						101
102 CRNA CHARGES							102
103 LESS BPB CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES	8674212						104

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0202)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	52645						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	52645						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52645						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)	26663						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) (14-0202)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	54907446						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	54907446						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	145953456						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	145953456						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.376198						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2772.41						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	54907446						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) (14-0202)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1042.98					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	27808976					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	27808976					41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
44 INTENSIVE CARE UNIT	10727583	4387	2445.31	2421	5920096	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47

	HOSPITAL (PPS) (14-0202)	SUB I	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	38921938	1	1	1	1	48
49 TOTAL PROGRAM INPATIENT COSTS	72651010					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4719097					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4111059					51
52 TOTAL PROGRAM EXCLUDABLE COST	8830156					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	63820854					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) (14-0202)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-0202)
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3984	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1042.98	84
85 OBSERVATION BED COST	4155232	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	HOSPITAL ROUTINE COST (FROM LINE 27) 2	COLUMN 1 DIVIDED BY COLUMN 2 3	TOTAL OBSERVATION BED COST (FROM LINE 85) 4	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5	
86 OLD CAPITAL-RELATED COST	8105278	54907446	.147617	4155232	613383	86
87 NEW CAPITAL-RELATED COST		54907446		4155232		87
88 NON PHYSICIAN ANESTHETIST		54907446		4155232		88
89 NURSING SCHOOL		54907446		4155232		89
89.01 ALLIED HEALTH		54907446		4155232		89.01
89.02 ALL OTHER		54907446		4155232		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0202)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	52645					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	52645					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52645					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)	6920					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	4903					15
16 TITLE V OR XIX NURSERY DAYS	3295					16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0202)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	54907446						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	54907446						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	145953456						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	145953456						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.376198						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2772.41						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	54907446						37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (14-0202)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1042.98						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7217422						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7217422						41
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST		
		1	2	3	4	5		
42	NURSERY (TITLES V AND XIX ONLY)	3540212	4903	722.05	3295	2379155		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	10727583	4387	2445.31	357	872976		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 (OTHER) (14-0202)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7477635						48
49	TOTAL PROGRAM INPATIENT COSTS	17947188						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1294375						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	664670						51
52	TOTAL PROGRAM EXCLUDABLE COST	1959045						52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0202)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2009.01
04/30/2009 19:04

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0202)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3984	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1042.98	84
85 OBSERVATION BED COST	4155232	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0202)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		58592095		25
26 INTENSIVE CARE UNIT		10822659		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.290051	33735208	9784931	37
38 RECOVERY ROOM	.230728	2232557	515113	38
39 DELIVERY ROOM & LABOR ROOM	.108475	42525	4613	39
40 ANESTHESIOLOGY	.077127	2530951	195205	40
41 RADIOLOGY-DIAGNOSTIC	.320705	7656831	2455584	41
43.01 NUCLEAR MEDICINE	.239134	2851857	681976	43.01
43.02 ULTRASOUND	.228590	2173523	496846	43.02
43.03 MRI	.071502	4790268	342514	43.03
43.04 CT SCAN	.045016	11154515	502132	43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	.320505	10151	3253	43.05
44 LABORATORY	.102612	31578369	3240320	44
44.01 REFERENCE LAB				44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.306823	3197037	980924	47
49 RESPIRATORY THERAPY	.120014	20203666	2424723	49
49.01 STRESS TEST	.281795	643307	181281	49.01
50 PHYSICAL THERAPY	.643975	2439600	1571041	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.107690	2508093	270097	53
53.01 ECHOCARDIOGRAM	.066340	4638437	307714	53.01
53.03 CARDIOLOGY	.775836	418	324	53.03
53.04 CARDIAC CATH LAB	.295212	17491442	5163684	53.04
54 ELECTROENCEPHALOGRAPHY	.352355	248242	87469	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.086977	14124172	1228478	55
56 DRUGS CHARGED TO PATIENTS	.168358	31065974	5230205	56
57 RENAL DIALYSIS	.314661	1785859	561940	57
58.02 OUTPATIENT SURGERY	.368262			58.02
59 ELECTROMYOGRAPHY	.045404	48352	2195	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.301437	650	196	60
60.01 ADDICTION RECOVERY CLINIC				60.01
60.03 LITHOTRIPSY				60.03
61 EMERGENCY	.260549	10319276	2688677	61
61.20 ACUTE CARE CENTER	.691938	727	503	61.20
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488548			62
63.50 RHC 63.50				
63.60 FQHC 63.60				
101 TOTAL		207472007	38921938	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		207472007		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (14-0202) [] SNF [] PPS
 [] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [XX] TITLE XIX [] SUB II [] S/B-SNF [XX] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		10946185		25
26 INTENSIVE CARE UNIT		1614748		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.290051	4898715	1420877	37
38 RECOVERY ROOM	.230728	516014	119059	38
39 DELIVERY ROOM & LABOR ROOM	.108475	11643813	1263063	39
40 ANESTHESIOLOGY	.077127	596716	46023	40
41 RADIOLOGY-DIAGNOSTIC	.320705	1038795	333147	41
43.01 NUCLEAR MEDICINE	.239134	485625	116129	43.01
43.02 ULTRASOUND	.228590	471731	107833	43.02
43.03 MRI	.071502	673026	48123	43.03
43.04 CT SCAN	.045016	1885075	84859	43.04
43.05 RADIOLOGY SPECIAL PROCEDURE	.320505	2041	654	43.05
44 LABORATORY	.102612	5451547	559394	44
44.01 REFERENCE LAB				44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.306823	779680	239224	47
49 RESPIRATORY THERAPY	.120014	3907046	468900	49
49.01 STRESS TEST	.281795	60158	16952	49.01
50 PHYSICAL THERAPY	.643975	150762	97087	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY				52
53 ELECTROCARDIOLOGY	.107690	228213	24576	53
53.01 ECHOCARDIOGRAM	.066340	448363	29744	53.01
53.03 CARDIOLOGY	.775836			53.03
53.04 CARDIAC CATH LAB	.295212	1631089	481517	53.04
54 ELECTROENCEPHALOGRAPHY	.352355	42034	14811	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.086977	3010356	261832	55
56 DRUGS CHARGED TO PATIENTS	.168358	6984936	1175970	56
57 RENAL DIALYSIS	.314661	125307	39429	57
58.02 OUTPATIENT SURGERY	.368262			58.02
59 ELECTROMYOGRAPHY	.045404	18151	824	59
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.301437	102	31	60
60.01 ADDICTION RECOVERY CLINIC				60.01
60.03 LITHOTRIPSY				60.03
61 EMERGENCY	.260549	2024580	527502	61
61.20 ACUTE CARE CENTER	.691938	109	75	61.20
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.488548			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		47073984	7477635	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		47073984		103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0202)	SUB I	SUB II	SUB III	SUB IV
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	37966877				1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	7593693				1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED					1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001					1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997					2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	1714119				2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	245.11				3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I					3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)					3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]					3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00		3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1					3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1					3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09					3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10					3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS					3.13
3.14 CURRENT YEAR ALLOWABLE FTE					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0202)	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						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0202)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	52100392					26
27						27
28	51275752					28
28.01						28.01
29	824640					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 (14-0202) 1	HOSPITAL (14-0202) 1.01	HOSPITAL (14-0202) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18490845			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13813780			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.864			1.03
1.04 LINE 1.01 TIMES LINE 1.03	15976090			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	86.47			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	27107			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	13840887			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0202)	HOSPITAL (14-0202)	HOSPITAL (14-0202)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	3565416		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	10275471		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	10275471		23
24 PRIMARY PAYER PAYMENTS	1471		24
25 SUBTOTAL	10274000		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	551175		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	385823		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	463488		27.02
28 SUBTOTAL	10659823		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10659823		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	10383150		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	276673		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-0202)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		50581575		10246893	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					3.01
TO .02	08/22/2008	694177	08/22/2008	136257	3.02
PROVIDER .03					3.03
PROVIDER .04					3.04
TO .05					3.05
PROGRAM .50					3.50
PROVIDER .51					3.51
TO .52		NONE		NONE	3.52
PROVIDER .53					3.53
PROGRAM .54					3.54
SUBTOTAL .99		694177		136257	3.99
4 TOTAL INTERIM PAYMENTS		51275752		10383150	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.					
PROGRAM .01					5.01
TO .02					5.02
PROVIDER .03					5.03
PROVIDER .50					5.50
TO .51					5.51
PROGRAM .52					5.52
SUBTOTAL .99					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.					
PROGRAM TO .01					6.01
PROVIDER TO .02					6.02
PROGRAM					
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-7524746			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	72857961			4
5	OTHER RECEIVABLES	5195710			5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19972625			6
7	INVENTORY	6493832			7
8	PREPAID EXPENSES	5016030			8
9	OTHER CURRENT ASSETS				9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	62066162			11
FIXED ASSETS					
12	LAND	18449088			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	8505761			13
13.01	ACCUMULATED DEPRECIATION	-5505728			13.01
14	BUILDINGS	184876777			14
14.01	ACCUMULATED DEPRECIATION	-43585745			14.01
15	LEASEHOLD IMPROVEMENTS	556561			15
15.01	ACCUMULATED AMORTIZATION	-136057			15.01
16	FIXED EQUIPMENT	13889820			16
16.01	ACCUMULATED DEPRECIATION	-12853759			16.01
17	AUTOMOBILES AND TRUCKS	302893			17
17.01	ACCUMULATED DEPRECIATION	-249773			17.01
18	MAJOR MOVABLE EQUIPMENT	113208598			18
18.01	ACCUMULATED DEPRECIATION	-71356958			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE	10027608			20
21	TOTAL FIXED ASSETS	216129086			21
OTHER ASSETS					
22	INVESTMENTS	48814			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	20837398			25
26	TOTAL OTHER ASSETS	20886212			26
27	TOTAL ASSETS	299081460			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	5105707			28
29	SALARIES, WAGES & FEES PAYABLE				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	101117669			35
36	TOTAL CURRENT LIABILITIES	106223376			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	150196050			38
39	UNSECURED LOANS				39
40	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				40
41	OTHER LONG TERM LIABILITIES	2323348			41
42	TOTAL LONG TERM LIABILITIES	152519398			42
43	TOTAL LIABILITIES	258742774			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	40338686			44
45	SPECIFIC PURPOSE FUND BALANCE				45
46	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				46
47	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				47
48	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				48
49	PLANT FUND BALANCE - INVESTED IN PLANT				49
50	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				50
51	TOTAL FUND BALANCES	40338686			51
52	TOTAL LIABILITIES AND FUND BALANCES	299081460			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	57083925			1
2 NET INCOME (LOSS)	-14414459			2
3 TOTAL	42669466			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CAPITAL TRANSFER FROM AFFILLIATE				5
6 NET UNREALIZED GAIN ON INVESTMENTS				6
7 NET UNREALIZED GAIN ON INT. SWAP				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	42669466			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 ADJUSTMENT TO DERIVATIVES TO FMV	2330780			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	2330780			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	40338686			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				1
2 HOSPITAL	110709662		110709662	2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SWING BED - NF				6
7 SKILLED NURSING FACILITY				7
8 NURSING FACILITY				8
9 OTHER LONG TERM CARE				9
10 TOTAL GENERAL INPATIENT CARE SERVICES	110709662		110709662	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	18223515		18223515	12
13 CORONARY CARE UNIT				13
14 BURN INTENSIVE CARE UNIT				14
15 SURGICAL INTENSIVE CARE UNIT				15
16 OTHER SPECIAL CARE (SPECIFY)				16
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	18223515		18223515	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	128933177		128933177	18
18.50 ANCILLARY SERVICES	393689905		688168978	18.50
18.60 OUTPATIENT SERVICES				18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		5368990	5368990	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE		4795552	4795552	24.01
24.02 HOSPICE		4504292	4504292	24.02
25 TOTAL PATIENT REVENUES	522623082	310385802	833008884	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		269232975	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		269232975	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	833008884	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	584897215	2
3	NET PATIENT REVENUES	248111669	3
4	LESS - TOTAL OPERATING EXPENSES	269232975	4
5	NET INCOME FROM SERVICE TO PATIENTS	-21121306	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	45458	6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	20007	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	33243	10
11	REBATES AND REFUNDS OF EXPENSES	46629	11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	703622	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		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	162267	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER (SPECIFY)		24
24.02	MEDICAL APPLICATION FEES	46605	24.02
24.03	MD SERVICES REVENUE	299346	24.03
24.04	PHO REVENUE	-65382	24.04
24.05	MISC OTHER	37011	24.05
24.06	FEDERAL GRANT REVENUE	161579	24.06
24.07	GAIN/LOSS SALE OF PROPERTY	-29366	24.07
24.08	OUTPATIENT TRANSPORTATION	9021	24.08
24.09	INTEREST INCOME	2878514	24.09
24.10	DERIVATIVE FV CHANGES	15432411	24.10
25	TOTAL OTHER INCOME	19780965	25
26	TOTAL	-1340341	26
27	ADJUSTMENT TO INVVENTORY	638324	27
27.01	REGULATORY MATTERS PENALTIES	12435794	27.01
28			28
29			29
30	TOTAL OTHER EXPENSES	13074118	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-14414459	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7247

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES	984940				237367	1222307 5
6 SKILLED NURSING CARE	1423181		59242			1482423 6
7 PHYSICAL THERAPY	781969		43667			825636 7
8 OCCUPATIONAL THERAPY	83067		4715			87782 8
9 SPEECH PATHOLOGY	80		775			855 9
10 MEDICAL SOCIAL SERVICES	34878		1158			36036 10
11 HOME HEALTH AIDE	94202		10421			104623 11
12 SUPPLIES					93564	93564 12
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	3402317		119978		330931	3853226 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7247

WORKSHEET H
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES		1222307	-30174	1192133	5
6 SKILLED NURSING CARE		1482423		1482423	6
7 PHYSICAL THERAPY		825636		825636	7
8 OCCUPATIONAL THERAPY		87782		87782	8
9 SPEECH PATHOLOGY		855		855	9
10 MEDICAL SOCIAL SERVICES		36036		36036	10
11 HOME HEALTH AIDE		104623		104623	11
12 SUPPLIES		93564		93564	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		3853226	-30174	3823052	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7247

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN MAINT 3	& TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
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	1192133					1192133	1192133	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1482423					1482423	671723	2154146
7 PHYSICAL THERAPY	825636					825636	374115	1199751
8 OCCUPATIONAL THERAPY	87782					87782	39776	127558
9 SPEECH PATHOLOGY	855					855	387	1242
10 MEDICAL SOCIAL SERVICES	36036					36036	16329	52365
11 HOME HEALTH AIDE	104623					104623	47407	152030
12 SUPPLIES	93564					93564	42396	135960
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	3823052					3823052		3823052

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
 PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
 04/30/2009 19:04

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7247

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					-1192133	2630919	5
6 SKILLED NURSING CARE						1482423	6
7 PHYSICAL THERAPY						825636	7
8 OCCUPATIONAL THERAPY						87782	8
9 SPEECH PATHOLOGY						855	9
10 MEDICAL SOCIAL SERVICES						36036	10
11 HOME HEALTH AIDE						104623	11
12 SUPPLIES						93564	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-1192133	2630919	24
25 COST TO BE ALLOC (PER W/S H)						1192133	25
26 UNIT COST MULTIPLIER						.453124	26

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7247

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		1126079		1126079			1
2 SKILLED NURSING CARE		3047829		3047829	650905	3698734	2
3 PHYSICAL THERAPY		1599506		1599506	341595	1941101	3
4 OCCUPATIONAL THERAPY		170060		170060	36319	206379	4
5 SPEECH PATHOLOGY		1656		1656	354	2010	5
6 MEDICAL SOCIAL SERVICES		69813		69813	14909	84722	6
7 HOME HEALTH AIDE		202686		202686	43286	245972	7
8 SUPPLIES		181262		181262	38711	219973	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		6398891		6398891	1126079	6398891	20
21 UNIT COST MULTIPLIER					.213563		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7247

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL	360	16754	360		3402317		807429	1
2 SKILLED NURSING CARE							2154146	2
3 PHYSICAL THERAPY							1199751	3
4 OCCUPATIONAL THERAPY							127558	4
5 SPEECH PATHOLOGY							1242	5
6 MEDICAL SOCIAL SERVICES							52365	6
7 HOME HEALTH AIDE							152030	7
8 SUPPLIES							135960	8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	360	16754	360		3402317		4630481	20
21 TOTAL COST TO BE ALLOCATED	12220	11019			784190		1542867	21
22 UNIT COST MULTIPLIER	33.944444				.230487		.333198	22
22 UNIT COST MULTIPLIER		.657694						22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7247

WORKSHEET H-5
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL	360		130						1
2 SKILLED NURSING CARE							34216	57647	2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES									8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS	360		130				34216	57647	20
21 TOTAL COST TO BE ALLOCATED	14617		3999				175927	8589	21
22 UNIT COST MULTIPLIER	40.602778		30.761538				5.141659		22
22 UNIT COST MULTIPLIER								.148993	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7247

WORKSHEET H-5
 PART II

HHA COST CENTER	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24
1 ADMINISTRATIVE AND GENERAL	821	5368						1
2 SKILLED NURSING CARE								2
3 PHYSICAL THERAPY								3
4 OCCUPATIONAL THERAPY								4
5 SPEECH PATHOLOGY								5
6 MEDICAL SOCIAL SERVICES								6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS	821	5368						20
21 TOTAL COST TO BE ALLOCATED	413	21998						21
22 UNIT COST MULTIPLIER	.503045							22
22 UNIT COST MULTIPLIER		4.097988						22

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7247

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	3698734		3698734	12689	291.49	1
2	PHYSICAL THERAPY	3	1941101		1941101	9353	207.54	2
3	OCCUPATIONAL THERAPY	4	206379		206379	1010	204.34	3
4	SPEECH PATHOLOGY	5	2010		2010	166	12.11	4
5	MEDICAL SOCIAL SERV	6	84722		84722	248	341.62	5
6	HOME HEALTH AIDE SERV	7	245972		245972	2232	110.20	6
7	TOTAL		6178918		6178918	25698		7

LIMITATION COST COMPUTATION		MSA				PROGRAM	
PATIENT SERVICES		NO.				COST LIMITS	
		1	2	3	4	5	
8	SKILLED NURSING CARE						8
9	PHYSICAL THERAPY						9
10	OCCUPATIONAL THERAPY						10
11	SPEECH PATHOLOGY						11
12	MEDICAL SOCIAL SERV						12
13	HOME HEALTH AIDE SERV						13
14	TOTAL						14

SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES	8	219973		219973	201336	1.092567	15
16	COST OF DRUGS	9						16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20

PER BENEFICIARY COST LIMITATION:		MSA	AMOUNT	
		NO.		
		1	2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4			17
18	PER BENEFICIARY COST LIMITATION			18
19	PER BENEFICIARY COST LIMITATION			19

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7247

WORKSHEET H-6
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	
1	PHYSICAL THERAPY 50	.643975			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.086977			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.168358			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY	207.54	2.01	3	3.01			1
2	OCCUPATIONAL THERAPY	204.34						2
3	SPEECH PATHOLOGY	12.11						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7247

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	
1 REASONABLE COST OF PROGRAM SERVICES				1
2 REASONABLE COST OF SERVICES				2
3 TOTAL CHARGES	2402783	1271663		2
CUSTOMARY CHARGES				
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
5 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
6 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
7 TOTAL CUSTOMARY CHARGES	2402783	1271663		6
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2402783	1271663		7
9 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
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	1073773	3289416	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	6248	6248	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	13883	20688	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	25086	43973	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			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	1118990	3360325	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1118990	3360325	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1118990	3360325	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1118990	3360325	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	1118990	3360325	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1118990	3360325	24
25 TOTAL INTERIM PAYMENTS	1118990	3360325	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.: 14-7247

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		1118990		3360325	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02				3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE		NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04				3.05
	.05				3.50
	.50				3.51
	PROVIDER .51				3.52
	TO .52	NONE		NONE	3.53
	PROGRAM .53				3.54
	.54				
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		1118990		3360325	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02				5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51				5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01				6.01
	PROVIDER TO .02				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1572

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	579657				90412	670069
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE					542583	542583
8 INPATIENT - RESPITE CARE					9521	9521
VISITING SERVICES						
9 PHYSICIAN SERVICES			40643			40643
10 NURSING CARE	491287					491287
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY	2152					2152
12 OCCUPATIONAL THERAPY	62					62
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	34992					34992
15 SPIRITUAL COUNSELING			2491			2491
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER						17
18 HOME HEALTH AIDE AND HOMEMAKER	124256					124256
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					224680	224680
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN					304909	304909
22 PATIENT TRANSPORTATION					8687	8687
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					32809	32809
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER					5726	5726
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS					2951	2951
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	1232406		43134		1222278	2497818

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1572

WORKSHEET K
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1	GENERAL SERVICE COST CENTER				
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				1
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.				2
4	PLANT OPERATION AND MAINTENANCE				3
5	TRANSPORTATION - STAFF				4
6	VOLUNTEER SERVICE COORDINATION				5
7	ADMINISTRATIVE AND GENERAL	670069		670069	6
8	INPATIENT CARE SERVICE				
9	INPATIENT - GENERAL CARE	542583		542583	7
10	INPATIENT - RESPITE CARE	9521		9521	8
11	VISITING SERVICES				
12	PHYSICIAN SERVICES	40643		40643	9
13	NURSING CARE	491287		491287	10
14	NURSING CARE-CONTINUOUS HOME CARE				10.20
15	PHYSICAL THERAPY	2152		2152	11
16	OCCUPATIONAL THERAPY	62		62	12
17	SPEECH/LANGUAGE PATHOLOGY				13
18	MEDICAL SOCIAL SERVICES	34992		34992	14
19	SPIRITUAL COUNSELING	2491		2491	15
20	DIETARY COUNSELING				16
21	COUNSELING - OTHER				17
22	HOME HEALTH AIDE AND HOMEMAKER	124256		124256	18
23	HH AIDE & HOMEMAKER-CONT. HOME CARE				18.20
24	OTHER				19
25	OTHER HOSPICE SERVICE COSTS				
26	DRUGS, BIOLOGICAL & INFUSION THERAPY	224680		224680	20
27	ANALGESICS				20.30
28	SEDATIVES / HYPNOTICS				20.31
29	OTHER - SPECIFY				20.32
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	304909		304909	21
31	PATIENT TRANSPORTATION	8687		8687	22
32	IMAGING SERVICES				23
33	LABS AND DIAGNOSTICS				24
34	MEDICAL SUPPLIES	32809		32809	25
35	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				26
36	RADIATION THERAPY				27
37	CHEMOTHERAPY				28
38	OTHER	5726		5726	29
39	HOSPICE NONREIMBURSABLE SERVICE				
40	BEREAVEMENT PROGRAM COSTS				30
41	VOLUNTEER PROGRAM COSTS	2951		2951	31
42	FUNDRAISING				32
43	OTHER PROGRAM COSTS				33
44	TOTAL	2497818		2497818	34

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1572

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								88860
9	INPATIENT - GENERAL CARE								490797
10	INPATIENT - RESPITE CARE								579657
11	VISITING SERVICES								7
12	PHYSICIAN SERVICES								8
13	NURSING CARE								9
14	NURSING CARE-CONT.HOME CARE								491287
15	PHYSICAL THERAPY								491287
16	OCCUPATIONAL THERAPY								10.20
17	SPEECH/LANGUAGE PATHOLOGY								415
18	MEDICAL SOCIAL SERVICES								1737
19	SPIRITUAL COUNSELING								62
20	DIETARY COUNSELING								62
21	COUNSELING - OTHER								13
22	HH AIDE AND HOMEMAKER								34992
23	HH AIDE & HMKR-CONT.HME CARE								124256
24	OTHER								124256
25	OTHER HOSPICE SERVICE COSTS								18
26	DRUGS, BIOL. & INFUS. THER.								18.20
27	ANALGESICS								19
28	SEDATIVES / HYPNOTICS								20
29	OTHER - SPECIFY								20.30
30	DURABLE MED. EQUIP./OXYGEN								20.31
31	PATIENT TRANSPORTATION								20.32
32	IMAGING SERVICES								21
33	LABS AND DIAGNOSTICS								22
34	MEDICAL SUPPLIES								23
35	OUTPAT.SERV.(INCL.E/R DEPT.)								24
36	RADIATION THERAPY								25
37	CHEMOTHERAPY								26
38	OTHER								27
39	HOSPICE NONREIMBURSABLE SERVICE								28
40	BEREAVEMENT PROGRAM COSTS								29
41	VOLUNTEER PROGRAM COSTS								30
42	FUNDRAISING								31
43	OTHER PROGRAM COSTS								32
44	TOTAL								33
45				89275	491287	1799	124256	525789	1232406

HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1572 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								6
8	INPATIENT CARE SERVICE								
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								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.: 14-1572

WORKSHEET K-4
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPO- RTATION	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	670069						670069	670069		6
7 INPATIENT - GENERAL CARE	542583						542583	198917	741500	7
8 INPATIENT - RESPITE CARE VISITING SERVICES	9521						9521	3490	13011	8
9 PHYSICIAN SERVICES	40643						40643	14900	55543	9
10 NURSING CARE	491287						491287	180110	671397	10
10.20 NURSING CARE-CONTINUOUS HOME										10.20
11 PHYSICAL THERAPY	2152						2152	789	2941	11
12 OCCUPATIONAL THERAPY	62						62	23	85	12
13 SPEECH/LANGUAGE PATHOLOGY										13
14 MEDICAL SOCIAL SERVICES	34992						34992	12828	47820	14
15 SPIRITUAL COUNSELING	2491						2491	913	3404	15
16 DIETARY COUNSELING										16
17 COUNSELING - OTHER										17
18 HH AIDE AND HOME MAKER	124256						124256	45553	169809	18
18.20 HH AIDE & HMKR-CONT. HOME CA										18.20
19 OTHER										19
OTHER HOSPICE SERVICE COSTS										
20 DRUGS, BIOL. & INFUS. THER.	224680						224680	82370	307050	20
20.30 ANALGESICS										20.30
20.31 SEDATIVES / HYPNOTICS										20.31
20.32 OTHER - SPECIFY										20.32
21 DURABLE MED. EQUIP./OXYGEN	304909						304909	111782	416691	21
22 PATIENT TRANSPORTATION	8687						8687	3185	11872	22
23 IMAGING SERVICES										23
24 LABS AND DIAGNOSTICS										24
25 MEDICAL SUPPLIES	32809						32809	12028	44837	25
26 OUTPAT.SERV.(INCL.E/R DEPT.)										26
27 RADIATION THERAPY										27
28 CHEMOTHERAPY										28
29 OTHER	5726						5726	2099	7825	29
HOSPICE NONREIMBURSABLE SERV.										
30 BEREAVEMENT PROGRAM COSTS										30
31 VOLUNTEER PROGRAM COSTS	2951						2951	1082	4033	31
32 FUNDRAISING										32
33 OTHER PROGRAM COSTS										33
34 COST TO BE ALLOCATED	2497818						2497818		2497818	34

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1572

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		395930		395930			1
2 INPATIENT - GENERAL CARE		989406		989406	110926	1100332	2
3 INPATIENT - RESPITE CARE		17346		17346	1945	19291	3
4 PHYSICIAN SERVICES		74050		74050	8302	82352	4
5 NURSING CARE		1046070		1046070	117276	1163346	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY		4582		4582	514	5096	6
7 OCCUPATIONAL THERAPY		132		132	15	147	7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		74506		74506	8353	82859	9
10 SPIRITUAL COUNSELING		4538		4538	509	5047	10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER							12
13 HOME HLTH AIDE & HOMEMAKERS		264570		264570	29662	294232	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		409358		409358	45895	455253	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN		555532		555532	62283	617815	16
17 PATIENT TRANSPORTATION		15828		15828	1775	17603	17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		59777		59777	6702	66479	20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER		10432		10432	1170	11602	24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS		5377		5377	603	5980	26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		3927434		3927434		3927434	29
30 UNIT COST MULTIPLIER					.112114		30

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1572

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAP MOVABLE EQUIPMENT DOLLAR VALUE	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINIS- TRATIVE & GENERAL ACCUM COST	MAIN- TENANCE & REPAIRS SQUARE FEET
	1	2	3	4	5	6A	6	7
1 ADMINISTRATIVE AND GENERAL					579657		133605	1
2 INPATIENT - GENERAL CARE		630					742130	2
3 INPATIENT - RESPITE CARE							13011	3
4 PHYSICIAN SERVICES							55543	4
5 NURSING CARE					491287		784632	5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY					2152		3437	6
7 OCCUPATIONAL THERAPY					62		99	7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE					34992		55885	9
10 SPIRITUAL COUNSELING							3404	10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS					124256		198448	13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO							307050	15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN							416691	16
17 PATIENT TRANSPORTATION							11872	17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES							44837	20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER							7825	24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS							4033	26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL		630			1232406		2782502	29
30 TOTAL COST TO BE ALLOCATED		630			284054		927124	30
31 UNIT COST MULTIPLIER					.230487		.333198	31
31 UNIT COST MULTIPLIER		1.000000						31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1572

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE- KEEPING HOURS OF SERVICE	DIETARY MEALS SERVED	CAFETERIA MEALS SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINIS- TRATION DIRECT NRSNG HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL							79131	3975	1
2 INPATIENT - GENERAL CARE									2
3 INPATIENT - RESPITE CARE									3
4 PHYSICIAN SERVICES									4
5 NURSING CARE									5
5.20 NURSING CARE-CONTINUOUS HOM									5.20
6 PHYSICAL THERAPY									6
7 OCCUPATIONAL THERAPY									7
8 SPEECH/LANGUAGE PATHOLOGY									8
9 MEDICAL SOCIAL SERV. - DIRE									9
10 SPIRITUAL COUNSELING									10
11 DIETARY COUNSELING									11
12 COUNSELING - OTHER									12
13 HOME HLTH AIDE & HOMEMAKERS									13
13.20 HH AIDE & HMKR-CONT. HOME C									13.20
14 OTHER									14
15 DRUGS,BIOLOGICALS & INFUSIO									15
15.30 ANALGESICS									15.30
15.31 SEDATIVES / HYPNOTICS									15.31
15.32 OTHER - SPECIFY									15.32
16 DURABLE MED. EQUIP./OXYGEN									16
17 PATIENT TRANSPORTATION									17
18 IMAGING SERVICES									18
19 LABS AND DIAGNOSTICS									19
20 MEDICAL SUPPLIES									20
21 OUTPAT. SERV.(INCL.E/R DEPT									21
22 RADIATION THERAPY									22
23 CHEMOTHERAPY									23
24 OTHER									24
25 BEREAVEMENT PROGRAM COSTS									25
26 VOLUNTEER PROGRAM COSTS									26
27 FUNDRAISING									27
28 OTHER PROGRAM COSTS									28
29 TOTAL							79131	3975	29
30 TOTAL COST TO BE ALLOCATED							79151	3976	30
31 UNIT COST MULTIPLIER							1.000253		31
31 UNIT COST MULTIPLIER								1.000252	31

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
 STATISTICAL BASIS

HOSPICE NO.: 14-1572

WORKSHEET K-5
 PART II

HOSPICE COST CENTER	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY TIME SPENT 17	SOCIAL SERVICE TIME SPENT 18	NONPHYSIC. ANESTHET. ASSIGNED TIME 20	NURSING SCHOOL ASSIGNED TIME 21	I&R SALARY & FRINGES ASSIGNED TIME 22	I&R PROGRAM COSTS ASSIGNED TIME 23	PARAMED EDUCATION ASSIGNED TIME 24
1 ADMINISTRATIVE AND GENERAL	112970	21677						1
2 INPATIENT - GENERAL CARE								2
3 INPATIENT - RESPITE CARE								3
4 PHYSICIAN SERVICES								4
5 NURSING CARE								5
5.20 NURSING CARE-CONTINUOUS HOM								5.20
6 PHYSICAL THERAPY								6
7 OCCUPATIONAL THERAPY								7
8 SPEECH/LANGUAGE PATHOLOGY								8
9 MEDICAL SOCIAL SERV. - DIRE								9
10 SPIRITUAL COUNSELING								10
11 DIETARY COUNSELING								11
12 COUNSELING - OTHER								12
13 HOME HLTH AIDE & HOMEMAKERS								13
13.20 HH AIDE & HMKR-CONT. HOME C								13.20
14 OTHER								14
15 DRUGS,BIOLOGICALS & INFUSIO								15
15.30 ANALGESICS								15.30
15.31 SEDATIVES / HYPNOTICS								15.31
15.32 OTHER - SPECIFY								15.32
16 DURABLE MED. EQUIP./OXYGEN								16
17 PATIENT TRANSPORTATION								17
18 IMAGING SERVICES								18
19 LABS AND DIAGNOSTICS								19
20 MEDICAL SUPPLIES								20
21 OUTPAT. SERV.(INCL.E/R DEPT								21
22 RADIATION THERAPY								22
23 CHEMOTHERAPY								23
24 OTHER								24
25 BEREAVEMENT PROGRAM COSTS								25
26 VOLUNTEER PROGRAM COSTS								26
27 FUNDRAISING								27
28 OTHER PROGRAM COSTS								28
29 TOTAL	112970	21677						29
30 TOTAL COST TO BE ALLOCATED	112998	21683						30
31 UNIT COST MULTIPLIER	1.000248							31
31 UNIT COST MULTIPLIER		1.000277						31

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

APPORIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1572

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	0.643975		1
2	OCCUPATIONAL THERAPY	51			2
3	SPEECH/LANGUAGE PATHOLOGY	52			3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.168358		4
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67			5
6	LABS AND DIAGNOSTICS	44	0.102612		6
6.01	REFERENCE LAB	44.01			6.01
7	MEDICAL SUPPLIES	55	0.086977		7
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.260549		8
8.20	ACUTE CARE CENTER	61.20	0.691938		8.20
9	RADIATION THERAPY	41	0.320705		9
10	ELECTROMYOGRAPHY	59	0.045404		10
11	TOTALS				11

PROVIDER NO. 14-0202 CONDELL MEDICAL CENTER
PERIOD FROM 01/01/2008 TO 11/30/2008

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

VERSION: 2009.01
04/30/2009 19:04

CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1572

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				3927434	1
2 TOTAL UNDUPLICATED DAYS				20201	2
3 AGGREGATE COST PER DIEM				194.42	3
4 UNDUPLICATED MEDICARE DAYS	17988				4
5 AGGREGATE MEDICARE COST	3497227				5
6 UNDUPLICATED MEDICAID DAYS		1143			6
7 AGGREGATE MEDICAID COST		222222			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			1070		12
13 AGGREGATE COST FOR OTHER DAYS			208029		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0202)	HOSPITAL (14-0202)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2					2
					CAPITAL DRG OTHER THAN OUTLIER
3	4100575				3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01					3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
4	158.35				4
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI, LN.18]
					[E,PT A, LN.3.17][x E-3,PT VI, LN.1]
4.01		0.00		0.00	4.01
					NO. OF INTERNS & RESIDENTS
4.02					4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5			0.0425		5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01			0.1906		5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02			0.2331		5.02
					SUM OF LINES 5 AND 5.01
5.03			0.0483		5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04			198058		5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	4553033				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
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
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43.01 NUCLEAR MEDICINE					43.01
43.02 ULTRASOUND					43.02
43.03 MRI					43.03
43.04 CT SCAN					43.04
43.05 RADIOLOGY SPECIAL PROCEDURE					43.05
44 LABORATORY					44
44.01 REFERENCE LAB					44.01
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
49 RESPIRATORY THERAPY					49
49.01 STRESS TEST					49.01
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.01 ECHOCARDIOGRAM					53.01
53.03 CARDIOLOGY					53.03
53.04 CARDIAC CATH LAB					53.04
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
58.02 OUTPATIENT SURGERY					58.02
59 ELECTROMYOGRAPHY					59
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 ADDICTION RECOVERY CLINIC					60.01
60.03 LITHOTRIPSY					60.03
61 EMERGENCY					61
61.20 ACUTE CARE CENTER					61.20
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

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
85.02 INTESTINAL ACQUISITION					85.02
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
00 FUNDRAISING					00
00.01 MANAGED CARE ADMINISTRATION					00.01
00.02 PHYSICIAN SUPPORT SERVICES					00.02
00.03 HOME MEDICAL EQUIPMENT					00.03
00.04 HOME PHARMACY					00.04
00.05 HOSPICE					00.05
00.06 NE IL MRI					00.06
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