

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

WORKSHEET S  
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY EDWARD HOSPITAL (14-0231) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) \_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 \_\_\_\_\_  
 TITLE  
 \_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
1	HOSPITAL	2	3	4
2	SUBPROVIDER I	-15650	54575	1
3	SWING BED - SNF			2
4	SWING BED - NF			3
5	SKILLED NURSING FACILITY			4
6	NURSING FACILITY			5
7	HOME HEALTH AGENCY			6
8	OUTPATIENT REHABILITATION PROVIDER			7
9	HEALTH CLINIC			8
100	TOTAL	-15650	54575	9
				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: 801 SOUTH WASHINGTON  
 1.01 CITY: NAPERVILLE STATE: IL P.O.BOX: 1  
 ZIP CODE: 60566-7060 COUNTY: DUPAGE 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	HOSPITAL AT HOME	14-7568	06/22/1994	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11	
12	HOSPITAL-BASED HOSPICE						12	
14	HOSP-BASED RHC						14	
15	OUTPATIENT REHABILITATION PROVID						15	
16	RENAL DIALYSIS						16	
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007	TO: 06/30/2008			17	
18	TYPE OF CONTROL		1	2			18	
19	HOSPITAL		1				19	
20	SUBPROVIDER I						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?		NO				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?		NO				25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?		NO				25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		NO				25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		NO				25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2		NO				25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		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
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00		N	28.03
28.04	RECRUITMENT	0.00		N	28.04
28.05	RETENTION OF EMPLOYEES	0.00		N	28.05
28.06	TRAINING	0.00		N	28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			NO	29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.			NO	30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
		V	XVIII	XIX	
		1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES								38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO								38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO								38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO								38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO								38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	4-8131							40
40.01	NAME:	FI/CONTRACTOR'S NAME:				FI/CONTRACTOR'S NUMBER:				40.01
40.02	STREET:					P.O.BOX:				40.02
40.03	CITY:					STATE:	ZIP CODE:			40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES								41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES								42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO								42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO								43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	YES								44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO								45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?									45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?									45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?									45.03
46	IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.									46

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
		1	2	3	4	5				
47	HOSPITAL	N	N	N	N	N				47
48	SUBPROVIDER I	N	N	N	N	N				48
49	SKILLED NURSING FACILITY	N	N							49
50	HOME HEALTH AGENCY	N	N							50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?						NO			52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.						NO			52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.									53
53.01	MDH PERIOD: BEGINNING: ENDING:									53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 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	FEES	56
					0	1	2	3	4	
					/ /	NO	0.00	NO		
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





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		7690	924	21768	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		7690	924	21768	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.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART II
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5	6	
1 SALARIES							
2 TOTAL SALARIES	144832743	1530	144834273	4717466.00	30.70		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
5 PHYSICIAN - PART A							4
6.01 TEACHING PHYSICIAN SALARIES							4.01
7 PHYSICIAN - PART B							5
8.01 NON-PHYSICIAN - PART B							5.01
9 INTERNS & RESIDENTS (IN APPR PGM)							6
10.01 CONTRACT SERVICES, I&R							6.01
11 HOME OFFICE PERSONNEL							7
12 SNF							8
13.01 EXCLUDED AREA SALARIES	5667963	490273	6158236	160892.00	38.28		8.01
14 OTHER WAGES & RELATED COSTS							
15 CONTRACT LABOR	1419098		1419098	21231.00	66.84		9
16.01 PHARMACY SERVICES UNDER CONTRACT							9.01
17.02 LABORATORY SERVICES UNDER CONTRACT							9.02
18.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
19 CONTRACT LABOR: PHYSICIAN PART A							10
20.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
21 HOME OFFICE SALARIES & WAGE REL COSTS	25784914		25784914	726584.00	35.49	HOME OFFICE WP	11
22 HOME OFFICE: PHYSICIAN PART A							12
23.01 TEACHING PHYSICIAN SALARIES							12.01
24 WAGE-RELATED COSTS							
25 WAGE RELATED COSTS (CORE)	29428570		29428570			CMS 339	13
26 WAGE RELATED COSTS (OTHER)						CMS 339	14
27 EXCLUDED AREAS	1144951		1144951			CMS 339	15
28 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
29 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
30 PHYSICIAN PART A	70787		70787			CMS 339	18
31.01 PART A TEACHING PHYSICIANS						CMS 339	18.01
32 PHYSICIAN PART B	462330		462330			CMS 339	19
33.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
34 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
35 OVERHEAD COSTS - DIRECT SALARIES							
36 EMPLOYEE BENEFITS	575828		575828	7071.00	81.44		21
37 ADMINISTRATIVE & GENERAL	14383160	-566829	13816331	547721.00	25.23		22
38.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
39 MAINTENANCE & REPAIRS							23
40 OPERATION OF PLANT							24
41 LAUNDRY & LINEN SERVICE	58782		58782	5879.00	10.00		25
42 HOUSEKEEPING	2910300		2910300	201362.00	14.45		26
43.01 HOUSEKEEPING UNDER CONTRACT							26.01
44 DIETARY							27
45.01 DIETARY UNDER CONTRACT							27.01
46 CAFETERIA							28
47 MAINTENANCE OF PERSONNEL							29
48 NURSING ADMINISTRATION	4825887		4825887	212699.00	22.69		30
49 CENTRAL SERVICES AND SUPPLY	1800258		1800258	98675.00	18.24		31
50 PHARMACY							32
51 MEDICAL RECORDS & MEDICAL RECORDS LIBR	3207894	4928	3212822	167272.00	19.21		33
52 SOCIAL SERVICE							34
53 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS.	ADJUSTED	PAID HOURS	AVERAGE	DATA SOURCE	WORKSHEET S-3 PART III
		OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
		FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)		
	1	2	3	4	5		
1 NET SALARIES	144832743	1530	144834273	4717466.00	30.70		1
2 EXCLUDED AREA SALARIES	5667963	490273	6158236	160892.00	38.28		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	139164780	-488743	138676037	4556574.00	30.43		3
4 SUBTOTAL OTHER WAGES & REL COSTS	27204012		27204012	747815.00	36.38		4
5 SUBTOTAL WAGE-RELATED COSTS	29499357		29499357		21.27%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	195868149	-488743	195379406	5304389.00	36.83		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	27762109	-561901	27200208	1240679.00	21.92		13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7568

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: DUPAGE

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		6141		744	6885	1
2 UNDUPLICATED CENSUS COUNT		1073.00		27.00	1095.00	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	
.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		8.30	8.30	5
6 DIRECT NURSING SERVICE		11.20	11.20	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		2.70	2.70	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		1.20	1.20	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE				12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		1.20	1.20	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		4.00	4.00	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	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		1600		20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7568

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC	SCIC ONLY EPISODES 6	TOTAL 7	
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5			
21 SKILLED NURSING VISITS	5466	235	321	445	13	731	7211	21
22 SKILLED NURSING VISIT CHARGES	1039135	44529	61057	84962	2516	138806	1371005	22
23 PHYSICAL THERAPY VISITS	4144	26	73	182	8	441	4874	23
24 PHYSICAL THERAPY VISIT CHARGES	787121	4909	13889	34618	1522	83668	925727	24
25 OCCUPATIONAL THERAPY VISITS	892		15	35	3	75	1020	25
26 OCCUPATIONAL THERAPY VISIT CHARGES	169283		2853	6659	571	14202	193568	26
27 SPEECH PATHOLOGY VISITS	21					13	34	27
28 SPEECH PATHOLOGY VISIT CHARGES	3995					2459	6454	28
29 MEDICAL SOCIAL SERVICE VISITS	274	9	2	14		45	344	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	66225	2180	484	3392		10825	83106	30
31 HOME HEALTH AIDE VISITS	683	25	3	66		98	875	31
32 HOME HEALTH AIDE VISIT CHARGES	60381	2219	267	5858		8603	77328	32
33 TOTAL VISITS	11480	295	414	742	24	1403	14358	33
34 OTHER CHARGES								34
35 TOTAL CHARGES	2126140	53837	78550	135489	4609	258563	2657188	35
36 TOTAL NUMBER OF EPISODES	811		58	58	1	58	986	36
37 TOTAL NUMBER OF OUTLIER EPISODES		16		4		12	32	37
38 TOTAL MEDICAL SUPPLY CHARGES	55180	3541	2072	12137	210	10462	83602	38

NHCMQ DEMONSTRATION STATISTICAL DATA  
 STATISTICAL DATA

WORKSHEET S-7

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

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	12353572 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	12353572 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.290224 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	57362480 28
29	TOTAL GROSS MEDICAID COST	16647968 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	47235530 30
31	UNCOMPENSATED CARE COST	13708884 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	16647968 32



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY	2033656	321961	2355617		2355617	-8124	2347493	71
SPECIAL PURPOSE COST CENTERS								
85.01 8510 PANCREAS ACQUISITION								85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	141198436	292397024	433595460		433595460	-54480939	379114521	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN	189000	265315	454315		454315		454315	96
97 9700 RESEARCH	7546	4080	11626		11626		11626	97
98 9800 PHYSICIANS' PRIVATE OFFICES	2788636	418499	3207135		3207135	-1085432	2121703	98
98.01 9801 PHYSICIANS CLINICS	566924	267400	834324		834324		834324	98.01
98.03 9802 PHYSICIAN OFFICES		157568	157568		157568		157568	98.03
98.04 9803 IRB	82201	10272	92473		92473		92473	98.04
100 7950 LINDEN OAKS HOSPITAL								100
101 TOTAL	144832743	293520158	438352901		438352901	-55566371	382786530	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER	LINE #	SALARY			
	1	2	3	4	OTHER	5	
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3			13081685	1
2							2
3 DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3			19495683	3
4	B	NEW CAP REL COSTS-MVBLE EQUIP	4			11813827	4
5							5
6 PENSION TO ADMIN & GENERAL	C	ADMINISTRATIVE & GENERAL	6			6221628	6
7							7
8 SHARED DIETARY	D	CAFETERIA	12			2295927	8
9							9
10 CHARGEABLE SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO P	55			4055673	10
11							11
12 CHARGEABLE DRUGS	F	DRUGS CHARGED TO PATIENTS	56			9760191	12
13							13
14 PATIENT TRANSPORT	G	RADIOLOGY-DIAGNOSTIC	41	133918		18175	14
15	G	ULTRASOUND	41.01	98135		13319	15
16	G	NUCLEAR MEDICINE	41.02	18704		2538	16
17	G	CT SCAN	41.03	80556		10933	17
18	G	MRI	41.04	41729		5663	18
19	G	ELECTROCARDIOLOGY	53	2509		340	19
20	G	GASTROENTEROLOGY	37.02	16811		2282	20
21	G	OPERATING ROOM	37	19954		2708	21
22	G	RECOVERY ROOM	38	44255		6006	22
23	G	CARDIAC CATH LAB	53.05	2393		325	23
24	G	EMERGENCY	61	46371		6294	24
25	G	RESPIRATORY THERAPY	49	1473		200	25
26	G	LABORATORY	44	687		93	26
27	G	MEDICAL RECORDS & LIBRARY	17	4928		669	27
28	G	ADULTS & PEDIATRICS	25	52292		7097	28
29	G	INTENSIVE CARE UNIT	26	1322		179	29
30	G	CORONARY CARE UNIT	27	792		108	30
31							31
32 RADIOLOGY DIRECTOR RECLASS	H	ULTRASOUND	41.01	146217		59942	32
33	H	NUCLEAR MEDICINE	41.02	90064		36922	33
34	H	CT SCAN	41.03	516258		211641	34
35	H	MRI	41.04	92711		38007	35
36 SUBTOTAL				1412079		67148055	36



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7	
			LINE #	SALARY	OTHER	REF.	
	1	6	7	8	9	10	
1 INTEREST	A	ADMINISTRATIVE & GENERAL	6		13081685	11	1
2							2
3 DEPRECIATION EXPENSE	B	ADMINISTRATIVE & GENERAL	6		31309510	9	3
4	B					9	4
5							5
6 PENSION TO ADMIN & GENERAL	C	EMPLOYEE BENEFITS	5		6221628		6
7							7
8 SHARED DIETARY	D	DIETARY	11		2295927		8
9							9
10 CHARGEABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		4055673		10
11							11
12 CHARGEABLE DRUGS	F	PHARMACY	16		9760191		12
13							13
14 PATIENT TRANSPORT	G	ADMINISTRATIVE & GENERAL	6	566829	76929		14
15	G						15
16	G						16
17	G						17
18	G						18
19	G						19
20	G						20
21	G						21
22	G						22
23	G						23
24	G						24
25	G						25
26	G						26
27	G						27
28	G						28
29	G						29
30	G						30
31							31
32 RADIOLOGY DIRECTOR RECLASS	H	RADIOLOGY-DIAGNOSTIC	41	1255161	514556		32
33	H						33
34	H						34
35	H						35
36 SUBTOTAL				1821990	67316099		36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			1	
			COST CENTER	LINE #	SALARY		OTHER
2			2	3	4	5	
1		H	IMAGING CENTER	41.07	409911	168044	1
2							2
3							3
4							4
5	NURSERY RECLASS	J	NURSERY	33	1886720	245536	5
6							6
7							7
8	EMT RECLASS	L	PARAMED ED PRGM-EMS	24	490273	105772	8
9							9
10	PET ELIMINATION	M	P.E.T	41.08	1530		10
11							11
12							12
13							13
14							14
15							15
16							16
17							17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36	TOTAL RECLASSIFICATIONS				4200513	67667407	36



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

WORKSHEET A-7  
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	150004					150004		1
2 LAND IMPROVEMENTS	8785003	681554		681554	1900	9464657		2
3 BUILDINGS AND FIXTURES	141363118	10742282		10742282	307769	151797631		3
4 BUILDING IMPROVEMENTS	95290459	3932496		3932496	17693	99205262		4
5 FIXED EQUIPMENT	6849726	188832		188832		7038558		5
6 MOVABLE EQUIPMENT	113774780	11825211		11825211	3482122	122117869		6
7 SUBTOTAL	366213090	27370375		27370375	3809484	389773981		7
8 RECONCILING ITEMS								8
9 TOTAL	366213090	27370375		27370375	3809484	389773981		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	TOTAL
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	RELATED COSTS	
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT	267656112		267656112	.686696				3
4 NEW CAP REL COSTS-MVBLE EQUIP	122117869		122117869	.313304				4
5 TOTAL	389773981		389773981	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							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	18495725		-737032				17758693
4 NEW CAP REL COSTS-MVBLE EQUIP	11172304		-4116				11168188
5 TOTAL	29668029		-741148				28926881

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

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

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	-1477078	NEW CAP REL COSTS-BLDG & FIXT	3	11 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	-14008	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES	B	-14821	ADMINISTRATIVE & GENERAL	6	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-587140	NEW CAP REL COSTS-BLDG & FIXT	3	9 8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-108045	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE					10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-16934965			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-13401693			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1720	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-34749	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		OCCUPATIONAL THERAPY	51	35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 TELEVISION	A	-4116	NEW CAP REL COSTS-MVBLE EQUIP	4	11 37
38 MISC REV	B	-8968	RADIOLOGY-DIAGNOSTIC	41	38
38.01 MISC REVENUE	B	-2407	RADIOLOGY-THERAPEUTIC	42	38.01
38.02 CARDIAC ADMIN RENT	A	-412818	NEW CAP REL COSTS-BLDG & FIXT	3	9 38.02
38.03 CARDIAC ADMIN PLANT/UTILITIES	A	-275005	OPERATION OF PLANT	8	38.03
38.04 CARDIAC ADMIN HOUSEKEEPING COSTS	A	-86579	HOUSEKEEPING	10	38.04
38.10 MISC REV	B	-931368	ADMINISTRATIVE & GENERAL	6	38.10
38.12 RESEARCH REVENUE	B	-150675	RADIOLOGY-THERAPEUTIC	42	38.12
38.19 MISC REV	B	-290433	NURSING ADMINISTRATION	14	38.19
38.20 MISC INCOME	B	-270	CARDIAC REHAB	53.04	38.20
38.21 MISC INCOME	B	-173952	LABORATORY	44	38.21
38.22 MISC INCOME	B	-360	CLINIC	60	38.22
39 MISC REV	B	-8124	HOME HEALTH AGENCY	71	39
39.01 PY DEP ADJ	A	16808	NEW CAP REL COSTS-BLDG & FIXT	3	11 39.01
39.02 PY DEP ADJ	A	39352	NEW CAP REL COSTS-BLDG & FIXT	3	11 39.02
39.15 OTHER REVENUE BLOOD BANK	B	-36	WHOLE BLOOD & PACKED RED BLOOD	46	39.15
39.16 OTHER REVENUE PHYSICAL THERAPY	B	-2460	PHYSICAL THERAPY	50	39.16
39.17 OTHER REV	B	-465	EMPLOYEE BENEFITS	5	39.17
39.18 OTHER REV	B	-90	NUCLEAR MEDICINE	41.02	39.18
39.19 OTHER REV	B	-820	ULTRASOUND	41.01	39.19
40					40
41 EMT FEES	B	-267706	PARAMED ED PRGM-EMS	24	41
42 PHYS PRO FEES BOLINGBROOK	A	-1085432	PHYSICIANS' PRIVATE OFFICES	98	42
43 PET COSTS	A	1568	P.E.T	41.08	43
44					44
45 HOUSE COVERAGE	A	-499746	ADMINISTRATIVE & GENERAL	6	45
46 CAPITALIZED INTEREST	A	17332	NEW CAP REL COSTS-BLDG & FIXT	3	11 46
47 HOME OFFICE AUDIT ADJUSTMENT	A	86400	ADMINISTRATIVE & GENERAL	6	47
48 CAPITALIZED INTEREST 2000	A	-44897	NEW CAP REL COSTS-BLDG & FIXT	3	11 48
48.01 CAPITALIZED INTEREST 2001	A	-34377	NEW CAP REL COSTS-BLDG & FIXT	3	11 48.01

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO. 4	WKST A-7 REF 5
			COST CENTER 3			
48.02 CAPITALIZED INTEREST 2003	A	-21561	NEW CAP REL COSTS-BLDG & FIXT		3	11 48.02
48.03 CAPITALIZED INTEREST 2002	A	-1629	NEW CAP REL COSTS-BLDG & FIXT		3	11 48.03
49 PHY LOAN W/O	A	-246392	ADMINISTRATIVE & GENERAL		6	49
49.11 LOSS ON RETIREMENT OF DEBT, ALLOW	A	428553	NEW CAP REL COSTS-BLDG & FIXT		3	11 49.11
49.12 2007 AND 2008 BOND INTEREST	A	-12741220	NEW CAP REL COSTS-BLDG & FIXT		3	11 49.12
49.16 REAL ESTATE TAXES	A	-203601	ADMINISTRATIVE & GENERAL		6	49.16
49.17 COST OF VOLUNTEERS	A	-947225	ADMINISTRATIVE & GENERAL		6	49.17
49.20 OFFSET DEPR EXP ADDED TO HO CR	A	-4036477	NEW CAP REL COSTS-MVBLE EQUIP		4	9 49.20
49.22 PATIENT ACCOUNTING	A	-266056	ADMINISTRATIVE & GENERAL		6	49.22
49.23 PAT ACCT EMP BENEFITS	A	-17583	EMPLOYEE BENEFITS		5	49.23
49.24 PATIENT ACCESS	A	-189802	ADMINISTRATIVE & GENERAL		6	49.24
49.25 PATIENT ACCESS EMP BENEFITS	A	-23603	EMPLOYEE BENEFITS		5	49.25
49.26 MEDICAL STAFF	A	-39129	ADMINISTRATIVE & GENERAL		6	49.26
49.27 MEDICAL STAFF EMP BENEFITS	A	-1530	EMPLOYEE BENEFITS		5	49.27
49.28 CONTRIBUTIONS	A	-481170	ADMINISTRATIVE & GENERAL		6	49.28
49.29 OSWEGO START UP COSTS	A	-84083	OSWEGO CLINIC		60.03	49.29
50 TOTAL		-55566371				50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	40892221	60983976	-20091755	1
2	8	OPERATION OF PLANT	HOME OFFICE	3295108		3295108	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	3394954		3394954	9 3
4							4
5	TOTALS			47582283	60983976	-13401693	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	B EHSC	100.00				1
2						2
3						3
4						4
5						5

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



PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	1	2	3	4	5	6	7	8	9
1	6	ADMINISTRATIVE & GENERAL	1214103		1214103	177400	1	85	4
2	25	ADULTS & PEDIATRICS	297811	177811	120000	177400	1	85	4
3	39	DELIVERY ROOM & LABOR RO	593370	593370					
4	42	RADIOLOGY-THERAPEUTIC	59401	59401					
5	44	LABORATORY	346078		346078	177400	1	85	4
6	49	RESPIRATORY THERAPY	99195	99195					
7	53.03	EMG/NCV	357467	357467					
8	53	ELECTROCARDIOLOGY	3256984	3256984					
9	54	ELECTROENCEPHALOGRAPHY	251350	251350					
10	60	CLINIC	30165	30165					
12	60.03	OSWEGO CLINIC	26350	26350					
13	61	EMERGENCY	10580346	9486605	1093741	177400	2080	177400	8870
101		TOTAL	17112620	14338698	2773922		2083	177655	8882

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 12/03/2008 12:11

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6 ADMINISTRATIVE & GENERAL					85	1214018	1214018
2	25 ADULTS & PEDIATRICS AGGREGATE					85	119915	297726
3	39 DELIVERY ROOM & LABOR RO AGGREGATE							593370
4	42 RADIOLOGY-THERAPEUTIC AGGREGATE							59401
5	44 LABORATORY					85	345993	345993
6	49 RESPIRATORY THERAPY AGGREGATE							99195
7	53.03 EMG/NCV AGGREGATE							357467
8	53 ELECTROCARDIOLOGY AGGREGATE							3256984
9	54 ELECTROENCEPHALOGRAPHY AGGREGATE							251350
10	60 CLINIC AGGREGATE							30165
12	60.03 OSWEGO CLINIC AGGREGATE							26350
13	61 EMERGENCY TRAUMA SVCES					177400	916341	10402946
101	TOTAL					177655	2596267	16934965



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAP-	NEW CAP-	EMPLOYEE	SUBTOTAL	ADMINI-	MAINTEN-	OPERATION
	FOR COST	REL COSTS	REL COSTS	BENEFITS		STRATIVE	ANCE AND	OF
	ALLOCATION	BLDG&FIXT	MOV EQUIP			& GENERAL	REPAIRS	PLANT
	0	3	4	5	5A	6	7	8
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY	2347493			224290	2571783	825565	5824	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	379114521	17658314	11105062	15509308	378550192	91658230	5098356	9527642
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN	454315	67296	42321	20845	584777	187719	23296	58793
97 RESEARCH	11626			832	12458	3999		97
98 PHYSICIANS' PRIVATE OFFICES	2121703			307556	2429259	779814	4077	98
98.01 PHYSICIANS CLINICS	834324	33083	20805	62525	950737	305195	2038	28903
98.03 PHYSICIAN OFFICES	157568				157568	50581		98.03
98.04 IRB	92473			9066	101539	32595		98.04
100 LINDEN OAKS HOSPITAL								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	382786530	17758693	11168188	15910132	382786530	93018133	5127767	9615338



COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	AND LINEN	KEEPING			ADMINI-	SERVICES		RECORDS &
	SERVICE				STRATION	& SUPPLY		LIBRARY
	9	10	11	12	14	15	16	17
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY						7325		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	1903492	5325424	3350052	3850350	8536455	6130443	8263999	8011074
NONREIMBURSABLE COST CENTERS								95
96 GIFT, FLOWER, COFFEE SHOP & CAN		33492		8316				96
97 RESEARCH				1926				97
98 PHYSICIANS' PRIVATE OFFICES				64607			12200	98
98.01 PHYSICIANS CLINICS		16465		19679			20501	98.01
98.03 PHYSICIAN OFFICES						17139		98.03
98.04 IRB				2125				98.04
100 LINDEN OAKS HOSPITAL	99255	850293						100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	2002747	6225674	3350052	3947003	8536455	6147582	8296700	8011074

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	24	25	26	27	
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
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-EMS	678201				24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS	44351	71950582		71950582	25
26 INTENSIVE CARE UNIT	9856	9281971		9281971	26
27 CORONARY CARE UNIT		7098790		7098790	27
33 NURSERY		11743317		11743317	33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM	9856	50127008		50127008	37
37.01 SAME DAY SURGERY	7392	8642378		8642378	37.01
37.02 GASTROENTEROLOGY		4854651		4854651	37.02
38 RECOVERY ROOM		2501871		2501871	38
39 DELIVERY ROOM & LABOR ROOM		9601630		9601630	39
40 ANESTHESIOLOGY		2595327		2595327	40
41 RADIOLOGY-DIAGNOSTIC		12609739		12609739	41
41.01 ULTRASOUND		3122973		3122973	41.01
41.02 NUCLEAR MEDICINE		2949878		2949878	41.02
41.03 CT SCAN		4417493		4417493	41.03
41.04 MRI		2395685		2395685	41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES		2604000		2604000	41.06
41.07 IMAGING CENTER		7457664		7457664	41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC		33999576		33999576	42
44 LABORATORY	25871	16420680		16420680	44
46 WHOLE BLOOD & PACKED RED BLOOD		4907480		4907480	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY	4928	6322126		6322126	49
50 PHYSICAL THERAPY		4991818		4991818	50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY		1037452		1037452	52
53 ELECTROCARDIOLOGY		8888413		8888413	53
53.02 ENTEROSTOMAL THERAPY		452817		452817	53.02
53.03 EMG/NCV		122793		122793	53.03
53.04 CARDIAC REHAB		2056581		2056581	53.04
53.05 CARDIAC CATH LAB		22319705		22319705	53.05
53.06 CANCER CENTER					53.06
54 ELECTROENCEPHALOGRAPHY		2544420		2544420	54
55 MEDICAL SUPPLIES CHARGED TO PAT		6178657		6178657	55
56 DRUGS CHARGED TO PATIENTS		16660600		16660600	56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC		3506498		3506498	60
60.01 URODYNAMICS		134323		134323	60.01
60.02 PLAINFIELD CLINIC		3603078		3603078	60.02
60.03 OSWEGO CLINIC		247865		247865	60.03
61 EMERGENCY	568555	24159456		24159456	61
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

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PERIOD FROM 07/01/2007 TO 06/30/2008

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY		3410497		3410497
71 SPECIAL PURPOSE COST CENTERS				71
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS	670809	375919792		375919792
95 NONREIMBURSABLE COST CENTERS				95
96 GIFT, FLOWER, COFFEE SHOP & CAN		896393		896393
97 RESEARCH		18383		18383
98 PHYSICIANS' PRIVATE OFFICES		3289957		3289957
98.01 PHYSICIANS CLINICS		1343518		1343518
98.03 PHYSICIAN OFFICES		225288		225288
98.04 IRB		136259		136259
100 LINDEN OAKS HOSPITAL	7392	956940		956940
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 TOTAL	678201	382786530		382786530
				103





ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY					3872	57626	200		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS		17658314	11105062	28763376	267749	6397931	175500	4292493	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		67296	42321	109617	360	13103	802	26488	96
97 RESEARCH					14	279			97
98 PHYSICIANS' PRIVATE OFFICES					5310	54432	140		98
98.01 PHYSICIANS CLINICS		33083	20805	53888	1079	21303	70	13022	98.01
98.03 PHYSICIAN OFFICES						3531			98.03
98.04 IRB					157	2275			98.04
100 LINDEN OAKS HOSPITAL									100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL		17758693	11168188	28926881	274669	6492854	176512	4332003	103



ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY						1033			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	98854	387261	623669	580464	572840	864276	444703	541379	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		2435		1254					96
97 RESEARCH				290					97
98 PHYSICIANS' PRIVATE OFFICES				9740					98
98.01 PHYSICIANS CLINICS		1197		2967			657	1103	98.01
98.03 PHYSICIAN OFFICES						2416			98.03
98.04 IRB				320					98.04
100 LINDEN OAKS HOSPITAL	5155	61833							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	104009	452726	623669	595035	572840	866692	446463	541379	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
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-EMS	91761			24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS		10144651		10144651
26 INTENSIVE CARE UNIT		746186		746186
27 CORONARY CARE UNIT		696042		696042
33 NURSERY		414196		414196
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM		3714944		3714944
37.01 SAME DAY SURGERY		963250		963250
37.02 GASTROENTEROLOGY		396616		396616
38 RECOVERY ROOM		218845		218845
39 DELIVERY ROOM & LABOR ROOM		216275		216275
40 ANESTHESIOLOGY		73244		73244
41 RADIOLOGY-DIAGNOSTIC		1160345		1160345
41.01 ULTRASOUND		163019		163019
41.02 NUCLEAR MEDICINE		265006		265006
41.03 CT SCAN		173055		173055
41.04 MRI		246609		246609
41.05 RADIOLOGY ONCOLOGY				41.05
41.06 SPECIAL PROCEDURES	116594		116594	41.06
41.07 IMAGING CENTER	296228		296228	41.07
41.08 P.E.T				41.08
42 RADIOLOGY-THERAPEUTIC	803185		803185	42
44 LABORATORY	1271242		1271242	44
46 WHOLE BLOOD & PACKED RED BLOOD	138273		138273	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	291461		291461	49
50 PHYSICAL THERAPY	114621		114621	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	164224		164224	52
53 ELECTROCARDIOLOGY	484402		484402	53
53.02 ENTEROSTOMAL THERAPY	9222		9222	53.02
53.03 EMG/NCV	29086		29086	53.03
53.04 CARDIAC REHAB	360854		360854	53.04
53.05 CARDIAC CATH LAB	1360776		1360776	53.05
53.06 CANCER CENTER				53.06
54 ELECTROENCEPHALOGRAPHY	61525		61525	54
55 MEDICAL SUPPLIES CHARGED TO PAT	186692		186692	55
56 DRUGS CHARGED TO PATIENTS	429505		429505	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC		704422		704422
60.01 URODYNAMICS		2645		2645
60.02 PLAINFIELD CLINIC		72162		72162
60.03 OSWEGO CLINIC		4947		4947
61 EMERGENCY	1882803		1882803	61
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

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY		62731		71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
95 SUBTOTALS		28439883		95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & CAN		154059		96
97 RESEARCH		583		97
98 PHYSICIANS' PRIVATE OFFICES		70279		98
98.01 PHYSICIANS CLINICS		94629		98.01
98.03 PHYSICIAN OFFICES		5947		98.03
98.04 IRB		2752		98.04
100 LINDEN OAKS HOSPITAL		66988		100
101 CROSS FOOT ADJUSTMENTS	91761	91761		101
102 NEGATIVE COST CENTER				102
103 TOTAL	91761	28926881		103



COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (HOURS)	OPERATION OF PLANT SQUARE FEET	
	3	4	5	6A	6	7	8	
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			2033656		2571783	1000		71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
95 SUBTOTALS	687487	687487	140624138	-93018133	285532059	875409	424579	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	2620	2620	189000		584777	4000	2620	96
97 RESEARCH			7546		12458			97
98 PHYSICIANS' PRIVATE OFFICES			2788636		2429259	700		98
98.01 PHYSICIANS CLINICS	1288	1288	566924		950737	350	1288	98.01
98.03 PHYSICIAN OFFICES					157568			98.03
98.04 IRB			82201		101539			98.04
100 LINDEN OAKS HOSPITAL								100
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	17758693	11168188	15910132		93018133	5127767	9615338	103
104 UNIT COST MULT-WS B PT I		16.153122				5.823970		104
104 UNIT COST MULT-WS B PT I	25.685307		.110289		.321009		22.440209	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			274669		6492854	176512	4332003	107
108 UNIT COST MULT-WS B PT III						.200477		108
108 UNIT COST MULT-WS B PT III			.001904		.022407		10.109999	108





COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) SERVED 12	NURSING ADMINISTRATION (FTE'S) NRSING HRS 14	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS) 15	PHARMACY (COSTED) REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
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						54152			71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
95 SUBTOTALS	1167969	416599	237936	3849758	2827038	45320276	25346994	1283522932	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		2620		8315					96
97 RESEARCH				1926					97
98 PHYSICIANS' PRIVATE OFFICES				64597			37419		98
98.01 PHYSICIANS CLINICS		1288		19676			62881		98.01
98.03 PHYSICIAN OFFICES						126701			98.03
98.04 IRB				2125					98.04
100 LINDEN OAKS HOSPITAL	60902	66517							100
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	2002747	6225674	3350052	3947003	8536455	6147582	8296700	8011074	103
104 UNIT COST MULT-WS B PT I	1.629746		14.079635		3.019576		.326035		104
104 UNIT COST MULT-WS B PT I		12.783095		1.000154		.135269		.006241	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	104009	452726	623669	595035	572840	866692	446463	541379	107
108 UNIT COST MULT-WS B PT III	.084638		2.621163		.202629		.017545		108
108 UNIT COST MULT-WS B PT III		.929576		.150779		.019070		.000422	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS 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-EMS	1101	24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	72	25
26 INTENSIVE CARE UNIT	16	26
27 CORONARY CARE UNIT		27
33 NURSERY		33
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	16	37
37.01 SAME DAY SURGERY	12	37.01
37.02 GASTROENTEROLOGY		37.02
38 RECOVERY ROOM		38
39 DELIVERY ROOM & LABOR ROOM		39
40 ANESTHESIOLOGY		40
41 RADIOLOGY-DIAGNOSTIC		41
41.01 ULTRASOUND		41.01
41.02 NUCLEAR MEDICINE		41.02
41.03 CT SCAN		41.03
41.04 MRI		41.04
41.05 RADIOLOGY ONCOLOGY		41.05
41.06 SPECIAL PROCEDURES		41.06
41.07 IMAGING CENTER		41.07
41.08 P.E.T		41.08
42 RADIOLOGY-THERAPEUTIC		42
44 LABORATORY	42	44
46 WHOLE BLOOD & PACKED RED BLOO		46
46.30 BLOOD CLOTTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY	8	49
50 PHYSICAL THERAPY		50
51 OCCUPATIONAL THERAPY		51
52 SPEECH PATHOLOGY		52
53 ELECTROCARDIOLOGY		53
53.02 ENTEROSTOMAL THERAPY		53.02
53.03 EMG/NCV		53.03
53.04 CARDIAC REHAB		53.04
53.05 CARDIAC CATH LAB		53.05
53.06 CANCER CENTER		53.06
54 ELECTROENCEPHALOGRAPHY		54
55 MEDICAL SUPPLIES CHARGED TO P		55
56 DRUGS CHARGED TO PATIENTS		56
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC		60
60.01 URODYNAMICS		60.01
60.02 PLAINFIELD CLINIC		60.02
60.03 OSWEGO CLINIC		60.03
61 EMERGENCY	923	61
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

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED EDUCATION EMS ASSIGNED TIME	
	24	
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERA		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
95 SUBTOTALS	1089	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
97 RESEARCH		97
98 PHYSICIANS' PRIVATE OFFICES		98
98.01 PHYSICIANS CLINICS		98.01
98.03 PHYSICIAN OFFICES		98.03
98.04 IRB		98.04
100 LINDEN OAKS HOSPITAL	12	100
101 CROSS FOOT ADJUSTMENTS		101
102 NEGATIVE COST CENTER		102
103 COST TO BE ALLOC PER B PT I	678201	103
104 UNIT COST MULT-WS B PT I	615.986376	104
104 UNIT COST MULT-WS B PT I		104
105 COST TO BE ALLOC PER B PT II		105
106 UNIT COST MULT-WS B PT II		106
106 UNIT COST MULT-WS B PT II		106
107 COST TO BE ALLOC PER B PT III	91761	107
108 UNIT COST MULT-WS B PT III	83.343324	108
108 UNIT COST MULT-WS B PT III		108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	71950582		71950582	119915	72070497	25
26 INTENSIVE CARE UNIT	9281971		9281971		9281971	26
27 CORONARY CARE UNIT	7098790		7098790		7098790	27
33 NURSERY	11743317		11743317		11743317	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	50127008		50127008		50127008	37
37.01 SAME DAY SURGERY	8642378		8642378		8642378	37.01
37.02 GASTROENTEROLOGY	4854651		4854651		4854651	37.02
38 RECOVERY ROOM	2501871		2501871		2501871	38
39 DELIVERY ROOM & LABOR ROOM	9601630		9601630		9601630	39
40 ANESTHESIOLOGY	2595327		2595327		2595327	40
41 RADIOLOGY-DIAGNOSTIC	12609739		12609739		12609739	41
41.01 ULTRASOUND	3122973		3122973		3122973	41.01
41.02 NUCLEAR MEDICINE	2949878		2949878		2949878	41.02
41.03 CT SCAN	4417493		4417493		4417493	41.03
41.04 MRI	2395685		2395685		2395685	41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	2604000		2604000		2604000	41.06
41.07 IMAGING CENTER	7457664		7457664		7457664	41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	33999576		33999576		33999576	42
44 LABORATORY	16420680		16420680	345993	16766673	44
46 WHOLE BLOOD & PACKED RED BL	4907480		4907480		4907480	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	6322126		6322126		6322126	49
50 PHYSICAL THERAPY	4991818		4991818		4991818	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	1037452		1037452		1037452	52
53 ELECTROCARDIOLOGY	8888413		8888413		8888413	53
53.02 ENTEROSTOMAL THERAPY	452817		452817		452817	53.02
53.03 EMG/NCV	122793		122793		122793	53.03
53.04 CARDIAC REHAB	2056581		2056581		2056581	53.04
53.05 CARDIAC CATH LAB	22319705		22319705		22319705	53.05
53.06 CANCER CENTER						53.06
54 ELECTROENCEPHALOGRAPHY	2544420		2544420		2544420	54
55 MEDICAL SUPPLIES CHARGED TO	6178657		6178657		6178657	55
56 DRUGS CHARGED TO PATIENTS	16660600		16660600		16660600	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3506498		3506498		3506498	60
60.01 URODYNAMICS	134323		134323		134323	60.01
60.02 PLAINFIELD CLINIC	3603078		3603078		3603078	60.02
60.03 OSWEGO CLINIC	247865		247865		247865	60.03
61 EMERGENCY	24159456		24159456	916341	25075797	61
62 OBSERVATION BEDS (NON-DISTI	4853579		4853579		4853579	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	377362874		377362874	1382249	378745123	101
102 LESS OBSERVATION BEDS	4853579		4853579		4853579	102
103 TOTAL	372509295		372509295	1382249	373891544	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	102615137		102615137			25
26 INTENSIVE CARE UNIT	14408555		14408555			26
27 CORONARY CARE UNIT	17019357		17019357			27
33 NURSERY	19121519		19121519			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	80899567	58613357	139512924	.359300	.359300	.359300 37
37.01 SAME DAY SURGERY	1735757	7022920	8758677	.986722	.986722	.986722 37.01
37.02 GASTROENTEROLOGY	6412299	21972214	28384513	.171032	.171032	.171032 37.02
38 RECOVERY ROOM	7904582	9063619	16968201	.147445	.147445	.147445 38
39 DELIVERY ROOM & LABOR ROOM	19668475	2633049	22301524	.430537	.430537	.430537 39
40 ANESTHESIOLOGY	11445239	13060332	24505571	.105908	.105908	.105908 40
41 RADIOLOGY-DIAGNOSTIC	8272669	27174613	35447282	.355732	.355732	.355732 41
41.01 ULTRASOUND	5148935	13597144	18746079	.166593	.166593	.166593 41.01
41.02 NUCLEAR MEDICINE	2247985	9298881	11546866	.255470	.255470	.255470 41.02
41.03 CT SCAN	20245571	45942241	66187812	.066742	.066742	.066742 41.03
41.04 MRI	6935352	4950820	11886172	.201552	.201552	.201552 41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	7361859	3501832	10863691	.239698	.239698	.239698 41.06
41.07 IMAGING CENTER	137331	52416099	52553430	.141906	.141906	.141906 41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	1569787	88358598	89928385	.378074	.378074	.378074 42
44 LABORATORY	52267838	70690093	122957931	.133547	.133547	.133547 44
46 WHOLE BLOOD & PACKED RED BL	10689796	3279732	13969528	.351299	.351299	.351299 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	26119999	3884623	30004622	.210705	.210705	.210705 49
50 PHYSICAL THERAPY	4619837	7146087	11765924	.424261	.424261	.424261 50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	1216025	762067	1978092	.524471	.524471	.524471 52
53 ELECTROCARDIOLOGY	15883293	41921046	57804339	.153767	.153767	.153767 53
53.02 ENTEROSTOMAL THERAPY	324010	132531	456541	.991843	.991843	.991843 53.02
53.03 EMG/NCV	333460	3234318	3567778	.034417	.034417	.034417 53.03
53.04 CARDIAC REHAB	236189	2304904	2541093	.809329	.809329	.809329 53.04
53.05 CARDIAC CATH LAB	65713397	13031732	78745129	.283442	.283442	.283442 53.05
53.06 CANCER CENTER						53.06
54 ELECTROENCEPHALOGRAPHY	1676824	6290175	7966999	.319370	.319370	.319370 54
55 MEDICAL SUPPLIES CHARGED TO	36938081	6606541	43544622	.141893	.141893	.141893 55
56 DRUGS CHARGED TO PATIENTS	75749356	18009041	93758397	.177697	.177697	.177697 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	19955	3067425	3087380	1.135752	1.135752	1.135752 60
60.01 URODYNAMICS		439433	439433	.305673	.305673	.305673 60.01
60.02 PLAINFIELD CLINIC	70096	9127414	9197510	.391745	.391745	.391745 60.02
60.03 OSWEGO CLINIC	331	104547	104878	2.363365	2.363365	2.363365 60.03
61 EMERGENCY	35135032	70728568	105863600	.228213	.228213	.236869 61
62 OBSERVATION BEDS (NON-DISTI		5013441	5013441	.968113	.968113	.968113 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	660143495	623379437	1283522932			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	660143495	623379437	1283522932			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				10144651		10144651	25
26 INTENSIVE CARE UNIT				746186		746186	26
27 CORONARY CARE UNIT				696042		696042	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				414196		414196	33
101 TOTAL				12001075		12001075	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	74230	30851			136.67	4216406	25
26 INTENSIVE CARE UNIT	5823	2948			128.14	377757	26
27 CORONARY CARE UNIT	4258	2181			163.47	356528	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	15465				26.78		33
101 TOTAL	99776	35980				4950691	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3714944	139512924	27170276			.026628	723490 37
37.01 SAME DAY SURGERY		963250	8758677	805184			.109977	88552 37.01
37.02 GASTROENTEROLOGY		396616	28384513	3464055			.013973	48403 37.02
38 RECOVERY ROOM		218845	16968201	2438592			.012897	31451 38
39 DELIVERY ROOM & LABOR ROOM		216275	22301524	13251			.009698	129 39
40 ANESTHESIOLOGY		73244	24505571	2983225			.002989	8917 40
41 RADIOLOGY-DIAGNOSTIC		1160345	35447282	4315728			.032734	141271 41
41.01 ULTRASOUND		163019	18746079	2559614			.008696	22258 41.01
41.02 NUCLEAR MEDICINE		265006	11546866	1130551			.022950	25946 41.02
41.03 CT SCAN		173055	66187812	9284319			.002615	24278 41.03
41.04 MRI		246609	11886172	3035338			.020748	62977 41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		116594	10863691	4448822			.010732	47745 41.06
41.07 IMAGING CENTER		296228	52553430				.005637	41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		803185	89928385	502586			.008931	4489 42
44 LABORATORY		1271242	122957931	24846563			.010339	256889 44
46 WHOLE BLOOD & PACKED RED BLOO		138273	13969528	5107591			.009898	50555 46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		291461	30004622	13590312			.009714	132016 49
50 PHYSICAL THERAPY		114621	11765924	2916445			.009742	28412 50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		164224	1978092	821577			.083021	68208 52
53 ELECTROCARDIOLOGY		484402	57804339	7959976			.008380	66705 53
53.02 ENTEROSTOMAL THERAPY		9222	456541	206337			.020200	4168 53.02
53.03 EMG/NCV		29086	3567778	169375			.008152	1381 53.03
53.04 CARDIAC REHAB		360854	2541093	123544			.142007	17544 53.04
53.05 CARDIAC CATH LAB		1360776	78745129	32207586			.017281	556579 53.05
53.06 CANCER CENTER								53.06
54 ELECTROENCEPHALOGRAPHY		61525	7966999	387797			.007722	2995 54
55 MEDICAL SUPPLIES CHARGED TO P		186692	43544622	16490406			.004287	70694 55
56 DRUGS CHARGED TO PATIENTS		429505	93758397	34030394			.004581	155893 56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		704422	3087380				.228162	60
60.01 URODYNAMICS		2645	439433				.006019	60.01
60.02 PLAINFIELD CLINIC		72162	9197510	34638			.007846	272 60.02
60.03 OSWEGO CLINIC		4947	104878				.047169	60.03
61 EMERGENCY		1882803	105863600	16674235			.017785	296551 61
62 OBSERVATION BEDS (NON-DISTINC		683190	5013441				.136272	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		17059267	1130358364	217718317				2938768 101



PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 12/03/2008 12:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL	
	ANESTHETIST	SCHOOL		MEDICAL			
	COST	COST	COSTS	COSTS	AMOUNT	COSTS	
	1	2	2.01	2.02	3	4	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS			44351			44351	25
26 INTENSIVE CARE UNIT			9856			9856	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			54207			54207	101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 12/03/2008 12:11

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	74230	.60	30851	18511	25
26	INTENSIVE CARE UNIT	5823	1.69	2948	4982	26
27	CORONARY CARE UNIT	4258		2181		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	15465				33
34	SKILLED NURSING FACILITY					34
35	NURSING FACILITY					35
101	TOTAL	99776		35980	23493	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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				9856			9856 37
37.01 SAME DAY SURGERY				7392			7392 37.01
37.02 GASTROENTEROLOGY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE							41.02
41.03 CT SCAN							41.03
41.04 MRI							41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES							41.06
41.07 IMAGING CENTER							41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				25871			25871 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				4928			4928 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV							53.03
53.04 CARDIAC REHAB							53.04
53.05 CARDIAC CATH LAB							53.05
53.06 CANCER CENTER							53.06
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 URODYNAMICS							60.01
60.02 PLAINFIELD CLINIC							60.02
60.03 OSWEGO CLINIC							60.03
61 EMERGENCY				568555			568555 61
62 OBSERVATION BEDS (NON-DISTINC				2985			2985 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				619587			619587 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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			RATIO OF COST	PROGRAM	PROGRAM		
	COSTS	CHARGES	COST TO	TO CHARGES	CHARGES	PASS THROUGH	CHARGES	
	3.01	4	5	5.01	6	7	8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	9856	139512924	.000071	.000071	27170276	1929	5626874	37
37.01 SAME DAY SURGERY	7392	8758677	.000844	.000844	805184	680	1016077	37.01
37.02 GASTROENTEROLOGY		28384513			3464055		5751258	37.02
38 RECOVERY ROOM		16968201			2438592		870311	38
39 DELIVERY ROOM & LABOR ROOM		22301524			13251		2932	39
40 ANESTHESIOLOGY		24505571			2983225		1400300	40
41 RADIOLOGY-DIAGNOSTIC		35447282			4315728		4535132	41
41.01 ULTRASOUND		18746079			2559614		1590570	41.01
41.02 NUCLEAR MEDICINE		11546866			1130551		2646552	41.02
41.03 CT SCAN		66187812			9284319		10043319	41.03
41.04 MRI		11886172			3035338		1026533	41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		10863691			4448822		3021019	41.06
41.07 IMAGING CENTER		52553430					4586689	41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		89928385			502586		26601204	42
44 LABORATORY	25871	122957931	.000210	.000210	24846563	5218	2863867	44
46 WHOLE BLOOD & PACKED RED BLOO		13969528			5107591		1105845	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY	4928	30004622	.000164	.000164	13590312	2229	1313064	49
50 PHYSICAL THERAPY		11765924			2916445			50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		1978092			821577			52
53 ELECTROCARDIOLOGY		57804339			7959976		12780725	53
53.02 ENTEROSTOMAL THERAPY		456541			206337		63345	53.02
53.03 EMG/NCV		3567778			169375		622523	53.03
53.04 CARDIAC REHAB		2541093			123544		830279	53.04
53.05 CARDIAC CATH LAB		78745129			32207586		5122548	53.05
53.06 CANCER CENTER								53.06
54 ELECTROENCEPHALOGRAPHY		7966999			387797		986062	54
55 MEDICAL SUPPLIES CHARGED TO P		43544622			16490406		878871	55
56 DRUGS CHARGED TO PATIENTS		93758397			34030394		3664904	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		3087380					679880	60
60.01 URODYNAMICS		439433					82455	60.01
60.02 PLAINFIELD CLINIC		9197510			34638		3251529	60.02
60.03 OSWEGO CLINIC		104878						60.03
61 EMERGENCY	568555	105863600	.005371	.005371	16674235	89557	8799185	61
62 OBSERVATION BEDS (NON-DISTINC	2985	5013441	.000595	.000595			1162870	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL	619587	1130358364			217718317	99613	112926722	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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			400		37
37.01 SAME DAY SURGERY			858		37.01
37.02 GASTROENTEROLOGY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY			601		44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY			215		49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.06 CANCER CENTER					53.06
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
61 EMERGENCY			47260		61
62 OBSERVATION BEDS (NON-DISTINC			692		62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL			50026		101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.359300	.359300	.359300			37
37.01 SAME DAY SURGERY	.986722	.986722	.986722			37.01
37.02 GASTROENTEROLOGY	.171032	.171032	.171032			37.02
38 RECOVERY ROOM	.147445	.147445	.147445			38
39 DELIVERY ROOM & LABOR ROOM	.430537	.430537	.430537			39
40 ANESTHESIOLOGY	.105908	.105908	.105908			40
41 RADIOLOGY-DIAGNOSTIC	.355732	.355732	.355732			41
41.01 ULTRASOUND	.166593	.166593	.166593			41.01
41.02 NUCLEAR MEDICINE	.255470	.255470	.255470			41.02
41.03 CT SCAN	.066742	.066742	.066742			41.03
41.04 MRI	.201552	.201552	.201552			41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	.239698	.239698	.239698			41.06
41.07 IMAGING CENTER	.141906	.141906	.141906			41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	.378074	.378074	.378074			42
44 LABORATORY	.133547	.133547	.133547			44
46 WHOLE BLOOD & PACKED RED BLOOD	.351299	.351299	.351299			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.210705	.210705	.210705			49
50 PHYSICAL THERAPY	.424261	.424261	.424261			50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	.524471	.524471	.524471			52
53 ELECTROCARDIOLOGY	.153767	.153767	.153767			53
53.02 ENTEROSTOMAL THERAPY	.991843	.991843	.991843			53.02
53.03 EMG/NCV	.034417	.034417	.034417			53.03
53.04 CARDIAC REHAB	.809329	.809329	.809329			53.04
53.05 CARDIAC CATH LAB	.283442	.283442	.283442			53.05
53.06 CANCER CENTER						53.06
54 ELECTROENCEPHALOGRAPHY	.319370	.319370	.319370			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141893	.141893	.141893			55
56 DRUGS CHARGED TO PATIENTS	.177697	.177697	.177697			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.135752	1.135752	1.135752			60
60.01 URODYNAMICS	.305673	.305673	.305673			60.01
60.02 PLAINFIELD CLINIC	.391745	.391745	.391745			60.02
60.03 OSWEGO CLINIC	2.363365	2.363365	2.363365			60.03
61 EMERGENCY	.228213	.228213	.228213			61
62 OBSERVATION BEDS (NON-DISTINCT	.968113	.968113	.968113			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	1	.177697	1
2 PROGRAM VACCINE CHARGES	2	11189	2
2.01 PROGRAM VACCINE CHARGES	2.01		2.01
3 PROGRAM COSTS	3	1988	3
3.01 PROGRAM COSTS	3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC OTHER
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		5626874						37
37.01 SAME DAY SURGERY		1016077						37.01
37.02 GASTROENTEROLOGY		5751258						37.02
38 RECOVERY ROOM		870311						38
39 DELIVERY ROOM & LABOR ROOM		2932						39
40 ANESTHESIOLOGY		1400300						40
41 RADIOLOGY-DIAGNOSTIC		4535132						41
41.01 ULTRASOUND		1590570						41.01
41.02 NUCLEAR MEDICINE		2646552						41.02
41.03 CT SCAN		10043319						41.03
41.04 MRI		1026533						41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		3021019						41.06
41.07 IMAGING CENTER		4586689						41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		26601204						42
44 LABORATORY		2863867						44
46 WHOLE BLOOD & PACKED RED BLOOD		1105845						46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		1313064						49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		12780725						53
53.02 ENTEROSTOMAL THERAPY		63345						53.02
53.03 EMG/NCV		622523						53.03
53.04 CARDIAC REHAB		830279						53.04
53.05 CARDIAC CATH LAB		5122548						53.05
53.06 CANCER CENTER								53.06
54 ELECTROENCEPHALOGRAPHY		986062						54
55 MEDICAL SUPPLIES CHARGED TO PA		878871						55
56 DRUGS CHARGED TO PATIENTS		3664904						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		679880						60
60.01 URODYNAMICS		82455						60.01
60.02 PLAINFIELD CLINIC		3251529						60.02
60.03 OSWEGO CLINIC								60.03
61 EMERGENCY		8799185						61
62 OBSERVATION BEDS (NON-DISTINCT		1162870						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		112926722						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		112926722						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0231) [ ] 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		2021736					37
37.01 SAME DAY SURGERY		1002586					37.01
37.02 GASTROENTEROLOGY		983649					37.02
38 RECOVERY ROOM		128323					38
39 DELIVERY ROOM & LABOR ROOM		1262					39
40 ANESTHESIOLOGY		148303					40
41 RADIOLOGY-DIAGNOSTIC		1613292					41
41.01 ULTRASOUND		264978					41.01
41.02 NUCLEAR MEDICINE		676115					41.02
41.03 CT SCAN		670311					41.03
41.04 MRI		206900					41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES		724132					41.06
41.07 IMAGING CENTER		650879					41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC		10057224					42
44 LABORATORY		382461					44
46 WHOLE BLOOD & PACKED RED BLOOD		388482					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		276669					49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		1965254					53
53.02 ENTEROSTOMAL THERAPY		62828					53.02
53.03 EMG/NCV		21425					53.03
53.04 CARDIAC REHAB		671969					53.04
53.05 CARDIAC CATH LAB		1451945					53.05
53.06 CANCER CENTER							53.06
54 ELECTROENCEPHALOGRAPHY		314919					54
55 MEDICAL SUPPLIES CHARGED TO PAT		124706					55
56 DRUGS CHARGED TO PATIENTS		651242					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		772175					60
60.01 URODYNAMICS		25204					60.01
60.02 PLAINFIELD CLINIC		1273770					60.02
60.03 OSWEGO CLINIC							60.03
61 EMERGENCY		2008088					61
62 OBSERVATION BEDS (NON-DISTINCT		1125790					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		30666617					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		30666617					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				10144651		10144651	25
26 INTENSIVE CARE UNIT				746186		746186	26
27 CORONARY CARE UNIT				696042		696042	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				414196		414196	33
101 TOTAL				12001075		12001075	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	74230	3169			136.67	433107	25
26 INTENSIVE CARE UNIT	5823	281			128.14	36007	26
27 CORONARY CARE UNIT	4258	116			163.47	18963	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	15465	1102			26.78	29512	33
101 TOTAL	99776	4668				517589	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB III [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SUB IV [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3714944	139512924				.026628	37
37.01 SAME DAY SURGERY		963250	8758677				.109977	37.01
37.02 GASTROENTEROLOGY		396616	28384513				.013973	37.02
38 RECOVERY ROOM		218845	16968201				.012897	38
39 DELIVERY ROOM & LABOR ROOM		216275	22301524				.009698	39
40 ANESTHESIOLOGY		73244	24505571				.002989	40
41 RADIOLOGY-DIAGNOSTIC		1160345	35447282				.032734	41
41.01 ULTRASOUND		163019	18746079				.008696	41.01
41.02 NUCLEAR MEDICINE		265006	11546866				.022950	41.02
41.03 CT SCAN		173055	66187812				.002615	41.03
41.04 MRI		246609	11886172				.020748	41.04
41.05 RADIOLOGY ONCOLOGY								41.05
41.06 SPECIAL PROCEDURES		116594	10863691				.010732	41.06
41.07 IMAGING CENTER		296228	52553430				.005637	41.07
41.08 P.E.T								41.08
42 RADIOLOGY-THERAPEUTIC		803185	89928385				.008931	42
44 LABORATORY		1271242	122957931				.010339	44
46 WHOLE BLOOD & PACKED RED BLOO		138273	13969528				.009898	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		291461	30004622				.009714	49
50 PHYSICAL THERAPY		114621	11765924				.009742	50
51 OCCUPATIONAL THERAPY								51
52 SPEECH PATHOLOGY		164224	1978092				.083021	52
53 ELECTROCARDIOLOGY		484402	57804339				.008380	53
53.02 ENTEROSTOMAL THERAPY		9222	456541				.020200	53.02
53.03 EMG/NCV		29086	3567778				.008152	53.03
53.04 CARDIAC REHAB		360854	2541093				.142007	53.04
53.05 CARDIAC CATH LAB		1360776	78745129				.017281	53.05
53.06 CANCER CENTER								53.06
54 ELECTROENCEPHALOGRAPHY		61525	7966999				.007722	54
55 MEDICAL SUPPLIES CHARGED TO P		186692	43544622				.004287	55
56 DRUGS CHARGED TO PATIENTS		429505	93758397				.004581	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		704422	3087380				.228162	60
60.01 URODYNAMICS		2645	439433				.006019	60.01
60.02 PLAINFIELD CLINIC		72162	9197510				.007846	60.02
60.03 OSWEGO CLINIC		4947	104878				.047169	60.03
61 EMERGENCY		1882803	105863600				.017785	61
62 OBSERVATION BEDS (NON-DISTINC		683190	5013441				.136272	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		17059267	1130358364					101

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
 12/03/2008 12:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	SWING-BED	TOTAL
	ANESTHETIST	SCHOOL		MEDICAL		
	COST	COST	COSTS	COSTS	AMOUNT	COSTS
	1	2	2.01	2.02	3	4
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			44351			44351
26 INTENSIVE CARE UNIT			9856			9856
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I						
33 NURSERY						
34 SKILLED NURSING FACILITY						
35 NURSING FACILITY						
101 TOTAL			54207			54207

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
12/03/2008 12:11

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
PART III

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

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
25 INPAT ROUTINE SERV COST CTRS					25
26 ADULTS & PEDIATRICS	74230	.60	3169	1901	26
27 INTENSIVE CARE UNIT	5823	1.69	281	475	27
28 CORONARY CARE UNIT	4258		116		28
29 BURN INTENSIVE CARE UNIT					29
30 SURGICAL INTENSIVE CARE UNIT					30
31 OTHER SPECIAL CARE (SPECIFY)					31
33 SUBPROVIDER I					33
33 NURSERY	15465		1102		33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	99776		4668	2376	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] 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	ALL OTHER 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				9856			9856 37
37.01 SAME DAY SURGERY				7392			7392 37.01
37.02 GASTROENTEROLOGY							37.02
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 ULTRASOUND							41.01
41.02 NUCLEAR MEDICINE							41.02
41.03 CT SCAN							41.03
41.04 MRI							41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES							41.06
41.07 IMAGING CENTER							41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC							42
44 LABORATORY				25871			25871 44
46 WHOLE BLOOD & PACKED RED BLOO							46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY				4928			4928 49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY							53
53.02 ENTEROSTOMAL THERAPY							53.02
53.03 EMG/NCV							53.03
53.04 CARDIAC REHAB							53.04
53.05 CARDIAC CATH LAB							53.05
53.06 CANCER CENTER							53.06
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 URODYNAMICS							60.01
60.02 PLAINFIELD CLINIC							60.02
60.03 OSWEGO CLINIC							60.03
61 EMERGENCY				568555			568555 61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL				616602			616602 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0231) [ ] SUB IV [ ] PPS  
 APPLICABLE [ ] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [XX] TITLE XIX [ ] SUB II [ ] NF [ ] OTHER  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	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	9856	139512924	.000071	.000071			37
37.01 SAME DAY SURGERY	7392	8758677	.000844	.000844			37.01
37.02 GASTROENTEROLOGY		28384513					37.02
38 RECOVERY ROOM		16968201					38
39 DELIVERY ROOM & LABOR ROOM		22301524					39
40 ANESTHESIOLOGY		24505571					40
41 RADIOLOGY-DIAGNOSTIC		35447282					41
41.01 ULTRASOUND		18746079					41.01
41.02 NUCLEAR MEDICINE		11546866					41.02
41.03 CT SCAN		66187812					41.03
41.04 MRI		11886172					41.04
41.05 RADIOLOGY ONCOLOGY							41.05
41.06 SPECIAL PROCEDURES		10863691					41.06
41.07 IMAGING CENTER		52553430					41.07
41.08 P.E.T							41.08
42 RADIOLOGY-THERAPEUTIC		89928385					42
44 LABORATORY	25871	122957931	.000210	.000210			44
46 WHOLE BLOOD & PACKED RED BLOO		13969528					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	4928	30004622	.000164	.000164			49
50 PHYSICAL THERAPY		11765924					50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY		1978092					52
53 ELECTROCARDIOLOGY		57804339					53
53.02 ENTEROSTOMAL THERAPY		456541					53.02
53.03 EMG/NCV		3567778					53.03
53.04 CARDIAC REHAB		2541093					53.04
53.05 CARDIAC CATH LAB		78745129					53.05
53.06 CANCER CENTER							53.06
54 ELECTROENCEPHALOGRAPHY		7966999					54
55 MEDICAL SUPPLIES CHARGED TO P		43544622					55
56 DRUGS CHARGED TO PATIENTS		93758397					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		3087380					60
60.01 URODYNAMICS		439433					60.01
60.02 PLAINFIELD CLINIC		9197510					60.02
60.03 OSWEGO CLINIC		104878					60.03
61 EMERGENCY	568555	105863600	.005371	.005371			61
62 OBSERVATION BEDS (NON-DISTINC		5013441					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL	616602	1130358364					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK	[ ]	TITLE V	[XX]	HOSPITAL (14-0231)	[ ]	SUB IV	[ ]	PPS
APPLICABLE	[ ]	TITLE XVIII-PT A	[ ]	SUB I	[ ]	SNF	[ ]	TEFRA
BOXES	[XX]	TITLE XIX	[ ]	SUB II	[ ]	NF	[ ]	OTHER
			[ ]	SUB III	[ ]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SAME DAY SURGERY					37.01
37.02 GASTROENTEROLOGY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOO					46
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.06 CANCER CENTER					53.06
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0231)	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)	74230						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	74230						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74230						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)	30851						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) (14-0231)	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	72070497						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	72070497						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.959143						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1012.27						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	72070497						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) (14-0231)	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	970.91					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29953544					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	29953544					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	9281971	5823	1594.02	2948	4699171	43
45 CORONARY CARE UNIT	7098790	4258	1667.17	2181	3636098	44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	49420352					48
49 TOTAL PROGRAM INPATIENT COSTS	87709165					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4974184					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3038381					51
52 TOTAL PROGRAM EXCLUDABLE COST	8012565					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	79696600					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) (14-0231)	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. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
12/03/2008 12:11

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)  
 (14-0231)  
 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4999	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	970.91	84
85 OBSERVATION BED COST	4853579	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		72070497		4853579		86
87 NEW CAPITAL-RELATED COST	10144651	72070497	.140760	4853579	683190	87
88 NON PHYSICIAN ANESTHETIST		72070497		4853579		88
89 NURSING SCHOOL		72070497		4853579		89
89.01 ALLIED HEALTH	44351	72070497	.000615	4853579	2985	89.01
89.02 ALL OTHER		72070497		4853579		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) (14-0231)	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)	74230					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	74230					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	74230					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)	3169					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	15465					15
16 TITLE V OR XIX NURSERY DAYS	1102					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) (14-0231)	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	71950582						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	71950582						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	75140541						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.957547						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1012.27						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	71950582						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) (14-0231)	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	969.29					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3071680					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3071680					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)	11743317	15465	759.35	1102	836804	42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT	9281971	5823	1594.02	281	447920	43
44 CORONARY CARE UNIT	7098790	4258	1667.17	116	193392	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	4549796					49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	519965					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	519965					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) (14-0231)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54						PROGRAM DISCHARGES
55						TARGET AMOUNT PER DISCHARGE
56						TARGET AMOUNT
57						DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58						BONUS PAYMENT
58.01						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET
58.02						LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET
58.03						IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT
58.04						RELIEF PAYMENT
59						ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01						ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)
59.02						PROGRAM DISCHARGES PRIOR TO JULY 1
59.03						PROGRAM DISCHARGES AFTER JULY 1
59.04						PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05						REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1
59.06						REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
59.07						REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)
59.08						REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
61						MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
62						TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64						TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65						TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
12/03/2008 12:11

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. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0231)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	4999	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	970.91	84
85 OBSERVATION BED COST	4853579	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V	[XX] HOSPITAL (14-0231)	[ ] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[ ] SUB I	[ ] NF	[ ] TEFRA
[ ] TITLE XIX	[ ] SUB II	[ ] S/B-SNF	[ ] OTHER
	[ ] SUB III	[ ] S/B-NF	
	[ ] SUB IV	[ ] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		44999544		25
26 INTENSIVE CARE UNIT		7567935		26
27 CORONARY CARE UNIT		8933382		27
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.359300	27170276	9762280	37
37.01 SAME DAY SURGERY	.986722	805184	794493	37.01
37.02 GASTROENTEROLOGY	.171032	3464055	592464	37.02
38 RECOVERY ROOM	.147445	2438592	359558	38
39 DELIVERY ROOM & LABOR ROOM	.430537	13251	5705	39
40 ANESTHESIOLOGY	.105908	2983225	315947	40
41 RADIOLOGY-DIAGNOSTIC	.355732	4315728	1535243	41
41.01 ULTRASOUND	.166593	2559614	426414	41.01
41.02 NUCLEAR MEDICINE	.255470	1130551	288822	41.02
41.03 CT SCAN	.066742	9284319	619654	41.03
41.04 MRI	.201552	3035338	611778	41.04
41.05 RADIOLOGY ONCOLOGY				41.05
41.06 SPECIAL PROCEDURES	.239698	4448822	1066374	41.06
41.07 IMAGING CENTER	.141906			41.07
41.08 P.E.T				41.08
42 RADIOLOGY-THERAPEUTIC	.378074	502586	190015	42
44 LABORATORY	.136361	24846563	3388102	44
46 WHOLE BLOOD & PACKED RED BLOOD	.351299	5107591	1794292	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.210705	13590312	2863547	49
50 PHYSICAL THERAPY	.424261	2916445	1237334	50
51 OCCUPATIONAL THERAPY				51
52 SPEECH PATHOLOGY	.524471	821577	430893	52
53 ELECTROCARDIOLOGY	.153767	7959976	1223982	53
53.02 ENTEROSTOMAL THERAPY	.991843	206337	204654	53.02
53.03 EMG/NCV	.034417	169375	5829	53.03
53.04 CARDIAC REHAB	.809329	123544	99988	53.04
53.05 CARDIAC CATH LAB	.283442	32207586	9128983	53.05
53.06 CANCER CENTER				53.06
54 ELECTROENCEPHALOGRAPHY	.319370	387797	123851	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141893	16490406	2339873	55
56 DRUGS CHARGED TO PATIENTS	.177697	34030394	6047099	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.135752			60
60.01 URODYNAMICS	.305673			60.01
60.02 PLAINFIELD CLINIC	.391745	34638	13569	60.02
60.03 OSWEGO CLINIC	2.363365			60.03
61 EMERGENCY	.236869	16674235	3949609	61
62 OBSERVATION BEDS (NON-DISTINCT	.968113			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		217718317	49420352	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		217718317		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0231)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
27 CORONARY CARE UNIT			27
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.359300		37
37.01 SAME DAY SURGERY	.986722		37.01
37.02 GASTROENTEROLOGY	.171032		37.02
38 RECOVERY ROOM	.147445		38
39 DELIVERY ROOM & LABOR ROOM	.430537		39
40 ANESTHESIOLOGY	.105908		40
41 RADIOLOGY-DIAGNOSTIC	.355732		41
41.01 ULTRASOUND	.166593		41.01
41.02 NUCLEAR MEDICINE	.255470		41.02
41.03 CT SCAN	.066742		41.03
41.04 MRI	.201552		41.04
41.05 RADIOLOGY ONCOLOGY			41.05
41.06 SPECIAL PROCEDURES	.239698		41.06
41.07 IMAGING CENTER	.141906		41.07
41.08 P.E.T			41.08
42 RADIOLOGY-THERAPEUTIC	.378074		42
44 LABORATORY	.133547		44
46 WHOLE BLOOD & PACKED RED BLOOD	.351299		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.210705		49
50 PHYSICAL THERAPY	.424261		50
51 OCCUPATIONAL THERAPY			51
52 SPEECH PATHOLOGY	.524471		52
53 ELECTROCARDIOLOGY	.153767		53
53.02 ENTEROSTOMAL THERAPY	.991843		53.02
53.03 EMG/NCV	.034417		53.03
53.04 CARDIAC REHAB	.809329		53.04
53.05 CARDIAC CATH LAB	.283442		53.05
53.06 CANCER CENTER			53.06
54 ELECTROENCEPHALOGRAPHY	.319370		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.141893		55
56 DRUGS CHARGED TO PATIENTS	.177697		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.135752		60
60.01 URODYNAMICS	.305673		60.01
60.02 PLAINFIELD CLINIC	.391745		60.02
60.03 OSWEGO CLINIC	2.363365		60.03
61 EMERGENCY	.228213		61
62 OBSERVATION BEDS (NON-DISTINCT	.968113		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	14098343					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14959764					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	29041033					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	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	2593826					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	227.68					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [ FOR CR PERIODS ENDING ] [ ON OR AFTER 7/1/2005 ] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0231)	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	60692966					6
7						7
7.01						7.01
8	60692966					8
9	5822104					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14	23493					14
15	99613					15
16	66638176					16
17	87418					17
18	66550758					18
19	5280571					19
20	262824					20
21	449909					21
21.01	314936					21.01
21.02	364954					21.02
22	61322299					22

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM  
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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	CROSSOVER CLAIMS 5/1/94 TO 4/3/99					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	61322299				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	61337949				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-15650				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIO					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0231) 1	HOSPITAL (14-0231) 1.01	HOSPITAL (14-0231) 1.02	
1 MEDICAL AND OTHER SERVICES	1988			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	30616591			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	22961176			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	50026			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	1988			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	11189			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	11189			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	11189			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	9201			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1988			17
17.01 TOTAL PPS PAYMENTS	23011202			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0231)	HOSPITAL (14-0231)	HOSPITAL (14-0231)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO	6064522		18.01
LINE 17.01			
19 SUBTOTAL	16948668		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	16948668		23
24 PRIMARY PAYER PAYMENTS	7373		24
25 SUBTOTAL	16941295		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	233162		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	163213		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	233162		27.02
28 SUBTOTAL	17104508		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 FORMULA DRIVEN OVERPAYMENT EST			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	17104508		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	17049933		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	54575		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

	HOSPITAL (14-0231) OCTOBER 1, 1997 PRIOR TO    ON OR AFTER	
	1            1.01	
1 STANDARD OVERHEAD AMOUNTS (ASC FEES)		1
2 DEDUCTIBLES		2
3 SUBTOTAL		3
4 80 PERCENT OF LINE 3		4
5 ASC PORTION OF BLEND		5
6 OUTPATIENT ASC COST		6
COMPUTATION OF LESSER OF COST OR CHARGES		
7 TOTAL CHARGES		7
CUSTOMARY CHARGES		
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		9
10 RATIO OF LINE 8 TO LINE 9		10
11 TOTAL CUSTOMARY CHARGES		11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		13
14 LESSER OF COST OR CHARGES		14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15 DEDUCTIBLES AND COINSURANCE		15
16 TOTAL		16
17 HOSPITAL SPECIFIC PORTION OF BLEND		17
18 ASC BLENDED AMOUNT		18
19 LESSER OF LINES 16 OR 18		19
20 PART B DEDUCTIBLES AND COINSURANCE		20
21 ASC PAYMENT AMOUNT		21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

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

HOSPITAL  
(14-0231)  
OCTOBER 1, 1997  
PRIOR TO    ON OR AFTER  
1            1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

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

HOSPITAL  
(14-0231)  
OCTOBER 1, 1997  
PRIOR TO ON OR AFTER  
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 HOSPITAL (14-0231)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		61337949		17049933	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	.01				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .02				3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .03	NONE		NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .04				3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.05				3.05
	.50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	.54				3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		61337949		17049933	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	PROVIDER .50				5.50
	TO .51	NONE		NONE	5.51
	PROGRAM .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01			54575	6.01
	PROVIDER TO .02	-15650			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		61322299		17104508	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX		
	HOSPITAL (14-0231) (OTHER)	SUB I	SUB II	SUB III	
		SUB IV	NF I		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	4549796			1
3	MEDICAL AND OTHER SERVICES				2
4	INTERNS AND RESIDENTS				3
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O				4
6	COST OF TEACHING PHYSICIANS				5
7	SUBTOTAL	4549796			6
8	INPATIENT PRIMARY PAYER PAYMENTS				7
9	OUTPATIENT PRIMARY PAYER PAYMENTS				8
10	SUBTOTAL	4549796			9
11	COMPUTATION OF LESSER OF COST OR CHARGES				
12	ROUTINE SERVICE CHARGES				10
13	ANCILLARY SERVICE CHARGES				11
14	INTERNS AND RESIDENTS SERVICE CHARGES				12
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE				13
16	TEACHING PHYSICIANS				14
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION				15
18	TOTAL REASONABLE CHARGES				16
19	CUSTOMARY CHARGES				
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE				17
21	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				18
22	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN				
23	ACCORDANCE WITH 42 CFR 413.13(E)				
24	RATIO OF LINE 17 TO LINE 18				19
25	TOTAL CUSTOMARY CHARGES				20
26	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST				21
27	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	4549796			22
28	COST OF COVERED SERVICES	4549796			23
29	PROSPECTIVE PAYMENT AMOUNT				
30	OTHER THAN OUTLIER PAYMENTS				24
31	OUTLIER PAYMENTS				25
32	PROGRAM CAPITAL PAYMENTS				26
33	CAPITAL EXCEPTION PAYMENTS				27
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS				28
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS				29
36	SUBTOTAL	4549796			30
37	CUSTOMARY CHARGES (TITLE XIX PPS COVERED				31
38	LESSER OF LINES 30 OR 31	4549796			32
39	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)				33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (14-0231) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	4549796					34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)						38.02
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						44
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION						49
50	REMOVE IP COSTS	3742721					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS						51
52	SUBTOTAL	3742721					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3742721					55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS	3742721					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2						59



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	12714300			1
2	TEMPORARY INVESTMENTS	4360000			2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	63612031			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				6
7	INVENTORY	4594141			7
8	PREPAID EXPENSES	6062026			8
9	OTHER CURRENT ASSETS	3521452			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	94863950			11
FIXED ASSETS					
12	LAND	150004			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS	9261752			13
13.01	ACCUMULATED DEPRECIATION				13.01
14	BUILDINGS	318447965			14
14.01	ACCUMULATED DEPRECIATION	-134930037			14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT				16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT	152365814			18
18.01	ACCUMULATED DEPRECIATION	-95966215			18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	249329283			21
OTHER ASSETS					
22	INVESTMENTS	216867763			22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	48026457			25
26	TOTAL OTHER ASSETS	264894220			26
27	TOTAL ASSETS	609087453			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	21069280			28
29	SALARIES, WAGES & FEES PAYABLE	33206765			29
30	PAYROLL TAXES PAYABLE				30
31	NOTES & LOANS PAYABLE (SHORT TERM)	4360000			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	39512918			35
36	TOTAL CURRENT LIABILITIES	98148963			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	293208100			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	20254965			41
42	TOTAL LONG TERM LIABILITIES	313463065			42
43	TOTAL LIABILITIES	411612028			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	197475425			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	197475425			51
52	TOTAL LIABILITIES AND FUND BALANCES	609087453			52

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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VERSION: 2008.05  
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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	221495474			1
2 NET INCOME (LOSS)	-6696299			2
3 TOTAL	214799175			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6 CHANGE IN INTEREST IN ASSETS	503519			6
7 OF FOUNDATION				7
8 INTEREST IN PERM REST ASSETS	2500			8
9				9
10 TOTAL ADDITIONS	506019			10
11 SUBTOTAL	215305194			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14 TRANSFER TO AFFILIATES	17829769			14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	17829769			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	197475425			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	114848473		114848473	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	114848473		114848473	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	14402014		14402014	12
13 CORONARY CARE UNIT	17037401		17037401	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	31439415		31439415	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	146287888		146287888	18
18.50 ANCILLARY SERVICES	521023101			18.50
18.60 OUTPATIENT SERVICES		676436974	1197460075	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY		3967508	3967508	21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
25 HOSPICE				25
25 TOTAL PATIENT REVENUES	667310989	680404482	1347715471	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		438352901	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	22021063		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		22021063	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		460373964	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1347715471	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	887899852	2
3	NET PATIENT REVENUES	459815619	3
4	LESS - TOTAL OPERATING EXPENSES	460373964	4
5	NET INCOME FROM SERVICE TO PATIENTS	-558345	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	6296034	6
7	INCOME FROM INVESTMENTS	23278591	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		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	2532781	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	MANAGEMENT FEES	665771	24
24.01	LOSS ON DEFEASANCE OF DEBT	-4063250	24.01
24.02	LOSS ON INTEREST RATE SWAP	-9814954	24.02
24.03	UN-REALIZED LOSS ON INVESTMENTS	-28662213	24.03
24.04	ER PHYSICIANS INTER-COMPANY	835461	24.04
24.05	EMT EDUCATION PROGRAM REVENUE	267448	24.05
24.06	LAB OTHER REVENUE	173952	24.06
24.07	OTHER OPERATING REVENUE	2352425	24.07
25	TOTAL OTHER INCOME	-6137954	25
26	TOTAL	-6696299	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6696299	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7568

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	300591	21631			400316	722538 5
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	916890	65981	41826			1024697 6
7 PHYSICAL THERAPY	413672	29769	27229			470670 7
8 OCCUPATIONAL THERAPY	84091	6051	5197			95339 8
9 SPEECH PATHOLOGY			212			212 9
10 MEDICAL SOCIAL SERVICES	118366	8518	1493			128377 10
11 HOME HEALTH AIDE	33107	2382	4528			40017 11
12 SUPPLIES						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	1866717	134332	80485		400316	2481850 24

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7568

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	-134332	588206	-25	588181	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		1024697		1024697	6
7 PHYSICAL THERAPY		470670		470670	7
8 OCCUPATIONAL THERAPY		95339		95339	8
9 SPEECH PATHOLOGY		212		212	9
10 MEDICAL SOCIAL SERVICES		128377		128377	10
11 HOME HEALTH AIDE		40017		40017	11
12 SUPPLIES					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	-134332	2347518	-25	2347493	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7568

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL BLDGS & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPORT- ATION	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
	0	1	2	3	4			
GENERAL SERVICE COST CENTER								
1 CAPITAL RELATED-BLDG & FIXT								1
2 CAPITAL RELATED-MOVABLE EQUIP								2
3 PLANT OPERATION & MAINTENANCE								3
4 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	588181					588181	588181	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	1024697					1024697	342581	1367278 6
7 PHYSICAL THERAPY	470670					470670	157356	628026 7
8 OCCUPATIONAL THERAPY	95339					95339	31874	127213 8
9 SPEECH PATHOLOGY	212					212	71	283 9
10 MEDICAL SOCIAL SERVICES	128377					128377	42920	171297 10
11 HOME HEALTH AIDE	40017					40017	13379	53396 11
12 SUPPLIES								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	2347493					2347493		2347493 24

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
 PERIOD FROM 07/01/2007 TO 06/30/2008

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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7568

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	
1	GENERAL SERVICE COST CENTER						1
2	CAPITAL RELATED-BLDG & FIXT						2
3	CAPITAL RELATED-MOVABLE EQUIP	100					3
4	PLANT OPERATION & MAINTENANCE		100				4
5	TRANSPORTATION			100			5
6	ADMINISTRATIVE AND GENERAL	100	100	100	-588181	1759312	6
7	HHA REIMBURSABLE SERVICES						7
8	SKILLED NURSING CARE					1024697	8
9	PHYSICAL THERAPY					470670	9
10	OCCUPATIONAL THERAPY					95339	10
11	SPEECH PATHOLOGY					212	11
12	MEDICAL SOCIAL SERVICES					128377	12
13	HOME HEALTH AIDE					40017	13
14	SUPPLIES						14
15	DRUGS						15
16	COST OF ADMINISTERING VACCINES						16
17	DME						17
18	HHA NONREIMBURSABLE SERVICES						18
19	HOME DIALYSIS AIDE SERVICES						19
20	RESPIRATORY THERAPY						20
21	PRIVATE DUTY NURSING						21
22	CLINIC						22
23	HEALTH PROMOTION ACTIVITIES						23
24	DAY CARE PROGRAM						24
25	HOME DELIVERED MEALS PROGRAM						25
26	HOMEMAKER SERVICE						26
27	ALL OTHERS						27
28	TELEMEDICINE						28
29	TOTAL	100	100	100	-588181	1759312	29
30	COST TO BE ALLOC (PER W/S H)					588181	30
31	UNIT COST MULTIPLIER					.334324	31









ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION EMS	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		302113		302113			1
2 SKILLED NURSING CARE		1806185		1806185	175549	1981734	2
3 PHYSICAL THERAPY		829628		829628	80634	910262	3
4 OCCUPATIONAL THERAPY		168050		168050	16333	184383	4
5 SPEECH PATHOLOGY		374		374	36	410	5
6 MEDICAL SOCIAL SERVICES		226285		226285	21993	248278	6
7 HOME HEALTH AIDE		70537		70537	6856	77393	7
8 SUPPLIES		7325		7325	712	8037	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		3410497		3410497	302113	3410497	20
21 UNIT COST MULTIPLIER					.097193		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	OLD CAP- REL COSTS MOV EQUIP (SQUARE FEET)	NEW CAP- REL COSTS BLDG&FIXT (SQUARE FEET)	NEW CAP- REL COSTS MOV EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS (HOURS) FEET	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL					2033656		224290	1000	1
2 SKILLED NURSING CARE							1367278		2
3 PHYSICAL THERAPY							628026		3
4 OCCUPATIONAL THERAPY							127213		4
5 SPEECH PATHOLOGY							283		5
6 MEDICAL SOCIAL SERVICES							171297		6
7 HOME HEALTH AIDE							53396		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					2033656		2571783	1000	20
21 TOTAL COST TO BE ALLOCATED					224290		825565	5824	21
22 UNIT COST MULTIPLIER					.110289		.321009		22
22 UNIT COST MULTIPLIER								5.824000	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7568

WORKSHEET H-5  
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S) SERVED	MAIN- TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINI- STRATION (FTE'S) NRSING HRS	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL									1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES								54152	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								54152	20
21 TOTAL COST TO BE ALLOCATED								7325	21
22 UNIT COST MULTIPLIER									22
22 UNIT COST MULTIPLIER								.135267	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7568

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		1981734		1981734	11066	179.08	1
2	PHYSICAL THERAPY		910262		910262	7204	126.36	2
3	OCCUPATIONAL THERAPY		184383		184383	1375	134.10	3
4	SPEECH PATHOLOGY		410		410	56	7.32	4
5	MEDICAL SOCIAL SERV		248278		248278	395	628.55	5
6	HOME HEALTH AIDE SERV		77393		77393	1198	64.60	6
7	TOTAL		3402460		3402460	21294		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		8037		8037	87711	.091630	15
16	COST OF DRUGS							16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19





APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7568

WORKSHEET H-6  
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.424261			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52	.524471			COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.141893			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS 56	.177697			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PROGRAM VISITS PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PROGRAM COST PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	8
1	PHYSICAL THERAPY	126.36	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY	134.10						2
3	SPEECH PATHOLOGY	7.32						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7568

WORKSHEET H-7  
 PARTS I & II

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

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES				2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES				6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST				7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1554703	480852	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	9311	3744	10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	32043	12692	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	35492	25598	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES	1567		10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES	84431	32631	10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3844	1234	10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES	33	820	10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES	430	128	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	1721854	557699	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1721854	557699	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1721854	557699	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1721854	557699	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	1721854	557699	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1721854	557699	24
25 TOTAL INTERIM PAYMENTS	1721854	557699	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.: 14-7568

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		1721854		557699	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM					
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM				3.01
REVISION OF THE INTERIM RATE FOR THE COST	TO				3.02
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER	NONE		NONE	3.03
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				3.04
					3.05
					3.50
	PROVIDER				3.51
	TO	NONE		NONE	3.52
	PROGRAM				3.53
					3.54
SUBTOTAL					3.99
4 TOTAL INTERIM PAYMENTS		1721854		557699	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM				5.01
	TO	NONE		NONE	5.02
	PROVIDER				5.03
	PROVIDER				5.50
	TO	NONE		NONE	5.51
	PROGRAM				5.52
SUBTOTAL					5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO				
	PROVIDER				6.01
	PROVIDER TO				6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1721854		557699	7

NAME OF INTERMEDIARY: \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

INTERMEDIARY NUMBER: \_\_\_\_\_  
 DATE (MO/DAY/YR): \_\_\_\_\_

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0231)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	5023796			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	727975			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]				4
4.01	NO. OF INTERNS & RESIDENTS	0.00	0.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE				4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT				4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0194			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.0493			5.01
5.02	SUM OF LINES 5 AND 5.01	0.0687			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0140			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	70333			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5822104			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-EMS					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
37.01 SAME DAY SURGERY					37.01
37.02 GASTROENTEROLOGY					37.02
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 ULTRASOUND					41.01
41.02 NUCLEAR MEDICINE					41.02
41.03 CT SCAN					41.03
41.04 MRI					41.04
41.05 RADIOLOGY ONCOLOGY					41.05
41.06 SPECIAL PROCEDURES					41.06
41.07 IMAGING CENTER					41.07
41.08 P.E.T					41.08
42 RADIOLOGY-THERAPEUTIC					42
44 LABORATORY					44
46 WHOLE BLOOD & PACKED RED BLOOD					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
52 SPEECH PATHOLOGY					52
53 ELECTROCARDIOLOGY					53
53.02 ENTEROSTOMAL THERAPY					53.02
53.03 EMG/NCV					53.03
53.04 CARDIAC REHAB					53.04
53.05 CARDIAC CATH LAB					53.05
53.06 CANCER CENTER					53.06
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 URODYNAMICS					60.01
60.02 PLAINFIELD CLINIC					60.02
60.03 OSWEGO CLINIC					60.03
61 EMERGENCY					61
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

PROVIDER NO. 14-0231 EDWARD HOSPITAL  
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05  
12/03/2008 12:11

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 PHYSICIANS CLINICS					98.01
98.03 PHYSICIAN OFFICES					98.03
98.04 IRB					98.04
00 LINDEN OAKS HOSPITAL					00
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	41.56		4.27				45.83 25
26 INTENSIVE CARE UNIT	50.63		4.83				55.46 26
27 CORONARY CARE UNIT	51.22		2.72				53.94 27
33 NURSERY			7.13				7.13 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	19.48	4.03					23.51 37
37.01 SAME DAY SURGERY	9.19	11.60					20.79 37.01
37.02 GASTROENTEROLOGY	12.20	20.26					32.46 37.02
38 RECOVERY ROOM	14.37	5.13					19.50 38
39 DELIVERY ROOM & LABOR ROOM	0.06	0.01					0.07 39
40 ANESTHESIOLOGY	12.17	5.71					17.88 40
41 RADIOLOGY-DIAGNOSTIC	12.18	12.79					24.97 41
41.01 ULTRASOUND	13.65	8.48					22.13 41.01
41.02 NUCLEAR MEDICINE	9.79	22.92					32.71 41.02
41.03 CT SCAN	14.03	15.17					29.20 41.03
41.04 MRI	25.54	8.64					34.18 41.04
41.06 SPECIAL PROCEDURES	40.95	27.81					68.76 41.06
41.07 IMAGING CENTER		8.73					8.73 41.07
42 RADIOLOGY-THERAPEUTIC	0.56	29.58					30.14 42
44 LABORATORY	20.21	2.33					22.54 44
46 WHOLE BLOOD & PACKED RED BLOOD	36.56	7.92					44.48 46
49 RESPIRATORY THERAPY	45.29	4.38					49.67 49
50 PHYSICAL THERAPY	24.79						24.79 50
52 SPEECH PATHOLOGY	41.53						41.53 52
53 ELECTROCARDIOLOGY	13.77	22.11					35.88 53
53.02 ENTEROSTOMAL THERAPY	45.20	13.87					59.07 53.02
53.03 EMG/NCV	4.75	17.45					22.20 53.03
53.04 CARDIAC REHAB	4.86	32.67					37.53 53.04
53.05 CARDIAC CATH LAB	40.90	6.51					47.41 53.05
54 ELECTROENCEPHALOGRAPHY	4.87	12.38					17.25 54
55 MEDICAL SUPPLIES CHARGED TO PAT	37.87	2.02					39.89 55
56 DRUGS CHARGED TO PATIENTS	36.30	3.91					40.21 56
60 CLINIC		22.02					22.02 60
60.01 URODYNAMICS		18.76					18.76 60.01
60.02 PLAINFIELD CLINIC	0.38	35.35					35.73 60.02
61 EMERGENCY	15.75	8.31					24.06 61
62 OBSERVATION BEDS (NON-DISTINCT		23.20					23.20 62
101 TOTAL CHARGES	16.96	8.80					25.76 101



COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	17758693	4.64	-17758693	-10.73		3
4	NEW CAP REL COSTS-MVBLE EQUIP	11168188	2.92	-11168188	-6.75		4
5	EMPLOYEE BENEFITS	15635463	4.08	-15635463	-9.45		5
6	ADMINISTRATIVE & GENERAL	85027796	22.21	-85027796	-51.39		6
7	MAINTENANCE & REPAIRS	3792170	.99	-3792170	-2.29		7
8	OPERATION OF PLANT	3109876	.81	-3109876	-1.88		8
9	LAUNDRY & LINEN SERVICE	1429823	.37	-1429823	-.86		9
10	HOUSEKEEPING	4002183	1.05	-4002183	-2.42		10
11	DIETARY	1566009	.41	-1566009	-.95		11
12	CAFETERIA	2295927	.60	-2295927	-1.39		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	5252242	1.37	-5252242	-3.17		14
15	CENTRAL SERVICES & SUPPLY	3139557	.82	-3139557	-1.90		15
16	PHARMACY	5875979	1.54	-5875979	-3.55		16
17	MEDICAL RECORDS & LIBRARY	5089404	1.33	-5089404	-3.08		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-EMS	328339	.09	-328339	-.20		24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	32142965	8.40	39807617	24.06	71950582	18.80
26	INTENSIVE CARE UNIT	4905927	1.28	4376044	2.64	9281971	2.42
27	CORONARY CARE UNIT	3770066	.98	3328724	2.01	7098790	1.85
33	NURSERY	7368647	1.93	4374670	2.64	11743317	3.07
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	30327076	7.92	19799932	11.97	50127008	13.10
37.01	SAME DAY SURGERY	4509210	1.18	4133168	2.50	8642378	2.26
37.02	GASTROENTEROLOGY	2672188	.70	2182463	1.32	4854651	1.27
38	RECOVERY ROOM	1351666	.35	1150205	.70	2501871	.65
39	DELIVERY ROOM & LABOR ROOM	6250700	1.63	3350930	2.03	9601630	2.51
40	ANESTHESIOLOGY	1625223	.42	970104	.59	2595327	.68
41	RADIOLOGY-DIAGNOSTIC	7033412	1.84	5576327	3.37	12609739	3.29
41.01	ULTRASOUND	1834464	.48	1288509	.78	3122973	.82
41.02	NUCLEAR MEDICINE	1600617	.42	1349261	.82	2949878	.77
41.03	CT SCAN	2535443	.66	1882050	1.14	4417493	1.15
41.04	MRI	1235276	.32	1160409	.70	2395685	.63
41.05	RADIOLOGY ONCOLOGY						41.05
41.06	SPECIAL PROCEDURES	1675770	.44	928230	.56	2604000	.68
41.07	IMAGING CENTER	4829858	1.26	2627806	1.59	7457664	1.95
41.08	P.E.T						41.08
42	RADIOLOGY-THERAPEUTIC	21184660	5.53	12814916	7.74	33999576	8.88
44	LABORATORY	9373712	2.45	7046968	4.26	16420680	4.29

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
46 WHOLE BLOOD & PACKED RED BLOOD	3254638	.85	1652842	1.00	4907480	1.28	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	3958562	1.03	2363564	1.43	6322126	1.65	49
50 PHYSICAL THERAPY	3308830	.86	1682988	1.02	4991818	1.30	50
51 OCCUPATIONAL THERAPY							51
52 SPEECH PATHOLOGY	523649	.14	513803	.31	1037452	.27	52
53 ELECTROCARDIOLOGY	6041911	1.58	2846502	1.72	8888413	2.32	53
53.02 ENTEROSTOMAL THERAPY	315204	.08	137613	.08	452817	.12	53.02
53.03 EMG/NCV	37029	.01	85764	.05	122793	.03	53.03
53.04 CARDIAC REHAB	941601	.25	1114980	.67	2056581	.54	53.04
53.05 CARDIAC CATH LAB	14602253	3.81	7717452	4.66	22319705	5.83	53.05
53.06 CANCER CENTER							53.06
54 ELECTROENCEPHALOGRAPHY	1624043	.42	920377	.56	2544420	.66	54
55 MEDICAL SUPPLIES CHARGED TO PAT	4055673	1.06	2122984	1.28	6178657	1.61	55
56 DRUGS CHARGED TO PATIENTS	9760191	2.55	6900409	4.17	16660600	4.35	56
60 CLINIC	1504250	.39	2002248	1.21	3506498	.92	60
60.01 URODYNAMICS	94086	.02	40237	.02	134323	.04	60.01
60.02 PLAINFIELD CLINIC	2536637	.66	1066441	.64	3603078	.94	60.02
60.03 OSWEGO CLINIC	172251	.04	75614	.05	247865	.06	60.03
61 EMERGENCY	12337691	3.22	11821765	7.14	24159456	6.31	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	2347493	.61	1063004	.64	3410497	.89	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	454315	.12	442078	.27	896393	.23	96
97 RESEARCH	11626		6757		18383		97
98 PHYSICIANS' PRIVATE OFFICES	2121703	.55	1168254	.71	3289957	.86	98
98.01 PHYSICIANS CLINICS	834324	.22	509194	.31	1343518	.35	98.01
98.03 PHYSICIAN OFFICES	157568	.04	67720	.04	225288	.06	98.03
98.04 IRB	92473	.02	43786	.03	136259	.04	98.04
100 LINDEN OAKS HOSPITAL			956940	.58	956940	.25	100
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	382786530	100.00	0	.00	382786530	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED		CAPITAL		PROGRAM	INPATIENT
	COSTS	CHARGES	COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	
			3		5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	3714944	139512924	.026628	27170276	723490	37
37.01 SAME DAY SURGERY	963250	8758677	.109977	805184	88552	37.01
37.02 GASTROENTEROLOGY	396616	28384513	.013973	3464055	48403	37.02
38 RECOVERY ROOM	218845	16968201	.012897	2438592	31451	38
39 DELIVERY ROOM & LABOR ROOM	216275	22301524	.009698	13251	129	39
40 ANESTHESIOLOGY	73244	24505571	.002989	2983225	8917	40
41 RADIOLOGY-DIAGNOSTIC	1160345	35447282	.032734	4315728	141271	41
41.01 ULTRASOUND	163019	18746079	.008696	2559614	22258	41.01
41.02 NUCLEAR MEDICINE	265006	11546866	.022950	1130551	25946	41.02
41.03 CT SCAN	173055	66187812	.002615	9284319	24278	41.03
41.04 MRI	246609	11886172	.020748	3035338	62977	41.04
41.05 RADIOLOGY ONCOLOGY						41.05
41.06 SPECIAL PROCEDURES	116594	10863691	.010732	4448822	47745	41.06
41.07 IMAGING CENTER	296228	52553430	.005637			41.07
41.08 P.E.T						41.08
42 RADIOLOGY-THERAPEUTIC	803185	89928385	.008931	502586	4489	42
44 LABORATORY	1271242	122957931	.010339	24846563	256889	44
46 WHOLE BLOOD & PACKED RED BLOOD	138273	13969528	.009898	5107591	50555	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	291461	30004622	.009714	13590312	132016	49
50 PHYSICAL THERAPY	114621	11765924	.009742	2916445	28412	50
51 OCCUPATIONAL THERAPY						51
52 SPEECH PATHOLOGY	164224	1978092	.083021	821577	68208	52
53 ELECTROCARDIOLOGY	484402	57804339	.008380	7959976	66705	53
53.02 ENTEROSTOMAL THERAPY	9222	456541	.020200	206337	4168	53.02
53.03 EMG/NCV	29086	3567778	.008152	169375	1381	53.03
53.04 CARDIAC REHAB	360854	2541093	.142007	123544	17544	53.04
53.05 CARDIAC CATH LAB	1360776	78745129	.017281	32207586	556579	53.05
53.06 CANCER CENTER						53.06
54 ELECTROENCEPHALOGRAPHY	61525	7966999	.007722	387797	2995	54
55 MEDICAL SUPPLIES CHARGED TO PAT	186692	43544622	.004287	16490406	70694	55
56 DRUGS CHARGED TO PATIENTS	429505	93758397	.004581	34030394	155893	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	704422	3087380	.228162			60
60.01 URODYNAMICS	2645	439433	.006019			60.01
60.02 PLAINFIELD CLINIC	72162	9197510	.007846	34638	272	60.02
60.03 OSWEGO CLINIC	4947	104878	.047169			60.03
61 EMERGENCY	1882803	105863600	.017785	16674235	296551	61
62 OBSERVATION BEDS (NON-DISTINCT	683190	5013441	.136272			62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	17059267	1130358364		217718317	2938768	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT		PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	6	7
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	10144651		10144651	74230	136.67	30851	4216406 25
26 INTENSIVE CARE UNIT	746186		746186	5823	128.14	2948	377757 26
27 CORONARY CARE UNIT	696042		696042	4258	163.47	2181	356528 27
101 TOTAL	11586879		11586879			35980	4950691 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							4950691
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							2938768
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							7889459
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)					7690		
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)					35980		
PER DISCHARGE CAPITAL COSTS							1025.94
PER DIEM CAPITAL COSTS							219.27

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	79696600
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	279219178
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.285

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	7889459
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.028

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	30617282
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	112926722
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.271