

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 2

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 CENTRAL DUPAGE HOSPITAL (14-0242) (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	
		2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	157375	99991	2
3	SWING BED - SNF	21741		3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	179116	99991	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: 0 NORTH 025 WINFIELD ROAD
 1.01 CITY: WINFIELD STATE: IL

P.O.BOX:
 ZIP CODE: 60190

COUNTY: DUPAGE

1
 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	CENTRAL DUPAGE HOSPITAL	14-0242	07/01/1966	N	P	O	2
3	SUBPROVIDER I	CENTRAL DUPAGE HOSPITAL PSYCH.	14-S242	07/01/1985	N	T	O	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							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

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I	4	20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.			21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	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
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			NO	31.01
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.			NO	32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.			NO	33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?			NO	34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			NO	35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
		1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES		38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO		38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO		38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO		38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO		38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	4-8052	40
40.01	NAME: CENTRAL DUPAGE HEALTH	FI/CONTRACTOR'S NAME:	FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET: 27 WEST 353 JEWELL ROAD		P.O. BOX:	40.02
40.03	CITY:		STATE: IL ZIP CODE: 60190	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?	NO		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 NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.			46

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N	N	N	49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 5950413 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 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	YES	NO	60	
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)	NO		60.01	
MULTICAMPUS					
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO		61	
	COUNTY:	STATE:	ZIP CODE	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		7364	2098	21014
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		7364	2098	21014
13 RPCH VISITS				13
14 SUBPROVIDER I		180	82	735
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
26.01 OBSERVATION BED DAYS-Sub I				26.01
27 AMBULANCE TRIPS				27
28 EMPLOYEE DISCOUNT DAYS				28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
	1	2	3	4	5	6		
1	TOTAL SALARIES	156555365		156555365	4689674.00	33.38		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	2085089	-234950	1850139	64546.00	28.66	DEPT HOURS SUMM	8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	3443053		3443053	75716.20	45.47	SUM OF INVOICES	9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	949265		949265	5660.00	167.71	TIME ST AND A82	10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	16310868		16310868	244927.00	66.59	HOME OFFICE CR	11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	33291927	-393437	32898490			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS		393437	393437			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	2544296	-2514225	30071	1090.00	27.59		21
22	ADMINISTRATIVE & GENERAL	23304561	2514225	25818786	541240.00	47.70		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT	522094		522094	1817.55	287.25		22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	1798368		1798368	63816.00	28.18		24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	2360433		2360433	198462.00	11.89		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	1545751	-902265	643486	126147.00	5.10		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		902265	902265	73632.00	12.25		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	2796687		2796687	66760.00	41.89		30
31	CENTRAL SERVICES AND SUPPLY	1886399		1886399	111119.00	16.98		31
32	PHARMACY	4271629		4271629	110025.00	38.82		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	2473903		2473903	113943.00	21.71		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
	1	2	3	4	5		
1	NET SALARIES	156555365		156555365	4689674.00	33.38	1
2	EXCLUDED AREA SALARIES	2085089	-234950	1850139	64546.00	28.66	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	154470276	234950	154705226	4625128.00	33.45	3
4	SUBTOTAL OTHER WAGES & REL COSTS	20703186		20703186	326303.20	63.45	4
5	SUBTOTAL WAGE-RELATED COSTS	33291927	-393437	32898490		21.27%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	208465389	-158487	208306902	4951431.20	42.07	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	43504121		43504121	1408051.55	30.90	13

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	35341504	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	35341504	22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS		23
24	COST TO CHARGE RATIO	0.284950	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	108469089	28
29	TOTAL GROSS MEDICAID COST	30908267	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	38777382	30
31	UNCOMPENSATED CARE COST	11049615	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	30908267	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	
71	7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	156301923	268269996	424571919	54594	424626513	-34290643	390335870	95
96.01	9601 KOFEE KORNER		266031	266031		266031		266031	96.01
97	9700 RESEARCH	253442	-4857	248585	-54594	193991		193991	97
98	9800 PHYSICIANS' PRIVATE OFFICES								98
98.01	9801 WSKF								98.01
99.01	9901 DEVELOPMENT								99.01
99.02	9902 MARKETING								99.02
99.04	9903 PHYSICIAN ANSWERING SERVICE								99.04
99.05	9904 CAR SEAT SAFETY PROGRAM								99.05
101	TOTAL	156555365	268531170	425086535		425086535	-34290643	390795892	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1 BUILDING DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		15923239
2	A				2
3	A				3
4	A				4
5	A				5
6	A				6
7	A				7
8	A				8
9					9
10 MED SUP SOLD	B	MEDICAL SUPPLIES CHARGED TO P	55		47150649
11	B				11
12	B				12
13	B				13
14	B				14
15	B				15
16	B				16
17	B				17
18	B				18
19	B				19
20	B				20
21	B				21
22	B				22
23	B				23
24	B				24
25	B				25
26	B				26
27	B				27
28	B				28
29	B				29
30	B				30
31	B				31
32	B				32
33	B				33
34	B				34
35					35
36 SUBTOTAL					63073888

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 BUILDING DEPRECIATION	A	ADMINISTRATION & GENERAL	6.60		15651503	9 1
2	A	OPERATION OF PLANT	8		235791	2
3	A	ADULTS & PEDIATRICS	25		21437	3
4	A	NURSERY	33		5459	4
5	A	RADIOLOGY-DIAGNOSTIC	41		2258	5
6	A	LABORATORY	44		2962	6
7	A	CLINIC	60		2876	7
8	A	ELECTROCARDIOLOGY	53		954	8
9						9
10 MED SUP SOLD	B	CENTRAL SERVICES & SUPPLY	15		761383	10
11	B	PHARMACY	16		262998	11
12	B	ADULTS & PEDIATRICS	25		733334	12
13	B	INTENSIVE CARE UNIT	26		388901	13
14	B	CORONARY CARE UNIT	27		184744	14
15	B	SUBPROVIDER I	31		1501	15
16	B	NURSERY	33		128224	16
17	B	OPERATING ROOM	37		32061369	17
18	B	RECOVERY ROOM	38		46375	18
19	B	DELIVERY ROOM & LABOR ROOM	39		250944	19
20	B	ANESTHESIOLOGY	40		776813	20
21	B	RADIOLOGY-DIAGNOSTIC	41		147221	21
22	B	MRI	41.01		25388	22
23	B	CT SCAN	41.02		28685	23
24	B	RADIOLOGY-THERAPEUTIC	42		8980	24
25	B	RESPIRATORY THERAPY	49		71145	25
26	B	PHYSICAL THERAPY	50		143427	26
27	B	OCCUPATIONAL THERAPY	51		4419	27
28	B	SPEECH PATHOLOGY	52		3948	28
29	B	ELECTROCARDIOLOGY	53		10221334	29
30	B	ELECTROENCEPHALOGRAPHY	54		57000	30
31	B	CLINIC	60		101997	31
32	B	PATIENT TREATMENT CENTER	60.01		235826	32
33	B	REHAB SERVICES-BLOOMINGDALE	60.02		1534	33
34	B	EMERGENCY	61		503159	34
35						35
36 SUBTOTAL					63073889	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE		SALARY	OTHER
		COST CENTER	LINE #		
1	1	2	3	4	5
2 SHARED COSTS	C	CAFETERIA	12	902265	1929677
3 DRUGS SOLD TO PATIENTS	D	DRUGS CHARGED TO PATIENTS	56		11527253
4	D				
5	D				
6	D				
7	D				
8	D				
9					
10					
11 CAPITAL RELATED INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		523117
12					
13					
14 EQUIPMENT RENTAL	F	NEW CAP REL COSTS-MVBLE EQUIP	4		19564708
15	F				
16	F				
17	F				
18	F				
19	F				
20	F				
21	F				
22	F				
23	F				
24	F				
25	F				
26	F				
27	F				
28	F				
29	F				
30	F				
31	F				
32	F				
33	F				
34	F				
35	F				
36 SUBTOTAL				902265	96618643

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 SHARED COSTS	C	DIETARY	11	902265	1929677	1
2						2
3 DRUGS SOLD TO PATIENTS	D	PHARMACY	16		11519574	3
4	D	ADULTS & PEDIATRICS	25		7416	4
5	D	INTENSIVE CARE UNIT	26		72	5
6	D	CORONARY CARE UNIT	27		11	6
7	D	SUBPROVIDER I	31		127	7
8	D	NURSERY	33		53	8
9						9
10						10
11						11
12 CAPITAL RELATED INSURANCE	E	ADMINISTRATION & GENERAL	6.60		523117	12
13						13
14						14
15 EQUIPMENT RENTAL	F	NON PATIENT TELEPHONES	6.10		257109	10
16	F	PURCHASING AND STORES	6.30		11390	16
17	F	ADMITTING	6.40		55723	17
18	F	ACCOUNTS RECEIVABLE AND CASHI	6.50		31915	18
19	F	ADMINISTRATION & GENERAL	6.60		5355975	19
20	F	OPERATION OF PLANT	8		554648	20
21	F	LAUNDRY & LINEN SERVICE	9		6628	21
22	F	HOUSEKEEPING	10		28555	22
23	F	DIETARY	11		116048	23
24	F	NURSING ADMINISTRATION	14		884274	24
25	F	CENTRAL SERVICES & SUPPLY	15		343189	25
26	F	PHARMACY	16		449134	26
27	F	MEDICAL RECORDS & LIBRARY	17		608275	27
28	F	ADULTS & PEDIATRICS	25		529389	28
29	F	INTENSIVE CARE UNIT	26		143560	29
30	F	CORONARY CARE UNIT	27		55933	30
31	F	SUBPROVIDER I	31		16953	31
32	F	NURSERY	33		124898	32
33	F	OPERATING ROOM	37		2572988	33
34	F	RECOVERY ROOM	38		39863	34
35	F	DELIVERY ROOM & LABOR ROOM	39		266131	35
36 SUBTOTAL				902265	89506514	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	F				1
2	F				2
3	F				3
4	F				4
5	F				5
6	F				6
7	F				7
8	F				8
9	F				9
10	F				10
11	F				11
12	F				12
13	F				13
14	F				14
15	F				15
16	F				16
17	F				17
18	F				18
19	F				19
20	F				20
21	F				21
22	F				22
23					23
24 BHS ADMINISTRATION	G	ADULTS & PEDIATRICS	25	55386	32316 24
25	G	MENTAL HEALTH O/P	60.04	179564	448302 25
26					26
27					27
28					28
29 EQUIPMENT DEPRECIATION	J	NEW CAP REL COSTS-MVBLE EQUIP	4		2225440 29
30	J	CENTRAL SERVICES & SUPPLY	15		1206 30
31	J				31
32	J				32
33	J				33
34	J				34
35	J				35
36 SUBTOTAL				1137215	99325907 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	F	ANESTHESIOLOGY	40		148864	1
2	F	RADIOLOGY-DIAGNOSTIC	41		1530035	2
3	F	MRI	41.01		843096	3
4	F	CT SCAN	41.02		492286	4
5	F	RADIOLOGY-THERAPEUTIC	42		4101	5
6	F	RADIOISOTOPE	43		136042	6
7	F	LABORATORY	44		866066	7
8	F	WHOLE BLOOD & PACKED RED BLOO	46		7898	8
9	F	RESPIRATORY THERAPY	49		122323	9
10	F	PHYSICAL THERAPY	50		88037	10
11	F	OCCUPATIONAL THERAPY	51		4784	11
12	F	SPEECH PATHOLOGY	52		2734	12
13	F	ELECTROCARDIOLOGY	53		1724423	13
14	F	ELECTROENCEPHALOGRAPHY	54		117800	14
15	F	CARDIAC REHAB	58.01		11530	15
16	F	CLINIC	60		288534	16
17	F	PATIENT TREATMENT CENTER	60.01		210193	17
18	F	REHAB SERVICES-BLOOMINGDALE	60.02		5698	18
19	F	MENTAL HEALTH O/P	60.04		487	19
20	F					20
21	F	EMERGENCY	61		506577	21
22	F	RESEARCH	97		624	22
23						23
24	BHS ADMINISTRATION	G SUBPROVIDER I	31	234950	480618	24
25						25
26						26
27						27
28						28
29	EQUIPMENT DEPRECIATION	J NON PATIENT TELEPHONES	6.10		52645	9 29
30		J PURCHASING AND STORES	6.30		1267370	30
31		J ADMITTING	6.40		4218	31
32		J ACCOUNTS RECEIVABLE AND CASHI	6.50		402	32
33		J ADMINISTRATION & GENERAL	6.60		4157	33
34		J OPERATION OF PLANT	8		933	34
35						35
36	SUBTOTAL			1137215	98428989	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
		2	3	4	5
1	J				1
2	J				2
3	J				3
4	J				4
5	J				5
6	J				6
7	J				7
8	J				8
9	J				9
10	J				10
11	J				11
12	J				12
13	J				13
14	J				14
15	J				15
16	J				16
17	J				17
18	J				18
19	J				19
20	J				20
21	J				21
22	J				22
23	J				23
24	J				24
25	J				25
26	J				26
27	J				27
28	J				28
29	J				29
30	J				30
31	J				31
32	J				32
33	J				33
34	J				34
35	J				35
36 SUBTOTAL				1137215	99325907 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	J	HOUSEKEEPING	10		11345	1
2	J	DIETARY	11		100966	2
3	J	NURSING ADMINISTRATION	14		68631	3
4	J					4
5	J	PHARMACY	16		464	5
6	J	MEDICAL RECORDS & LIBRARY	17		243	6
7	J	ADULTS & PEDIATRICS	25		142184	7
8	J	INTENSIVE CARE UNIT	26		11091	8
9	J	CORONARY CARE UNIT	27		6106	9
10	J	SUBPROVIDER I	31		434	10
11	J	NURSERY	33		2300	11
12	J	OPERATING ROOM	37		321931	12
13	J	RECOVERY ROOM	38		110	13
14	J	DELIVERY ROOM & LABOR ROOM	39		6052	14
15	J	ANESTHESIOLOGY	40		2810	15
16	J	RADIOLOGY-DIAGNOSTIC	41		3436	16
17	J	MRI	41.01		275	17
18	J					18
19	J	RADIOLOGY-THERAPEUTIC	42		4007	19
20	J	RADIOISOTOPE	43		558	20
21	J	LABORATORY	44		1584	21
22	J					22
23	J	RESPIRATORY THERAPY	49		125764	23
24	J	PHYSICAL THERAPY	50		2064	24
25	J	OCCUPATIONAL THERAPY	51		330	25
26	J	SPEECH PATHOLOGY	52		275	26
27	J	ELECTROCARDIOLOGY	53		73316	27
28	J	ELECTROENCEPHALOGRAPHY	54		5007	28
29	J	CARDIAC REHAB	58.01		55	29
30	J	CLINIC	60		1383	30
31	J	PATIENT TREATMENT CENTER	60.01		408	31
32	J	REHAB SERVICES-BLOOMINGDALE	60.02		30	32
33	J					33
34	J	MENTAL HEALTH O/P	60.04		674	34
35	J	WOMEN'S CLINIC	60.05		9	35
36		SUBTOTAL		1137215	99322831	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	J				1
2	J				2
3					3
4 ALLOCATED BENEFITS	L	EMPLOYEE BENEFITS	5		32909454 4
5	L				5
6	L				6
7	L				7
8	L				8
9	L				9
10	L				10
11	L				11
12	L				12
13	L				13
14	L				14
15	L				15
16	L				16
17	L				17
18	L				18
19	L				19
20	L				20
21	L				21
22	L				22
23	L				23
24	L				24
25	L				25
26	L				26
27	L				27
28	L				28
29	L				29
30	L				30
31	L				31
32	L				32
33	L				33
34	L				34
35	L				35
36 SUBTOTAL				1137215	132235361 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
	1	6	7	8	9	
1	J	EMERGENCY	61		1876	1
2	J	NEW CAP REL COSTS-MVBLE EQUIP	4		1206	9 2
3						3
4	L	NON PATIENT TELEPHONES	6.10		139204	4
5	L	PURCHASING AND STORES	6.30		160266	5
6	L	ADMITTING	6.40		362655	6
7	L	ACCOUNTS RECEIVABLE AND CASHI	6.50		385691	7
8	L	ADMINISTRATION & GENERAL	6.60		3919108	8
9	L	OPERATION OF PLANT	8		383717	9
10	L	HOUSEKEEPING	10		503175	10
11	L	DIETARY	11		329417	11
12	L	NURSING ADMINISTRATION	14		595978	12
13	L	CENTRAL SERVICES & SUPPLY	15		402145	13
14	L	PHARMACY	16		910257	14
15	L	MEDICAL RECORDS & LIBRARY	17		527528	15
16	L	ADULTS & PEDIATRICS	25		6219762	16
17	L	INTENSIVE CARE UNIT	26		1283443	17
18	L	CORONARY CARE UNIT	27		746042	18
19	L	SUBPROVIDER I	31		390298	19
20	L	NURSERY	33		725639	20
21	L	OPERATING ROOM	37		2201598	21
22	L	RECOVERY ROOM	38		599269	22
23	L	DELIVERY ROOM & LABOR ROOM	39		1038272	23
24	L	ANESTHESIOLOGY	40		34225	24
25	L	RADIOLOGY-DIAGNOSTIC	41		1202816	25
26	L	MRI	41.01		166848	26
27	L	CT SCAN	41.02		252081	27
28	L	RADIOLOGY-THERAPEUTIC	42		90499	28
29	L	RADIOISOTOPE	43		103334	29
30	L	LABORATORY	44		1873498	30
31	L	WHOLE BLOOD & PACKED RED BLOO	46		105308	31
32	L	RESPIRATORY THERAPY	49		561753	32
33	L	PHYSICAL THERAPY	50		397867	33
34	L	OCCUPATIONAL THERAPY	51		92474	34
35	L	SPEECH PATHOLOGY	52		84247	35
36		SUBTOTAL		1137215	126114327	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1	L				1
2	L				2
3	L				3
4	L				4
5	L				5
6	L				6
7	L				7
8	L				8
9	L				9
10	L				10
11	L				11
12	L				12
13 OP CHEM DEPENDENCY	M	MENTAL HEALTH O/P	60.04	693628	230069 13
14					14
15 UNALLOCATED PTO	N	ADMINISTRATION & GENERAL	6.60	2514225	15
16					16
17 PAIN MANAGEMENT	O	PAIN MANAGEMENT	58.04	243509	136222 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				4588577	132601652 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1	L	ELECTROCARDIOLOGY	53		1544410	1
2	L	ELECTROENCEPHALOGRAPHY	54		172113	2
3	L	CARDIAC REHAB	58.01		66476	3
4	L					4
5	L	CLINIC	60		2292756	5
6	L	PATIENT TREATMENT CENTER	60.01		299799	6
7	L	REHAB SERVICES-BLOOMINGDALE	60.02		92474	7
8	L	MENTAL HEALTH O/P	60.04		100701	8
9	L	WOMEN'S CLINIC	60.05		14151	9
10	L	EMERGENCY	61		1402244	10
11	L	RESEARCH	97		53970	11
12	L	EMPLOYEE BENEFITS	5		81941	12
13	M	ADULTS & PEDIATRICS	25	693628	230068	13
14						14
15	N	EMPLOYEE BENEFITS	5	2514225		15
16						16
17	O	ADULTS & PEDIATRICS	25	243509	136222	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		4588577	132601652	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	907382	272820		272820		1180202		1
2 LAND IMPROVEMENTS	19302107	5995529		5995529		25297636		2
3 BUILDINGS AND FIXTURES	129771642	157947981		157947981		287719623		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	39164564	1094945		1094945		40259509		5
6 MOVABLE EQUIPMENT	202633358	37468351		37468351		240101709		6
7 SUBTOTAL	391779053	202779626		202779626		594558679		7
8 RECONCILING ITEMS								8
9 TOTAL	391779053	202779626		202779626		594558679		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	
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	354456970		354456970	.596168				3
4 NEW CAP REL COSTS-MVBLE EQUIP	240101709		240101709	.403832				4
5 TOTAL	594558679		594558679	1.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	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	15923239			523117			16446356 3
4 NEW CAP REL COSTS-MVBLE EQUIP	4571948	19564708					24136656 4
5 TOTAL	20495187	19564708		523117			40583012 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPRECIATION	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			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-22357	PURCHASING AND STORES	6.30	6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-300238	NON PATIENT TELEPHONES	6.10	9
10 TELEVISION AND RADIO SERVICE	A	-20763	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-18364577			12
13 SALE OF SCRAP, WASTE, ETC.	B	-3170	RADIOLOGY-DIAGNOSTIC	41	13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-6943728			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-2085078	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	B	-19285	ADULTS & PEDIATRICS	25	18
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-69	DRUGS CHARGED TO PATIENTS	56	19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-1668	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-22639	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				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 CABLE TV	A	-1014	SUBPROVIDER I	31	37
37.01 CABLE TV	A	-554	CLINIC	60	37.01
37.02 CABLE TV	A	-1140	LABORATORY	44	37.02
38 OTHER	B	-80000	SUBPROVIDER I	31	38
38.01 OTHER INCOME	B	-2340	EMERGENCY	61	38.01
39 OTHER	B	-29832	ADULTS & PEDIATRICS	25	39
40 OTHER INCOME	B	-16348	PATIENT TREATMENT CENTER	60.01	40
40.01 OTHER INCOME	B	-1666489	RADIOLOGY-DIAGNOSTIC	41	40.01
40.02 OTHER INCOME	B	-166402	ELECTROCARDIOLOGY	53	40.02
41 OTHER	B	-71974	DELIVERY ROOM & LABOR ROOM	39	41
41.01 OTHER INCOME	B	-2871122	LABORATORY	44	41.01
41.02 OTHER INCOME	B	-27915	DIETARY	11	41.02
42 CHARITABLE CONTRIBUTIONS	A	-51306	ADMINISTRATION & GENERAL	6.60	42
42.02 CHARITABLE CONTRIBUTIONS	A	-6109	EMERGENCY	61	42.02
42.03 CHARITABLE CONTRIBUTIONS	A	-1000	SUBPROVIDER I	31	42.03
42.04 CHARITABLE CONTRIBUTIONS	A	-59	LABORATORY	44	42.04
43 REAL ESTATE TAXES	A	-61115	ADMINISTRATION & GENERAL	6.60	43
44 CARDIAC REHAB MISC REV	B	-8750	CARDIAC REHAB	58.01	44
45 OUTSIDE SERVICES	B	-24540	RADIOLOGY-DIAGNOSTIC	41	45
45.04 OTHER INCOME	B	-11964	MEDICAL RECORDS & LIBRARY	17	45.04
45.05 OUTSIDE SERVICE	B	-2107	OCCUPATIONAL THERAPY	51	45.05
45.06 OUTSIDE SERVICES	B	-308	CLINIC	60	45.06
45.07 OUTSIDE SERVICES EAP/BHS ADMN	B	-35547	SUBPROVIDER I	31	45.07
45.09 OUTSIDE BHS ADMIN	B	-81216	MENTAL HEALTH O/P	60.04	45.09
45.10 ALCOHOLIC BEVERAGES	A	-1000	ADMINISTRATION & GENERAL	6.60	45.10
45.20 OTHER DIETARY	B	-256262	DIETARY	11	45.20
45.21 PT EDUCATION REVENUE	B	-9182	NURSING ADMINISTRATION	14	45.21
45.22 PT EDUCATION	B	-3035	SUBPROVIDER I	31	45.22
45.23 EMS TUITION	B	-105752	EMERGENCY	61	45.23
46 ASSOCIATION LOBBYING COST	A	-49805	ADMINISTRATION & GENERAL	6.60	46

PROVIDER NO. 14-0242 CENTRAL DUPAGE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/20/2008 09:17

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER 3	LINE NO. 4	
47 SITTERS	A	-39844	ADULTS & PEDIATRICS	25	47
47.02 PHY BILLING COST	A	-236432	ACCOUNTS RECEIVABLE AND CASHIER	6.50	47.02
48 PHYSICIAN RECRUITMENT	A	-17999	ADULTS & PEDIATRICS	25	48
48.05 DEPR ON MME <5K 2003 ADDNS	A	1	NEW CAP REL COSTS-MVBLE EQUIP	4	9 48.05
49 DEPR ON MME < 5K 2002 ADDNS	A	1	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49
49.01 DEPR ON MME<5K 2004 ADDNS	A	1	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.01
49.02 DEPR ON MME<5K 2005 ADDNS	A	1	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.02
49.03 DEPR ON MME <5K 2006	A	1	NEW CAP REL COSTS-MVBLE EQUIP	4	9 49.03
49.04 REAL ESTATE TAXES	A	-61115	ADMINISTRATION & GENERAL	6.60	49.04
49.10 REVERSE LOSS ON FIXED ASSETS	A	-482049	ADMINISTRATION & GENERAL	6.60	49.10
49.11 DUES	B	-25450	ADMINISTRATION & GENERAL	6.60	49.11
50 TOTAL		-34290643			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	4	NEW CAP REL COSTS-MVBLE EQUIP	2184379		2184379	9 1
2	6.60	ADMINISTRATION & GENERAL	28162494	37453931	-9291437	2
3	4	NEW CAP REL COSTS-MVBLE EQUIP	428458	265128	163330	9 3
4						4
5	TOTALS		30775331	37719059	-6943728	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	A C D H S	100.00				1
2	A CENTRAL DUPAGE PHY GRP	100.00				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	AGGREGATE	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	61	EMERGENCY	596550	581050	15500	177200	78	6645	332
2	25	ADULTS & PEDIATRICS	2163763	1977817	185946	140600	1056	71381	3569
3	14	NURSING ADMINISTRATION	250000	250000					
4	26	INTENSIVE CARE UNIT	283196	159996	123200	165600	821	65364	3268
5	31	SUBPROVIDER I	284228	284228					
6	37	OPERATING ROOM	564393	285493	278900	208000	1322	132200	6610
7	39	DELIVERY ROOM & LABOR RO	1089358	1089358					
8	40	ANESTHESIOLOGY	120000		120000	200300	880	84742	4237
9	41	RADIOLOGY-DIAGNOSTIC	1581274	1581274					
10	41.01	MRI	1799765	1799765					
11	41.02	CT SCAN	5136498	5136498					
12	43	RADIOISOTOPE	668349	609949	58400	225300	269	29137	1457
13	44	LABORATORY	217860	217860					
14	49	RESPIRATORY THERAPY	21314	15314	6000	165600	120	9554	478
15	53	ELECTROCARDIOLOGY	1929501	1881271	48230	177200	222	18913	946
16	54	ELECTROENCEPHALOGRAPHY	19500		19500	177200	130	11075	554
17	58.01	CARDIAC REHAB	6109	6109					
18	58.03	INPATIENT DIALYSIS	612231	612231					
19	60	CLINIC	1230190	1230190					
20	60.04	MENTAL HEALTH O/P	60623	60623					
22	42	RADIOLOGY-THERAPEUTIC	156924	153924	3000	165600	20	1592	80
101		TOTAL	18791626	17932950	858676		4918	430603	21531

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	61 EMERGENCY	AGGREGATE				6645	8855	589905
2	25 ADULTS & PEDIATRICS	AGGREGATE				71381	114565	2092382
3	14 NURSING ADMINISTRATION	AGGREGATE						250000
4	26 INTENSIVE CARE UNIT	AGGREGATE				65364	57836	217832
5	31 SUBPROVIDER I	AGGREGATE						284228
6	37 OPERATING ROOM	AGGREGATE				132200	146700	432193
7	39 DELIVERY ROOM & LABOR RO	AGGREGATE						1089358
8	40 ANESTHESIOLOGY	AGGREGATE				84742	35258	35258
9	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						1581274
10	41.01 MRI	AGGREGATE						1799765
11	41.02 CT SCAN	AGGREGATE						5136498
12	43 RADIOISOTOPE	AGGREGATE				29137	29263	639212
13	44 LABORATORY	AGGREGATE						217860
14	49 RESPIRATORY THERAPY	AGGREGATE				9554		15314
15	53 ELECTROCARDIOLOGY	AGGREGATE				18913	29317	1910588
16	54 ELECTROENCEPHALOGRAPHY	AGGREGATE				11075	8425	8425
17	58.01 CARDIAC REHAB	AGGREGATE						6109
18	58.03 INPATIENT DIALYSIS	AGGREGATE						612231
19	60 CLINIC	AGGREGATE						1230190
20	60.04 MENTAL HEALTH O/P	AGGREGATE						60623
22	42 RADIOLOGY-THERAPEUTIC	AGGREGATE				1592	1408	155332
101	TOTAL					430603	431627	18364577

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	NON PATIENT TELEPHONES 6.10	PURCHASING AND STORES 6.30	ADMITTING 6.40	ACCOUNTS RECEIVABLE & CASHIERS 6.50
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	390335870	16398203	24065987	33268871	2701667	2207676	2478775	4549760
NONREIMBURSABLE COST CENTERS								
96.01 KOFEE KORNER	266031	40940	60083			53		96.01
97 RESEARCH	193991			53956		211		97
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 WSKF								98.01
99.01 DEVELOPMENT								99.01
99.02 MARKETING								99.02
99.04 PHYSICIAN ANSWERING SERVICE		7213	10586					99.04
99.05 CAR SEAT SAFETY PROGRAM								99.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	390795892	16446356	24136656	33322827	2701667	2207940	2478775	4549760

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	ADMIN AND GENERAL	OPERATION OF PLANT	LAUNDRY AND LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	NURSING ADMINI- STRATION
	5A	6.60	8	9	10	11	12	14
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	390162828	75883743	48533216	1130098	8856224	6915927	1690560	5786509
NONREIMBURSABLE COST CENTERS								
96.01 KOFEE KORNER	367107	88682	285918		55544			96.01
97 RESEARCH	248158	59948					3139	97
98 PHYSICIANS' PRIVATE OFFICES				6112				98
98.01 WSKF								98.01
99.01 DEVELOPMENT								99.01
99.02 MARKETING								99.02
99.04 PHYSICIAN ANSWERING SERVICE	17799	4300	50376		9786			99.04
99.05 CAR SEAT SAFETY PROGRAM								99.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	390795892	76036673	48869510	1136210	8921554	6915927	1693699	5786509

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP-DOWN ADJS 26	TOTAL 27	
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	6670103	7681153	6717628	389599023		389599023	95
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER				797251		797251	96.01
97 RESEARCH				311245		311245	97
98 PHYSICIANS' PRIVATE OFFICES				6112		6112	98
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE				82261		82261	99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	6670103	7681153	6717628	390795892		390795892	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	NON	PURCHASING	ADMITTING	ACCOUNTS
	CAP-REL	REL COSTS	REL COSTS	COST TO	PATIENT	AND		RECEIVABLE
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC	TELEPHONES	STORES	6.40	& CASHIERS
	0	3	4	4A	6.10	6.30		6.50
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS		16398203	24065987	40464190	868968	261191	108445	68836 95
NONREIMBURSABLE COST CENTERS								
96.01 KOFEE KORNER		40940	60083	101023		6		96.01
97 RESEARCH						25		97
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 WSKF								98.01
99.01 DEVELOPMENT								99.01
99.02 MARKETING								99.02
99.04 PHYSICIAN ANSWERING SERVICE		7213	10586	17799				99.04
99.05 CAR SEAT SAFETY PROGRAM								99.05
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL		16446356	24136656	40583012	868968	261222	108445	68836 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMIN AND GENERAL 6.60	OPERATION OF PLANT 8	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	1129112	21099568	455966	1882488	2549475	271413	512771	1173161	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER	1319	124302		11806					96.01
97 RESEARCH	892					504			97
98 PHYSICIANS' PRIVATE OFFICES			2466						98
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE	64	21901		2080					99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	1131387	21245771	458432	1896374	2549475	271917	512771	1173161	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6.10 NON PATIENT TELEPHONES						6.10
6.30 PURCHASING AND STORES						6.30
6.40 ADMITTING						6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER						6.50
6.60 ADMINISTRATION & GENERAL						6.60
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	357560					16
17 MEDICAL RECORDS & LIBRARY		966563				17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	210	85449	12593777		12593777	25
26 INTENSIVE CARE UNIT	2	14611	1329922		1329922	26
27 CORONARY CARE UNIT		10393	1203701		1203701	27
31 SUBPROVIDER I	4	7408	1745800		1745800	31
33 NURSERY	1	10908	571438		571438	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1348	56194	4851415		4851415	37
38 RECOVERY ROOM	27	8926	429232		429232	38
39 DELIVERY ROOM & LABOR ROOM	77	17103	1555574		1555574	39
40 ANESTHESIOLOGY	8424	3672	45197		45197	40
41 RADIOLOGY-DIAGNOSTIC	809	38646	2660936		2660936	41
41.01 MRI	4585	22042	310593		310593	41.01
41.02 CT SCAN	7725	60166	442949		442949	41.02
42 RADIOLOGY-THERAPEUTIC		300	6981		6981	42
43 RADIOISOTOPE	60	11792	262152		262152	43
44 LABORATORY	282	100715	1971228		1971228	44
46 WHOLE BLOOD & PACKED RED BLOOD		8811	139596		139596	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	8	14916	329195		329195	49
50 PHYSICAL THERAPY	53	7028	834581		834581	50
51 OCCUPATIONAL THERAPY	4	2560	46701		46701	51
52 SPEECH PATHOLOGY		1953	40543		40543	52
53 ELECTROCARDIOLOGY	2546	60866	1250320		1250320	53
54 ELECTROENCEPHALOGRAPHY	3	6645	474239		474239	54
55 MEDICAL SUPPLIES CHARGED TO PAT		224435	1813101		1813101	55
56 DRUGS CHARGED TO PATIENTS	326796	95012	483056		483056	56
58.01 CARDIAC REHAB	11	1001	4001		4001	58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS		2314	66638		66638	58.03
58.04 PAIN MANAGEMENT		1693	267548		267548	58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	3998	21969	386626		386626	60
60.01 PATIENT TREATMENT CENTER	225	3529	555814		555814	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	2	1805	5302		5302	60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P		4346	1938078		1938078	60.04
60.05 WOMEN'S CLINIC		23	607		607	60.05
61 EMERGENCY	360	59332	1681984		1681984	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
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	16	17	25	26	27	
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 SUBTOTALS	357560	966563	40298825		40298825	95
NONREIMBURSABLE COST CENTERS						
96.01 KOFEE KORNER			238456		238456	96.01
97 RESEARCH			1421		1421	97
98 PHYSICIANS' PRIVATE OFFICES			2466		2466	98
98.01 WSKF						98.01
99.01 DEVELOPMENT						99.01
99.02 MARKETING						99.02
99.04 PHYSICIAN ANSWERING SERVICE			41844		41844	99.04
99.05 CAR SEAT SAFETY PROGRAM						99.05
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	357560	966563	40583012		40583012	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS	NEW CAP- REL COSTS	EMPLOYEE BENEFITS	NON PATIENT	PURCHASING AND	ACCOUNTS RECEIVABLE	
	BLDG&FIXT (SQUARE FEET)	MOV EQUIP SQUARE FEET	GROSS SALARIES	TELEPHONES (NONPT PHONES)	STORES (SUPPLIES EXPENSE)	ADMITTING GROSS REVENUE	& CASHIERS GROSS REVENUE
	3	4	5	6.10	6.30	6.40	6.50
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	925262	925262	156271852	1341	63001607	1367252679	1367252679 95
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER	2310	2310			1517		96.01
97 RESEARCH			253442		6026		97
98 PHYSICIANS' PRIVATE OFFICES							98
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE	407	407					99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 COST TO BE ALLOC PER B PT I	16446356	24136656	33322827	2701667	2207940	2478775	4549760 103
104 UNIT COST MULT-WS B PT I		26.009916		2014.665921		.001813	104
104 UNIT COST MULT-WS B PT I	17.722767		.212891		.035042		.003328 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				868968	261222	108445	68836 107
108 UNIT COST MULT-WS B PT III				648.000000		.000079	108
108 UNIT COST MULT-WS B PT III					.004146		.000050 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	RECON- CILIATION	ADMIN AND GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE- KEEPING SQUARE FEET	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	NURSING ADMINI- STRATION (DIRECT NRSNG HRS)	
	6A.60	6.60	8	9	10	11	12	14	
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	-76036673	314126155	392111	2518275	368318	247737	179315	118920	95
NONREIMBURSABLE COST CENTERS									
96.01 KOFEE KORNER		367107	2310		2310				96.01
97 RESEARCH		248158					333		97
98 PHYSICIANS' PRIVATE OFFICES				13620					98
98.01 WSKF									98.01
99.01 DEVELOPMENT									99.01
99.02 MARKETING									99.02
99.04 PHYSICIAN ANSWERING SERVICE		17799	407		407				99.04
99.05 CAR SEAT SAFETY PROGRAM									99.05
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I		76036673	48869510	1136210	8921554	6915927	1693699	5786509	103
104 UNIT COST MULT-WS B PT I			123.774175		24.045047		9.427876		104
104 UNIT COST MULT-WS B PT I		.241571		.448759		27.916407		48.658838	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		1131387	21245771	458432	1896374	2549475	271917	512771	107
108 UNIT COST MULT-WS B PT III			53.810193		5.111038		1.513610		108
108 UNIT COST MULT-WS B PT III		.003594		.181063		10.291055		4.311899	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS				
1				1
2				2
3				3
4				4
5				5
6.10				6.10
6.30				6.30
6.40				6.40
6.50				6.50
6.60				6.60
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15	10000			15
16		12680537		16
17			1367252679	17
18				18
20				20
21				21
22				22
23				23
24				24
INPATIENT ROUTINE SERV COST CENTERS				
25		7440	120860922	25
26			72 20665702	26
27			11 14700437	27
31			127 10477660	31
33			53 15428546	33
ANCILLARY SERVICE COST CENTERS				
37		47793	79481670	37
38		961	12625664	38
39		2726	24191040	39
40		298750	5193997	40
41		28702	54662107	41
41.01		162597	31176287	41.01
41.02		273952	85099872	41.02
42			424732	42
43		2112	16678315	43
44		10012	142453651	44
46			12462717	46
46.30				46.30
49		266	21097338	49
50		1863	9941025	50
51		138	3621122	51
52			2761866	52
53		90297	86090244	53
54		98	9399116	54
55	10000		317567483	55
56		11589574	134387873	56
58.01		383	1416537	58.01
58.02				58.02
58.03			3272393	58.03
58.04			2395322	58.04
OUTPATIENT SERVICE COST CENTERS				
60		141769	31073405	60
60.01		7990	4992171	60.01
60.02		85	2552796	60.02
60.03				60.03
60.04			6146850	60.04
60.05			32429	60.05
61		12766	83921390	61
62				62
63.50				63.50
63.60				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10				69.10
69.20				69.20

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
95 SUBTOTALS	10000	12680537	1367252679	95
NONREIMBURSABLE COST CENTERS				
96.01 KOFEE KORNER				96.01
97 RESEARCH				97
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 WSKF				98.01
99.01 DEVELOPMENT				99.01
99.02 MARKETING				99.02
99.04 PHYSICIAN ANSWERING SERVICE				99.04
99.05 CAR SEAT SAFETY PROGRAM				99.05
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	6670103	7681153	6717628	103
104 UNIT COST MULT-WS B PT I	667.010300		.004913	104
104 UNIT COST MULT-WS B PT I		.605744		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	1173161	357560	966563	107
108 UNIT COST MULT-WS B PT III	117.316100		.000707	108
108 UNIT COST MULT-WS B PT III		.028198		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	77028528		77028528	114565	77143093	25
26 INTENSIVE CARE UNIT	13277600		13277600	57836	13335436	26
27 CORONARY CARE UNIT	8679900		8679900		8679900	27
31 SUBPROVIDER I	5664413		5664413		5664413	31
33 NURSERY	6929763		6929763		6929763	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	31475395		31475395	146700	31622095	37
38 RECOVERY ROOM	5826113		5826113		5826113	38
39 DELIVERY ROOM & LABOR ROOM	11643396		11643396		11643396	39
40 ANESTHESIOLOGY	1526969		1526969	35258	1562227	40
41 RADIOLOGY-DIAGNOSTIC	13891762		13891762		13891762	41
41.01 MRI	2677829		2677829		2677829	41.01
41.02 CT SCAN	4247222		4247222		4247222	41.02
42 RADIOLOGY-THERAPEUTIC	1870071		1870071	1408	1871479	42
43 RADIOISOTOPE	2092165		2092165	29263	2121428	43
44 LABORATORY	26809831		26809831		26809831	44
46 WHOLE BLOOD & PACKED RED BL	4047711		4047711		4047711	46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5257244		5257244		5257244	49
50 PHYSICAL THERAPY	4864433		4864433		4864433	50
51 OCCUPATIONAL THERAPY	812951		812951		812951	51
52 SPEECH PATHOLOGY	727345		727345		727345	52
53 ELECTROCARDIOLOGY	15434357		15434357	29317	15463674	53
54 ELECTROENCEPHALOGRAPHY	2569233		2569233	8425	2577658	54
55 MEDICAL SUPPLIES CHARGED TO	70816158		70816158		70816158	55
56 DRUGS CHARGED TO PATIENTS	22850160		22850160		22850160	56
58.01 CARDIAC REHAB	660867		660867		660867	58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	181129		181129		181129	58.03
58.04 PAIN MANAGEMENT	1084888		1084888		1084888	58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	20044654		20044654		20044654	60
60.01 PATIENT TREATMENT CENTER	3505989		3505989		3505989	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	741736		741736		741736	60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	6673654		6673654		6673654	60.04
60.05 WOMEN'S CLINIC	138717		138717		138717	60.05
61 EMERGENCY	15546840		15546840	8855	15555695	61
62 OBSERVATION BEDS (NON-DISTI	3415711		3415711		3415711	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	393014734		393014734	431627	393446361	101
102 LESS OBSERVATION BEDS	3415711		3415711		3415711	102
103 TOTAL	389599023		389599023	431627	390030650	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	117141191		117141191			25
26 INTENSIVE CARE UNIT	20665702		20665702			26
27 CORONARY CARE UNIT	14700437		14700437			27
31 SUBPROVIDER I	10477660		10477660			31
33 NURSERY	15428546		15428546			33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	40429735	39051935	79481670	.396008	.396008	.397854 37
38 RECOVERY ROOM	6626168	5999496	12625664	.461450	.461450	.461450 38
39 DELIVERY ROOM & LABOR ROOM	18883236	5307804	24191040	.481310	.481310	.481310 39
40 ANESTHESIOLOGY	2617331	2576666	5193997	.293987	.293987	.300775 40
41 RADIOLOGY-DIAGNOSTIC	17091152	37570955	54662107	.254139	.254139	.254139 41
41.01 MRI	8207759	22968528	31176287	.085893	.085893	.085893 41.01
41.02 CT SCAN	25041097	60058775	85099872	.049909	.049909	.049909 41.02
42 RADIOLOGY-THERAPEUTIC		424732	424732	4.402944	4.402944	4.406259 42
43 RADIOISOTOPE	5000973	11677342	16678315	.125442	.125442	.127197 43
44 LABORATORY	45530312	96923339	142453651	.188200	.188200	.188200 44
46 WHOLE BLOOD & PACKED RED BL	8562642	3900075	12462717	.324786	.324786	.324786 46
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	20222255	875083	21097338	.249190	.249190	.249190 49
50 PHYSICAL THERAPY	4817230	5123795	9941025	.489329	.489329	.489329 50
51 OCCUPATIONAL THERAPY	2689640	931482	3621122	.224503	.224503	.224503 51
52 SPEECH PATHOLOGY	1664695	1097171	2761866	.263353	.263353	.263353 52
53 ELECTROCARDIOLOGY	50965984	35124260	86090244	.179281	.179281	.179622 53
54 ELECTROENCEPHALOGRAPHY	3367012	6032104	9399116	.273348	.273348	.274245 54
55 MEDICAL SUPPLIES CHARGED TO	242889523	74677960	317567483	.222996	.222996	.222996 55
56 DRUGS CHARGED TO PATIENTS	103282298	31105575	134387873	.170031	.170031	.170031 56
58.01 CARDIAC REHAB	580	1415957	1416537	.466537	.466537	.466537 58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	3243420	28973	3272393	.055351	.055351	.055351 58.03
58.04 PAIN MANAGEMENT	58852	2336470	2395322	.452919	.452919	.452919 58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	4125	31069280	31073405	.645074	.645074	.645074 60
60.01 PATIENT TREATMENT CENTER	327627	4664544	4992171	.702297	.702297	.702297 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2552796	2552796	.290558	.290558	.290558 60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P		6146850	6146850	1.085703	1.085703	1.085703 60.04
60.05 WOMEN'S CLINIC		32429	32429	4.277560	4.277560	4.277560 60.05
61 EMERGENCY	28664721	55256669	83921390	.185255	.185255	.185360 61
62 OBSERVATION BEDS (NON-DISTI		3719731	3719731	.918268	.918268	.918268 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	818601903	548650776	1367252679			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	818601903	548650776	1367252679			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				12593777		12593777
26 INTENSIVE CARE UNIT				1329922		1329922
27 CORONARY CARE UNIT				1203701		1203701
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1745800		1745800
33 NURSERY				571438		571438
101 TOTAL				17444638		17444638

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	72131	29648			174.60	5176541
26 INTENSIVE CARE UNIT	4814	2063			276.26	569924
27 CORONARY CARE UNIT	4390	2406			274.19	659701
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4437	1356			393.46	533532
33 NURSERY	12530				45.61	
101 TOTAL	98302	35473				6939698

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4851415	79481670	14208817			.061038	867278	37
38 RECOVERY ROOM		429232	12625664	2394946			.033997	81421	38
39 DELIVERY ROOM & LABOR ROOM		1555574	24191040	79358			.064304	5103	39
40 ANESTHESIOLOGY		45197	5193997	1636747			.008702	14243	40
41 RADIOLOGY-DIAGNOSTIC		2660936	54662107	8514539			.048680	414488	41
41.01 MRI		310593	31176287	3525498			.009962	35121	41.01
41.02 CT SCAN		442949	85099872	12202647			.005205	63515	41.02
42 RADIOLOGY-THERAPEUTIC		6981	424732				.016436		42
43 RADIOISOTOPE		262152	16678315	2914366			.015718	45808	43
44 LABORATORY		1971228	142453651	22015437			.013838	304650	44
46 WHOLE BLOOD & PACKED RED BLOO		139596	12462717	3887918			.011201	43549	46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		329195	21097338	9666382			.015604	150834	49
50 PHYSICAL THERAPY		834581	9941025	2660111			.083953	223324	50
51 OCCUPATIONAL THERAPY		46701	3621122	1559232			.012897	20109	51
52 SPEECH PATHOLOGY		40543	2761866	1031104			.014680	15137	52
53 ELECTROCARDIOLOGY		1250320	86090244	25944774			.014523	376796	53
54 ELECTROENCEPHALOGRAPHY		474239	9399116	772461			.050456	38975	54
55 MEDICAL SUPPLIES CHARGED TO P		1813101	317567483	101065405			.005709	576982	55
56 DRUGS CHARGED TO PATIENTS		483056	134387873	45311402			.003594	162849	56
58.01 CARDIAC REHAB		4001	1416537				.002824		58.01
58.02 SLEEP LAB									58.02
58.03 INPATIENT DIALYSIS		66638	3272393	2178772			.020364	44369	58.03
58.04 PAIN MANAGEMENT		267548	2395322				.111696		58.04
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		386626	31073405				.012442		60
60.01 PATIENT TREATMENT CENTER		555814	4992171	219398			.111337	24427	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5302	2552796				.002077		60.02
60.03 CANTERA									60.03
60.04 MENTAL HEALTH O/P		1938078	6146850				.315296		60.04
60.05 WOMEN'S CLINIC		607	32429				.018718		60.05
61 EMERGENCY		1681984	83921390	14321083			.020042	287023	61
62 OBSERVATION BEDS (NON-DISTINC		558362	3719731				.150108		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		23412549	1188839143	276110397				3796001	101

PROVIDER NO. 14-0242 CENTRAL DUPAGE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/20/2008 09:17

APPORIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL COSTS	TOTAL	PER DIEM	INPATIENT	INPATIENT
	ANESTHETIST COST	EDUCATION COST	ADJUSTMENT AMOUNT		PATIENT DAYS		PROGRAM DAYS	PROGRAM PASS THRU COSTS
	1	2	3	4	5	6	7	8
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					72131		29648	25
26 INTENSIVE CARE UNIT					4814		2063	26
27 CORONARY CARE UNIT					4390		2406	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4437		1356	31
33 NURSERY					12530			33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					98302		35473	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		79481670			14208817		6509515 37
38 RECOVERY ROOM		12625664			2394946		795081 38
39 DELIVERY ROOM & LABOR ROOM		24191040			79358		44765 39
40 ANESTHESIOLOGY		5193997			1636747		244832 40
41 RADIOLOGY-DIAGNOSTIC		54662107			8514539		6781864 41
41.01 MRI		31176287			3525498		4423203 41.01
41.02 CT SCAN		85099872			12202647		12558901 41.02
42 RADIOLOGY-THERAPEUTIC		424732					151396 42
43 RADIOISOTOPE		16678315			2914366		3186248 43
44 LABORATORY		142453651			22015437		1243416 44
46 WHOLE BLOOD & PACKED RED BLOO		12462717			3887918		385736 46
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		21097338			9666382		91993 49
50 PHYSICAL THERAPY		9941025			2660111		27192 50
51 OCCUPATIONAL THERAPY		3621122			1559232		53 51
52 SPEECH PATHOLOGY		2761866			1031104		
53 ELECTROCARDIOLOGY		86090244			25944774		10762616 53
54 ELECTROENCEPHALOGRAPHY		9399116			772461		794260 54
55 MEDICAL SUPPLIES CHARGED TO P		317567483			101065405		15076422 55
56 DRUGS CHARGED TO PATIENTS		134387873			45311402		8309137 56
58.01 CARDIAC REHAB		1416537					545351 58.01
58.02 SLEEP LAB							
58.03 INPATIENT DIALYSIS		3272393			2178772		
58.04 PAIN MANAGEMENT		2395322					
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31073405					2539691 60
60.01 PATIENT TREATMENT CENTER		4992171			219398		1195269 60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2552796					2743 60.02
60.03 CANTERA							
60.04 MENTAL HEALTH O/P		6146850					6406 60.04
60.05 WOMEN'S CLINIC		32429					
61 EMERGENCY		83921390			14321083		6810674 61
62 OBSERVATION BEDS (NON-DISTINC		3719731					
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1188839143			276110397		82486764 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			----- PROGRAM CHARGES -----		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
38 OPERATING ROOM	.396008	.396008	.396008			37
39 RECOVERY ROOM	.461450	.461450	.461450			38
40 DELIVERY ROOM & LABOR ROOM	.481310	.481310	.481310			39
41 ANESTHESIOLOGY	.293987	.293987	.293987			40
42 RADIOLOGY-DIAGNOSTIC	.254139	.254139	.254139			41
41.01 MRI	.085893	.085893	.085893			41.01
41.02 CT SCAN	.049909	.049909	.049909			41.02
42 RADIOLOGY-THERAPEUTIC	4.402944	4.402944	4.402944			42
43 RADIOISOTOPE	.125442	.125442	.125442			43
44 LABORATORY	.188200	.188200	.188200			44
46 WHOLE BLOOD & PACKED RED BLOOD	.324786	.324786	.324786			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.249190	.249190	.249190			49
50 PHYSICAL THERAPY	.489329	.489329	.489329			50
51 OCCUPATIONAL THERAPY	.224503	.224503	.224503			51
52 SPEECH PATHOLOGY	.263353	.263353	.263353			52
53 ELECTROCARDIOLOGY	.179281	.179281	.179281			53
54 ELECTROENCEPHALOGRAPHY	.273348	.273348	.273348			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.222996	.222996	.222996			55
56 DRUGS CHARGED TO PATIENTS	.170031	.170031	.170031			56
58.01 CARDIAC REHAB	.466537	.466537	.466537			58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	.055351	.055351	.055351			58.03
58.04 PAIN MANAGEMENT	.452919	.452919	.452919			58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.645074	.645074	.645074			60
60.01 PATIENT TREATMENT CENTER	.702297	.702297	.702297			60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.290558	.290558	.290558			60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	1.085703	1.085703	1.085703			60.04
60.05 WOMEN'S CLINIC	4.277560	4.277560	4.277560			60.05
61 EMERGENCY	.185255	.185255	.185255			61
62 OBSERVATION BEDS (NON-DISTINCT	.918268	.918268	.918268			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	.170031	1
2 PROGRAM VACCINE CHARGES	22194	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	3774	3
3.01 PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES				PROGRAM COST			
	ALL OTHER (1)	PPS SER- VICES	ALL OTHER (SEE)	PPS SER- VICES	PPS SER- VICES	OUTPATIENT SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS		6509515						37
38 OPERATING ROOM		795081						38
39 RECOVERY ROOM		44765						39
40 DELIVERY ROOM & LABOR ROOM		244832						40
41 ANESTHESIOLOGY		6781864						41
41 RADIOLOGY-DIAGNOSTIC		4423203						41
41.01 MRI		12558901						41.01
41.02 CT SCAN		151396						41.02
42 RADIOLOGY-THERAPEUTIC		3186248						42
43 RADIOISOTOPE		1243416						43
44 LABORATORY		385736						44
46 WHOLE BLOOD & PACKED RED BLOOD								46
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		91993						49
50 PHYSICAL THERAPY		27192						50
51 OCCUPATIONAL THERAPY		53						51
52 SPEECH PATHOLOGY								52
53 ELECTROCARDIOLOGY		10762616						53
54 ELECTROENCEPHALOGRAPHY		794260						54
55 MEDICAL SUPPLIES CHARGED TO PA		15076422						55
56 DRUGS CHARGED TO PATIENTS		8309137						56
58.01 CARDIAC REHAB		545351						58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS								58.03
58.04 PAIN MANAGEMENT								58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2539691						60
60.01 PATIENT TREATMENT CENTER		1195269						60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2743						60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		6406						60.04
60.05 WOMEN'S CLINIC								60.05
61 EMERGENCY		6810674						61
62 OBSERVATION BEDS (NON-DISTINCT)								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		82486764						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		82486764						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0242) [] 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		2577820					37
38 RECOVERY ROOM		366890					38
39 DELIVERY ROOM & LABOR ROOM		21546					39
40 ANESTHESIOLOGY		71977					40
41 RADIOLOGY-DIAGNOSTIC		1723536					41
41.01 MRI		379922					41.01
41.02 CT SCAN		626802					41.02
42 RADIOLOGY-THERAPEUTIC		666588					42
43 RADIOISOTOPE		399689					43
44 LABORATORY		234011					44
46 WHOLE BLOOD & PACKED RED BLOOD		125282					46
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		22924					49
50 PHYSICAL THERAPY		13306					50
51 OCCUPATIONAL THERAPY		12					51
52 SPEECH PATHOLOGY							52
53 ELECTROCARDIOLOGY		1929533					53
54 ELECTROENCEPHALOGRAPHY		217109					54
55 MEDICAL SUPPLIES CHARGED TO PAT		3361982					55
56 DRUGS CHARGED TO PATIENTS		1412811					56
58.01 CARDIAC REHAB		254426					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1638289					60
60.01 PATIENT TREATMENT CENTER		839434					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		797					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		6955					60.04
60.05 WOMEN'S CLINIC							60.05
61 EMERGENCY		1261711					61
62 OBSERVATION BEDS (NON-DISTINCT)							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		18153352					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		18153352					104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST		NEW CAPITAL RELATED COST		INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	1	2	3	4		5	6	7	8
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		4851415	79481670	6940			.061038	424	37
38 RECOVERY ROOM		429232	12625664	13791			.033997	469	38
39 DELIVERY ROOM & LABOR ROOM		1555574	24191040				.064304		39
40 ANESTHESIOLOGY		45197	5193997	2684			.008702	23	40
41 RADIOLOGY-DIAGNOSTIC		2660936	54662107	43067			.048680	2097	41
41.01 MRI		310593	31176287	32031			.009962	319	41.01
41.02 CT SCAN		442949	85099872	62765			.005205	327	41.02
42 RADIOLOGY-THERAPEUTIC		6981	424732				.016436		42
43 RADIOISOTOPE		262152	16678315				.015718		43
44 LABORATORY		1971228	142453651	248761			.013838	3442	44
46 WHOLE BLOOD & PACKED RED BLOO		139596	12462717				.011201		46
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		329195	21097338	16150			.015604	252	49
50 PHYSICAL THERAPY		834581	9941025	16176			.083953	1358	50
51 OCCUPATIONAL THERAPY		46701	3621122	4223			.012897	54	51
52 SPEECH PATHOLOGY		40543	2761866	1124			.014680	17	52
53 ELECTROCARDIOLOGY		1250320	86090244	30001			.014523	436	53
54 ELECTROENCEPHALOGRAPHY		474239	9399116	3087			.050456	156	54
55 MEDICAL SUPPLIES CHARGED TO P		1813101	317567483	82308			.005709	470	55
56 DRUGS CHARGED TO PATIENTS		483056	134387873	733135			.003594	2635	56
58.01 CARDIAC REHAB		4001	1416537				.002824		58.01
58.02 SLEEP LAB									58.02
58.03 INPATIENT DIALYSIS		66638	3272393	26453			.020364	539	58.03
58.04 PAIN MANAGEMENT		267548	2395322				.111696		58.04
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		386626	31073405				.012442		60
60.01 PATIENT TREATMENT CENTER		555814	4992171	2238			.111337	249	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5302	2552796				.002077		60.02
60.03 CANTERA									60.03
60.04 MENTAL HEALTH O/P		1938078	6146850				.315296		60.04
60.05 WOMEN'S CLINIC		607	32429				.018718		60.05
61 EMERGENCY		1681984	83921390	95530			.020042	1915	61
62 OBSERVATION BEDS (NON-DISTINC		558362	3719731				.150108		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL		23412549	1188839143	1420464				15182	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		79481670			6940		37
38 RECOVERY ROOM		12625664			13791		38
39 DELIVERY ROOM & LABOR ROOM		24191040					39
40 ANESTHESIOLOGY		5193997			2684		40
41 RADIOLOGY-DIAGNOSTIC		54662107			43067		41
41.01 MRI		31176287			32031		41.01
41.02 CT SCAN		85099872			62765		41.02
42 RADIOLOGY-THERAPEUTIC		424732					42
43 RADIOISOTOPE		16678315					43
44 LABORATORY		142453651			248761		44
46 WHOLE BLOOD & PACKED RED BLOO		12462717					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		21097338			16150		49
50 PHYSICAL THERAPY		9941025			16176		50
51 OCCUPATIONAL THERAPY		3621122			4223		51
52 SPEECH PATHOLOGY		2761866			1124		52
53 ELECTROCARDIOLOGY		86090244			30001		53
54 ELECTROENCEPHALOGRAPHY		9399116			3087		54
55 MEDICAL SUPPLIES CHARGED TO P		317567483			82308		55
56 DRUGS CHARGED TO PATIENTS		134387873			733135		56
58.01 CARDIAC REHAB		1416537					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3272393			26453		58.03
58.04 PAIN MANAGEMENT		2395322					58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31073405					60
60.01 PATIENT TREATMENT CENTER		4992171			2238		60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2552796					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		6146850					60.04
60.05 WOMEN'S CLINIC		32429					60.05
61 EMERGENCY		83921390			95530		61
62 OBSERVATION BEDS (NON-DISTINC		3719731					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1188839143			1420464		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
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

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				12593777		12593777
26 INTENSIVE CARE UNIT				1329922		1329922
27 CORONARY CARE UNIT				1203701		1203701
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				1745800		1745800
33 NURSERY				571438		571438
101 TOTAL				17444638		17444638

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	72131	5592			174.60	976363
26 INTENSIVE CARE UNIT	4814	954			276.26	263552
27 CORONARY CARE UNIT	4390	208			274.19	57032
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	4437	452			393.46	177844
33 NURSERY	12530	2086			45.61	95142
101 TOTAL	98302	9292				1569933

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4851415	79481670				.061038	37
38 RECOVERY ROOM		429232	12625664				.033997	38
39 DELIVERY ROOM & LABOR ROOM		1555574	24191040				.064304	39
40 ANESTHESIOLOGY		45197	5193997				.008702	40
41 RADIOLOGY-DIAGNOSTIC		2660936	54662107				.048680	41
41.01 MRI		310593	31176287				.009962	41.01
41.02 CT SCAN		442949	85099872				.005205	41.02
42 RADIOLOGY-THERAPEUTIC		6981	424732				.016436	42
43 RADIOISOTOPE		262152	16678315				.015718	43
44 LABORATORY		1971228	142453651				.013838	44
46 WHOLE BLOOD & PACKED RED BLOO		139596	12462717				.011201	46
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		329195	21097338				.015604	49
50 PHYSICAL THERAPY		834581	9941025				.083953	50
51 OCCUPATIONAL THERAPY		46701	3621122				.012897	51
52 SPEECH PATHOLOGY		40543	2761866				.014680	52
53 ELECTROCARDIOLOGY		1250320	86090244				.014523	53
54 ELECTROENCEPHALOGRAPHY		474239	9399116				.050456	54
55 MEDICAL SUPPLIES CHARGED TO P		1813101	317567483				.005709	55
56 DRUGS CHARGED TO PATIENTS		483056	134387873				.003594	56
58.01 CARDIAC REHAB		4001	1416537				.002824	58.01
58.02 SLEEP LAB								58.02
58.03 INPATIENT DIALYSIS		66638	3272393				.020364	58.03
58.04 PAIN MANAGEMENT		267548	2395322				.111696	58.04
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		386626	31073405				.012442	60
60.01 PATIENT TREATMENT CENTER		555814	4992171				.111337	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5302	2552796				.002077	60.02
60.03 CANTERA								60.03
60.04 MENTAL HEALTH O/P		1938078	6146850				.315296	60.04
60.05 WOMEN'S CLINIC		607	32429				.018718	60.05
61 EMERGENCY		1681984	83921390				.020042	61
62 OBSERVATION BEDS (NON-DISTINC		558362	3719731				.150108	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		23412549	1188839143					101

PROVIDER NO. 14-0242 CENTRAL DUPAGE HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
 11/20/2008 09:17

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
	ANESTHETIST	EDUCATION	ADJUSTMENT	COSTS	PATIENT	DIEM	PROGRAM	PROGRAM
	1	2	3	4	5	6	7	8
	COST	COST	AMOUNT		DAYS		DAYS	PASS THRU
								COSTS
INPAT ROUTINE SERV COST CTRS								
25 ADULTS & PEDIATRICS					72131		5592	25
26 INTENSIVE CARE UNIT					4814		954	26
27 CORONARY CARE UNIT					4390		208	27
28 BURN INTENSIVE CARE UNIT								28
29 SURGICAL INTENSIVE CARE UNIT								29
30 OTHER SPECIAL CARE (SPECIFY)								30
31 SUBPROVIDER I					4437		452	31
33 NURSERY					12530		2086	33
34 SKILLED NURSING FACILITY								34
35 NURSING FACILITY								35
101 TOTAL					98302		9292	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] 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 CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM PASS THROUGH COSTS	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		79481670					37
38 RECOVERY ROOM		12625664					38
39 DELIVERY ROOM & LABOR ROOM		24191040					39
40 ANESTHESIOLOGY		5193997					40
41 RADIOLOGY-DIAGNOSTIC		54662107					41
41.01 MRI		31176287					41.01
41.02 CT SCAN		85099872					41.02
42 RADIOLOGY-THERAPEUTIC		424732					42
43 RADIOISOTOPE		16678315					43
44 LABORATORY		142453651					44
46 WHOLE BLOOD & PACKED RED BLOO		12462717					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		21097338					49
50 PHYSICAL THERAPY		9941025					50
51 OCCUPATIONAL THERAPY		3621122					51
52 SPEECH PATHOLOGY		2761866					52
53 ELECTROCARDIOLOGY		86090244					53
54 ELECTROENCEPHALOGRAPHY		9399116					54
55 MEDICAL SUPPLIES CHARGED TO P		317567483					55
56 DRUGS CHARGED TO PATIENTS		134387873					56
58.01 CARDIAC REHAB		1416537					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3272393					58.03
58.04 PAIN MANAGEMENT		2395322					58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31073405					60
60.01 PATIENT TREATMENT CENTER		4992171					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2552796					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		6146850					60.04
60.05 WOMEN'S CLINIC		32429					60.05
61 EMERGENCY		83921390					61
62 OBSERVATION BEDS (NON-DISTINC		3719731					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1188839143					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0242) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST		RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	5	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		4851415	79481670			.061038	37
38 RECOVERY ROOM		429232	12625664			.033997	38
39 DELIVERY ROOM & LABOR ROOM		1555574	24191040			.064304	39
40 ANESTHESIOLOGY		45197	5193997			.008702	40
41 RADIOLOGY-DIAGNOSTIC		2660936	54662107			.048680	41
41.01 MRI		310593	31176287			.009962	41.01
41.02 CT SCAN		442949	85099872			.005205	41.02
42 RADIOLOGY-THERAPEUTIC		6981	424732			.016436	42
43 RADIOISOTOPE		262152	16678315			.015718	43
44 LABORATORY		1971228	142453651			.013838	44
46 WHOLE BLOOD & PACKED RED BLOO		139596	12462717			.011201	46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		329195	21097338			.015604	49
50 PHYSICAL THERAPY		834581	9941025			.083953	50
51 OCCUPATIONAL THERAPY		46701	3621122			.012897	51
52 SPEECH PATHOLOGY		40543	2761866			.014680	52
53 ELECTROCARDIOLOGY		1250320	86090244			.014523	53
54 ELECTROENCEPHALOGRAPHY		474239	9399116			.050456	54
55 MEDICAL SUPPLIES CHARGED TO P		1813101	317567483			.005709	55
56 DRUGS CHARGED TO PATIENTS		483056	134387873			.003594	56
58.01 CARDIAC REHAB		4001	1416537			.002824	58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		66638	3272393			.020364	58.03
58.04 PAIN MANAGEMENT		267548	2395322			.111696	58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		386626	31073405			.012442	60
60.01 PATIENT TREATMENT CENTER		555814	4992171			.111337	60.01
60.02 REHAB SERVICES-BLOOMINGDALE		5302	2552796			.002077	60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		1938078	6146850			.315296	60.04
60.05 WOMEN'S CLINIC		607	32429			.018718	60.05
61 EMERGENCY		1681984	83921390			.020042	61
62 OBSERVATION BEDS (NON-DISTINC		558362	3719731			.150108	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		23412549	1188839143				101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
38 RECOVERY ROOM							38
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
41.01 MRI							41.01
41.02 CT SCAN							41.02
42 RADIOLOGY-THERAPEUTIC							42
43 RADIOISOTOPE							43
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
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
58.01 CARDIAC REHAB							58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS							58.03
58.04 PAIN MANAGEMENT							58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 PATIENT TREATMENT CENTER							60.01
60.02 REHAB SERVICES-BLOOMINGDALE							60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P							60.04
60.05 WOMEN'S CLINIC							60.05
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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S242) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL CHARGES	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH COSTS		COST TO CHARGES	RATIO OF COST TO CHARGES	PROGRAM CHARGES	PROGRAM CHARGES	PROGRAM CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		79481670					37
38 RECOVERY ROOM		12625664					38
39 DELIVERY ROOM & LABOR ROOM		24191040					39
40 ANESTHESIOLOGY		5193997					40
41 RADIOLOGY-DIAGNOSTIC		54662107					41
41.01 MRI		31176287					41.01
41.02 CT SCAN		85099872					41.02
42 RADIOLOGY-THERAPEUTIC		424732					42
43 RADIOISOTOPE		16678315					43
44 LABORATORY		142453651					44
46 WHOLE BLOOD & PACKED RED BLOO		12462717					46
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		21097338					49
50 PHYSICAL THERAPY		9941025					50
51 OCCUPATIONAL THERAPY		3621122					51
52 SPEECH PATHOLOGY		2761866					52
53 ELECTROCARDIOLOGY		86090244					53
54 ELECTROENCEPHALOGRAPHY		9399116					54
55 MEDICAL SUPPLIES CHARGED TO P		317567483					55
56 DRUGS CHARGED TO PATIENTS		134387873					56
58.01 CARDIAC REHAB		1416537					58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS		3272393					58.03
58.04 PAIN MANAGEMENT		2395322					58.04
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		31073405					60
60.01 PATIENT TREATMENT CENTER		4992171					60.01
60.02 REHAB SERVICES-BLOOMINGDALE		2552796					60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P		6146850					60.04
60.05 WOMEN'S CLINIC		32429					60.05
61 EMERGENCY		83921390					61
62 OBSERVATION BEDS (NON-DISTINC		3719731					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		1188839143					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (14-S242) [] 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
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
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) (14-0242)	SUB I (TEFRA) (14-S242)	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)	72131	4437					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	72131	4437					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72131	4437					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)	29648	1356					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) (14-0242)	SUB I (TEFRA) (14-S242)	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	77143093	5664413					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	77143093	5664413					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46944122	5091755					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46944122						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.643296	1.112468					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	650.82						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	77143093	5664413					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) (14-0242)	SUB I (TEFRA) (14-S242)	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	1069.49	1276.63				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31708240	1731110				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	31708240	1731110				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	13335436	4814	2770.14	2063	5714799	43
44 CORONARY CARE UNIT	8679900	4390	1977.20	2406	4757143	44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0242)	SUB I (TEFRA) (14-S242)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	58516018	256696				48
49 TOTAL PROGRAM INPATIENT COSTS	100696200	1987806				49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	6406166	533532				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3796001	15182				51
52 TOTAL PROGRAM EXCLUDABLE COST	10202167	548714				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	90494033	1439092				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) (14-0242)	SUB I (TEFRA) (14-S242)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	
54		180				54
55		12378.25				55
56		2228085				56
57		788993				57
58						
58		44562				58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59		2032368				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

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 (PPS) (14-0242)	SUB I (TEFRA) (14-S242)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3189	4		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1069.49	1276.63		84
85 OBSERVATION BED COST	3410604	5107		85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST 1	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		77143093		3410604		86
87 NEW CAPITAL-RELATED COST	12593777	77143093	.163252	3410604	556788	87
88 NON PHYSICIAN ANESTHETIST		77143093		3410604		88
89 MEDICAL EDUCATION		77143093		3410604		89

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	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)	72131	4437				1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	72131	4437				2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	72131	4437				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)	5592	452				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	12530					15
16 TITLE V OR XIX NURSERY DAYS	2086					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) (14-0242)	SUB I (OTHER) (14-S242)	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	77028528	5664413					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	77028528	5664413					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	46944122	5091755					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	46944122						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.640856	1.112468					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	650.82						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	77028528	5664413					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) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1067.90	1276.63			38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5971697	577037			39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5971697	577037			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)	6929763	12530	553.05	2086	1153662 42
43	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	13277600	4814	2758.12	954	2631246 43
44	CORONARY CARE UNIT	8679900	4390	1977.20	208	411258 44
45	BURN INTENSIVE CARE UNIT					45
46	SURGICAL INTENSIVE CARE UNIT					46
47	OTHER SPECIAL CARE (SPECIFY)					47
		HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV
		1	1	1	1	1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					48
49	TOTAL PROGRAM INPATIENT COSTS	10167863	577037			49
PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1392089	177844			50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					51
52	TOTAL PROGRAM EXCLUDABLE COST	1392089	177844			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) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
54		82				55
55						56
56						57
57						58
58						58.01
58.01						58.02
58.02						58.03
58.03						58.04
58.04						59
59						59.01
59.01						59.02
59.02						59.03
59.03						59.04
59.04						59.05
59.05						59.06
59.06						59.07
59.07						59.08
59.08						
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] 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. 14-0242 CENTRAL DUPAGE HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

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

VERSION: 2008.05
11/20/2008 09:17

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

HOSPITAL (OTHER) (14-0242)	SUB I (OTHER) (14-S242)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	3189	4		83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1069.49	1276.63		84
85 OBSERVATION BED COST	3410604	5107		85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0242)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		46642122		25
26 INTENSIVE CARE UNIT		7100334		26
27 CORONARY CARE UNIT		8367676		27
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.397854	14208817	5653035	37
38 RECOVERY ROOM	.461450	2394946	1105148	38
39 DELIVERY ROOM & LABOR ROOM	.481310	79358	38196	39
40 ANESTHESIOLOGY	.300775	1636747	492293	40
41 RADIOLOGY-DIAGNOSTIC	.254139	8514539	2163876	41
41.01 MRI	.085893	3525498	302816	41.01
41.02 CT SCAN	.049909	12202647	609022	41.02
42 RADIOLOGY-THERAPEUTIC	4.406259			42
43 RADIOISOTOPE	.127197	2914366	370699	43
44 LABORATORY	.188200	22015437	4143305	44
46 WHOLE BLOOD & PACKED RED BLOOD	.324786	3887918	1262741	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.249190	9666382	2408766	49
50 PHYSICAL THERAPY	.489329	2660111	1301669	50
51 OCCUPATIONAL THERAPY	.224503	1559232	350052	51
52 SPEECH PATHOLOGY	.263353	1031104	271544	52
53 ELECTROCARDIOLOGY	.179622	25944774	4660252	53
54 ELECTROENCEPHALOGRAPHY	.274245	772461	211844	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.222996	101065405	22537181	55
56 DRUGS CHARGED TO PATIENTS	.170031	45311402	7704343	56
58.01 CARDIAC REHAB	.466537			58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS	.055351	2178772	120597	58.03
58.04 PAIN MANAGEMENT	.452919			58.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.645074			60
60.01 PATIENT TREATMENT CENTER	.702297	219398	154083	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.290558			60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P	1.085703			60.04
60.05 WOMEN'S CLINIC	4.277560			60.05
61 EMERGENCY	.185360	14321083	2654556	61
62 OBSERVATION BEDS (NON-DISTINCT	.918268			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		276110397	58516018	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		276110397		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S242)	<input type="checkbox"/> NF	<input checked="" type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
27 CORONARY CARE UNIT				27
31 SUBPROVIDER I		5091755		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.396008	6940	2748	37
38 RECOVERY ROOM	.461450	13791	6364	38
39 DELIVERY ROOM & LABOR ROOM	.481310			39
40 ANESTHESIOLOGY	.293987	2684	789	40
41 RADIOLOGY-DIAGNOSTIC	.254139	43067	10945	41
41.01 MRI	.085893	32031	2751	41.01
41.02 CT SCAN	.049909	62765	3133	41.02
42 RADIOLOGY-THERAPEUTIC	4.402944			42
43 RADIOISOTOPE	.125442			43
44 LABORATORY	.188200	248761	46817	44
46 WHOLE BLOOD & PACKED RED BLOOD	.324786			46
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.249190	16150	4024	49
50 PHYSICAL THERAPY	.489329	16176	7915	50
51 OCCUPATIONAL THERAPY	.224503	4223	948	51
52 SPEECH PATHOLOGY	.263353	1124	296	52
53 ELECTROCARDIOLOGY	.179281	30001	5379	53
54 ELECTROENCEPHALOGRAPHY	.273348	3087	844	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.222996	82308	18354	55
56 DRUGS CHARGED TO PATIENTS	.170031	733135	124656	56
58.01 CARDIAC REHAB	.466537			58.01
58.02 SLEEP LAB				58.02
58.03 INPATIENT DIALYSIS	.055351	26453	1464	58.03
58.04 PAIN MANAGEMENT	.452919			58.04
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.645074			60
60.01 PATIENT TREATMENT CENTER	.702297	2238	1572	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.290558			60.02
60.03 CANTERA				60.03
60.04 MENTAL HEALTH O/P	1.085703			60.04
60.05 WOMEN'S CLINIC	4.277560			60.05
61 EMERGENCY	.185255	95530	17697	61
62 OBSERVATION BEDS (NON-DISTINCT	.918268			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		1420464	256696	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1420464		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0242)	<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
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.396008		37
38 RECOVERY ROOM	.461450		38
39 DELIVERY ROOM & LABOR ROOM	.481310		39
40 ANESTHESIOLOGY	.293987		40
41 RADIOLOGY-DIAGNOSTIC	.254139		41
41.01 MRI	.085893		41.01
41.02 CT SCAN	.049909		41.02
42 RADIOLOGY-THERAPEUTIC	4.402944		42
43 RADIOISOTOPE	.125442		43
44 LABORATORY	.188200		44
46 WHOLE BLOOD & PACKED RED BLOOD	.324786		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.249190		49
50 PHYSICAL THERAPY	.489329		50
51 OCCUPATIONAL THERAPY	.224503		51
52 SPEECH PATHOLOGY	.263353		52
53 ELECTROCARDIOLOGY	.179281		53
54 ELECTROENCEPHALOGRAPHY	.273348		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.222996		55
56 DRUGS CHARGED TO PATIENTS	.170031		56
58.01 CARDIAC REHAB	.466537		58.01
58.02 SLEEP LAB			58.02
58.03 INPATIENT DIALYSIS	.055351		58.03
58.04 PAIN MANAGEMENT	.452919		58.04
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.645074		60
60.01 PATIENT TREATMENT CENTER	.702297		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.290558		60.02
60.03 CANTERA			60.03
60.04 MENTAL HEALTH O/P	1.085703		60.04
60.05 WOMEN'S CLINIC	4.277560		60.05
61 EMERGENCY	.185255		61
62 OBSERVATION BEDS (NON-DISTINCT	.918268		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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S242)	<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
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.396008		37
38 RECOVERY ROOM	.461450		38
39 DELIVERY ROOM & LABOR ROOM	.481310		39
40 ANESTHESIOLOGY	.293987		40
41 RADIOLOGY-DIAGNOSTIC	.254139		41
41.01 MRI	.085893		41.01
41.02 CT SCAN	.049909		41.02
42 RADIOLOGY-THERAPEUTIC	4.402944		42
43 RADIOISOTOPE	.125442		43
44 LABORATORY	.188200		44
46 WHOLE BLOOD & PACKED RED BLOOD	.324786		46
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.249190		49
50 PHYSICAL THERAPY	.489329		50
51 OCCUPATIONAL THERAPY	.224503		51
52 SPEECH PATHOLOGY	.263353		52
53 ELECTROCARDIOLOGY	.179281		53
54 ELECTROENCEPHALOGRAPHY	.273348		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.222996		55
56 DRUGS CHARGED TO PATIENTS	.170031		56
58.01 CARDIAC REHAB	.466537		58.01
58.02 SLEEP LAB			58.02
58.03 INPATIENT DIALYSIS	.055351		58.03
58.04 PAIN MANAGEMENT	.452919		58.04
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.645074		60
60.01 PATIENT TREATMENT CENTER	.702297		60.01
60.02 REHAB SERVICES-BLOOMINGDALE	.290558		60.02
60.03 CANTERA			60.03
60.04 MENTAL HEALTH O/P	1.085703		60.04
60.05 WOMEN'S CLINIC	4.277560		60.05
61 EMERGENCY	.185255		61
62 OBSERVATION BEDS (NON-DISTINCT	.918268		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

	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	14631792					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	14631791					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	29263583					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	5127749					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	289.29					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00		0.00			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0242)	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	63654915					6
7						7
7.01						7.01
8	63654915					8
9	5925192					9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16	69580107					16
17	33843					17
18	69546264					18
19	5336672					19
20	227680					20
21	392963					21
21.01	275074					21.01
21.02	368187					21.02
22	64256986					22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	64256986					26
27						27
28	64099611					28
28.01						28.01
29	157375					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0242) 1	HOSPITAL (14-0242) 1.01	HOSPITAL (14-0242) 1.02	
1 MEDICAL AND OTHER SERVICES	3774			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	18153352			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	17157359			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.897			1.03
1.04 LINE 1.01 TIMES LINE 1.03	16283557			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3774			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	22194			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	22194			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	22194			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	18420			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3774			17
17.01 TOTAL PPS PAYMENTS	17157359			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0242) 1	HOSPITAL (14-0242) 1.01	HOSPITAL (14-0242) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	4531085		18.01
19 SUBTOTAL	12630048		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	12630048		23
24 PRIMARY PAYER PAYMENTS	2682		24
25 SUBTOTAL	12627366		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	344686		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	241280		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	337553		27.02
28 SUBTOTAL	12868646		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	12868646		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	12768655		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	99991		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S242)	SUB I (14-S242)	SUB I (14-S242)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S242)	SUB I (14-S242)	SUB I (14-S242)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL
(14-0242)
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
(14-0242)
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
(14-0242)
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 (14-0242)

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		63955508		12623592	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.		144103		145063	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		64099611		12768655	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 PROVIDER .01	157375		99991	6.01
	PROVIDER TO .02 PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		64256986		12868646	7
NAME OF INTERMEDIARY: _____			INTERMEDIARY NUMBER: _____		
SIGNATURE OF AUTHORIZED PERSON: _____			DATE (MO/DAY/YR): _____		

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (14-S242)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1483353		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM .01			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO .02			3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER .03	NONE	NONE	3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROVIDER .04			3.05
	TO .05			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROGRAM .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		1483353		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	21741		6.01
	PROVIDER TO .02			6.02
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		1505094		7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (14-S242)

1	INPATIENT HOSPITAL SERVICES	2032368				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	508092				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	804377				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	267440				1.09
1.10	NET IPF PPS ECT PAYMENTS	3148				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)					1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.112022				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.17
1.18	MEDICAL EDUCATION ADJUSTMENT					1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	1074965				1.19
1.20	STOP LESS PAYMENT FLOOR	1422658				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	1066994				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	1583057				1.23
	INPATIENT REHABILITATION FACILITY (IRF)					
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	1583057				4
5	PRIMARY PAYER PAYMENTS					5
6	SUBTOTAL	1583057				6
7	DEDUCTIBLES	104832				7
8	SUBTOTAL	1478225				8
9	COINSURANCE	3040				9
10	SUBTOTAL	1475185				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	42727				11
11.01	REDUCED REIMBURSABLE BAD DEBTS	29909				11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	38999				11.02
12	SUBTOTAL	1505094				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S242)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)					13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1505094				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	1483353				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	21741				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 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 (14-0242) (OTHER)	SUB I (14-S242) (OTHER)	SUB II	SUB III	SUB IV	NF I
	1	1	1	1	1	1
1	COMPUTATION OF NET COST OF COVERED SERVICES					
2	INPATIENT HOSPITAL/SNF/NF SERVICES	10167863				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	10167863				6
8	INPATIENT PRIMARY PAYER PAYMENTS					7
9	OUTPATIENT PRIMARY PAYER PAYMENTS					8
	SUBTOTAL	10167863				9
	COMPUTATION OF LESSER OF COST OR CHARGES					
10	ROUTINE SERVICE CHARGES					10
11	ANCILLARY SERVICE CHARGES					11
12	INTERNS AND RESIDENTS SERVICE CHARGES					12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE					13
14	TEACHING PHYSICIANS					14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION					15
16	TOTAL REASONABLE CHARGES					16
	CUSTOMARY CHARGES					
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					18
19	RATIO OF LINE 17 TO LINE 18					19
20	TOTAL CUSTOMARY CHARGES					20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	10167863				22
23	COST OF COVERED SERVICES	10167863				23
	PROSPECTIVE PAYMENT AMOUNT					
24	OTHER THAN OUTLIER PAYMENTS					24
25	OUTLIER PAYMENTS					25
26	PROGRAM CAPITAL PAYMENTS					26
27	CAPITAL EXCEPTION PAYMENTS					27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS					28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					29
30	SUBTOTAL	10167863				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)					31
32	LESSER OF LINES 30 OR 31	10167863				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)					33

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

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX			NF I
	HOSPITAL (14-0242) (OTHER)	SUB I (14-S242) (OTHER)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
35	EXCESS OF REASONABLE COST	10167863				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	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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	26140968				1
2 TEMPORARY INVESTMENTS					2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	155633795				4
5 OTHER RECEIVABLES	35095827				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-87272010				6
7 INVENTORY	1688523				7
8 PREPAID EXPENSES	1158998				8
9 OTHER CURRENT ASSETS					9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	132446101				11
FIXED ASSETS					
12 LAND	1180202				12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	25297635				13
13.01 ACCUMULATED DEPRECIATION					13.01
14 BUILDINGS	313332247				14
14.01 ACCUMULATED DEPRECIATION	-117853787				14.01
15 LEASEHOLD IMPROVEMENTS	54855				15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT	40259509				16
16.01 ACCUMULATED DEPRECIATION					16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	240101709				18
18.01 ACCUMULATED DEPRECIATION	-185432250				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	316940120				21
OTHER ASSETS					
22 INVESTMENTS	288468750				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS					25
26 TOTAL OTHER ASSETS	288468750				26
27 TOTAL ASSETS	737854971				27
LIABILITIES AND FUND BALANCES	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	28366404				28
29 SALARIES, WAGES & FEES PAYABLE	31134163				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	61042574				35
36 TOTAL CURRENT LIABILITIES	120543141				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE					38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES					41
42 TOTAL LONG TERM LIABILITIES					42
43 TOTAL LIABILITIES	120543141				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	617311830				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	617311830				51
52 TOTAL LIABILITIES AND FUND BALANCES	737854971				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	537100617			1
2 NET INCOME (LOSS)	95592117			2
3 TOTAL	632692734			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGES IN NET UNREALIZED GAINS				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	632692734			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 NET EQUITY TRANSFERS	15380904			13
14 CHANGE IN NET UNREALIZED G & L				14
15 ROUNDING				15
16				16
17				17
18 TOTAL DEDUCTIONS	15380904			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	617311830			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	176941131		176941131	2
4 SUBPROVIDER I	10415302		10415302	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	187356433		187356433	10
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				11
12 INTENSIVE CARE UNIT	32167265		32167265	12
13 CORONARY CARE UNIT	22959216		22959216	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	55126481		55126481	17
18 TOTAL INPATIENT ROUTINE CARE SERVICES	242482914		242482914	18
18.50 ANCILLARY SERVICES	573129148	505990978	1079120126	18.50
18.60 OUTPATIENT SERVICES	369938	43532312	43902250	18.60
19 RHC				19
20 FQHC				20
21 HOME HEALTH AGENCY				21
22 AMBULANCE				22
23 CORF				23
24 ASC				24
24.01 HOSPICE				24.01
25 PROFESSIONAL FEE REVENUE	5100693	14127076	19227769	25
TOTAL PATIENT REVENUES	821082693	563650366	1384733059	

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		425086535	26
27 ADD (SPECIFY)			27
28 BAD DEBT EXPENSE	35119542		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		35119542	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		460206077	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1384733059	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	843402013	2
3	NET PATIENT REVENUES	541331046	3
4	LESS - TOTAL OPERATING EXPENSES	460206077	4
5	NET INCOME FROM SERVICE TO PATIENTS	81124969	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	111575	6
7	INCOME FROM INVESTMENTS	8017114	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	417463	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	22357	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	2107717	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS	19285	16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	69	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	1668	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	117968	19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE	248177	22
23	GOVERNMENTAL APPROPRIATIONS		23
24	PATIENT MEAL REVENUE	256262	24
24.01	DIETARY OP INSTRUCTION		24.01
24.02	OS SERVICE REVENUE	336469	24.02
24.03	RECOVERY LIVING REVENUE		24.03
24.04	CARDIAC REHAB		24.04
24.05	OTHER OPERATING INCOME	5003675	24.05
25	TOTAL OTHER INCOME	16659799	25
26	TOTAL	97784768	26
27	TAX EXPENSE	2192651	27
28			28
29			29
30	TOTAL OTHER EXPENSES	2192651	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	95592117	31

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0242)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS
					CAPITAL FEDERAL AMOUNT
2	5057000				CAPITAL DRG OTHER THAN OUTLIER
3					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	753904				CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
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]
4.01	0.00	0.00			NO. OF INTERNS & RESIDENTS
4.02					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0130				% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.0975				% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.1105				SUM OF LINES 5 AND 5.01
5.03	0.0226				ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	114288				DISPROPORTIONATE SHARE ADJUSTMENT
6	5925192				TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					NEW CAPITAL
2					OLD CAPITAL
3					TOTAL CAPITAL
4					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					REDUCED OLD CAPITAL AMOUNT
8					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					SUBTOTAL
10					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					TOTAL INPATIENT PROGRAM CAPITAL
4					CAPITAL COST PAYMENT FACTOR
5					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					PROGRAM INPATIENT CAPITAL COSTS
2					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					NET PROGRAM INPATIENT CAPITAL COSTS
4					APPLICABLE EXCEPTION PERCENTAGE
5					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					CAPITAL MINIMUM PAYMENT LEVEL
9					CURRENT YEAR CAPITAL PAYMENTS
10					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					CURRENT YEAR EXCEPTION PAYMENT
14					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6.10 NON PATIENT TELEPHONES					6.10
6.30 PURCHASING AND STORES					6.30
6.40 ADMITTING					6.40
6.50 ACCOUNTS RECEIVABLE AND CASHIER					6.50
6.60 ADMINISTRATION & GENERAL					6.60
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
27 CORONARY CARE UNIT					27
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
41.01 MRI					41.01
41.02 CT SCAN					41.02
42 RADIOLOGY-THERAPEUTIC					42
43 RADIOISOTOPE					43
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
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
58.01 CARDIAC REHAB					58.01
58.02 SLEEP LAB					58.02
58.03 INPATIENT DIALYSIS					58.03
58.04 PAIN MANAGEMENT					58.04
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 PATIENT TREATMENT CENTER					60.01
60.02 REHAB SERVICES-BLOOMINGDALE					60.02
60.03 CANTERA					60.03
60.04 MENTAL HEALTH O/P					60.04
60.05 WOMEN'S CLINIC					60.05
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
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40

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
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96.01 KOFEE KORNER					96.01
97 RESEARCH					97
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 WSKF					98.01
99.01 DEVELOPMENT					99.01
99.02 MARKETING					99.02
99.04 PHYSICIAN ANSWERING SERVICE					99.04
99.05 CAR SEAT SAFETY PROGRAM					99.05
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	7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6		
UTILIZATION PERCENTAGES BASED ON DAYS								
25	ADULTS & PEDIATRICS	41.10		7.75			48.85	25
26	INTENSIVE CARE UNIT	42.85		19.82			62.67	26
27	CORONARY CARE UNIT	54.81		4.74			59.55	27
33	NURSERY			16.65			16.65	33
UTILIZATION PERCENTAGES BASED ON CHARGES								
37	OPERATING ROOM	17.88	8.19				26.07	37
38	RECOVERY ROOM	18.97	6.30				25.27	38
39	DELIVERY ROOM & LABOR ROOM	0.33	0.19				0.52	39
40	ANESTHESIOLOGY	31.51	4.71				36.22	40
41	RADIOLOGY-DIAGNOSTIC	15.58	12.41				27.99	41
41.01	MRI	11.31	14.19				25.50	41.01
41.02	CT SCAN	14.34	14.76				29.10	41.02
42	RADIOLOGY-THERAPEUTIC		35.65				35.65	42
43	RADIOISOTOPE	17.47	19.10				36.57	43
44	LABORATORY	15.45	0.87				16.32	44
46	WHOLE BLOOD & PACKED RED BLOOD	31.20	3.10				34.30	46
49	RESPIRATORY THERAPY	45.82	0.44				46.26	49
50	PHYSICAL THERAPY	26.76	0.27				27.03	50
51	OCCUPATIONAL THERAPY	43.06					43.06	51
52	SPEECH PATHOLOGY	37.33					37.33	52
53	ELECTROCARDIOLOGY	30.14	12.50				42.64	53
54	ELECTROENCEPHALOGRAPHY	8.22	8.45				16.67	54
55	MEDICAL SUPPLIES CHARGED TO PAT	31.82	4.75				36.57	55
56	DRUGS CHARGED TO PATIENTS	33.72	6.18				39.90	56
58.01	CARDIAC REHAB		38.50				38.50	58.01
58.03	INPATIENT DIALYSIS	66.58					66.58	58.03
60	CLINIC		8.17				8.17	60
60.01	PATIENT TREATMENT CENTER	4.39	23.94				28.33	60.01
60.02	REHAB SERVICES-BLOOMINGDALE		0.11				0.11	60.02
60.04	MENTAL HEALTH O/P		0.10				0.10	60.04
61	EMERGENCY	17.06	8.12				25.18	61
101	TOTAL CHARGES	20.19	6.03				26.22	101

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

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	30.56		10.19				40.75 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.01						0.01 37
38 RECOVERY ROOM	0.11						0.11 38
40 ANESTHESIOLOGY	0.05						0.05 40
41 RADIOLOGY-DIAGNOSTIC	0.08						0.08 41
41.01 MRI	0.10						0.10 41.01
41.02 CT SCAN	0.07						0.07 41.02
44 LABORATORY	0.17						0.17 44
49 RESPIRATORY THERAPY	0.08						0.08 49
50 PHYSICAL THERAPY	0.16						0.16 50
51 OCCUPATIONAL THERAPY	0.12						0.12 51
52 SPEECH PATHOLOGY	0.04						0.04 52
53 ELECTROCARDIOLOGY	0.03						0.03 53
54 ELECTROENCEPHALOGRAPHY	0.03						0.03 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03						0.03 55
56 DRUGS CHARGED TO PATIENTS	0.55						0.55 56
58.03 INPATIENT DIALYSIS	0.81						0.81 58.03
60.01 PATIENT TREATMENT CENTER	0.04						0.04 60.01
61 EMERGENCY	0.11						0.11 61
101 TOTAL CHARGES	0.10						0.10 101

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
49 RESPIRATORY THERAPY	2835400	.73	2421844	1.26	5257244	1.35	49
50 PHYSICAL THERAPY	1997000	.51	2867433	1.50	4864433	1.24	50
51 OCCUPATIONAL THERAPY	433006	.11	379945	.20	812951	.21	51
52 SPEECH PATHOLOGY	399248	.10	328097	.17	727345	.19	52
53 ELECTROCARDIOLOGY	7982620	2.04	7451737	3.89	15434357	3.95	53
54 ELECTROENCEPHALOGRAPHY	1027837	.26	1541396	.80	2569233	.66	54
55 MEDICAL SUPPLIES CHARGED TO PAT	47150649	12.07	23665509	12.36	70816158	18.12	55
56 DRUGS CHARGED TO PATIENTS	11527184	2.95	11322976	5.91	22850160	5.85	56
58.01 CARDIAC REHAB	448332	.11	212535	.11	660867	.17	58.01
58.02 SLEEP LAB							58.02
58.03 INPATIENT DIALYSIS	-609		181738	.09	181129	.05	58.03
58.04 PAIN MANAGEMENT	379731	.10	705157	.37	1084888	.28	58.04
60 CLINIC	12942050	3.31	7102604	3.71	20044654	5.13	60
60.01 PATIENT TREATMENT CENTER	1597157	.41	1908832	1.00	3505989	.90	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	476381	.12	265355	.14	741736	.19	60.02
60.03 CANTERA							60.03
60.04 MENTAL HEALTH O/P	1961056	.50	4712598	2.46	6673654	1.71	60.04
60.05 WOMEN'S CLINIC	96028	.02	42689	.02	138717	.04	60.05
61 EMERGENCY	7391190	1.89	8155650	4.26	15546840	3.98	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							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96.01 KOFEE KORNER	266031	.07	531220	.28	797251	.20	96.01
97 RESEARCH	193991	.05	117254	.06	311245	.08	97
98 PHYSICIANS' PRIVATE OFFICES			6112		6112		98
98.01 WSKF							98.01
99.01 DEVELOPMENT							99.01
99.02 MARKETING							99.02
99.04 PHYSICIAN ANSWERING SERVICE			82261	.04	82261	.02	99.04
99.05 CAR SEAT SAFETY PROGRAM							99.05
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	390795892	100.00	0	.00	390795892	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	4851415	79481670	.061038	14208817	867278	37
38 RECOVERY ROOM	429232	12625664	.033997	2394946	81421	38
39 DELIVERY ROOM & LABOR ROOM	1555574	24191040	.064304	79358	5103	39
40 ANESTHESIOLOGY	45197	5193997	.008702	1636747	14243	40
41 RADIOLOGY-DIAGNOSTIC	2660936	54662107	.048680	8514539	414488	41
41.01 MRI	310593	31176287	.009962	3525498	35121	41.01
41.02 CT SCAN	442949	85099872	.005205	12202647	63515	41.02
42 RADIOLOGY-THERAPEUTIC	6981	424732	.016436			42
43 RADIOISOTOPE	262152	16678315	.015718	2914366	45808	43
44 LABORATORY	1971228	142453651	.013838	22015437	304650	44
46 WHOLE BLOOD & PACKED RED BLOOD	139596	12462717	.011201	3887918	43549	46
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	329195	21097338	.015604	9666382	150834	49
50 PHYSICAL THERAPY	834581	9941025	.083953	2660111	223324	50
51 OCCUPATIONAL THERAPY	46701	3621122	.012897	1559232	20109	51
52 SPEECH PATHOLOGY	40543	2761866	.014680	1031104	15137	52
53 ELECTROCARDIOLOGY	1250320	86090244	.014523	25944774	376796	53
54 ELECTROENCEPHALOGRAPHY	474239	9399116	.050456	772461	38975	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1813101	317567483	.005709	101065405	576982	55
56 DRUGS CHARGED TO PATIENTS	483056	134387873	.003594	45311402	162849	56
58.01 CARDIAC REHAB	4001	1416537	.002824			58.01
58.02 SLEEP LAB						58.02
58.03 INPATIENT DIALYSIS	66638	3272393	.020364	2178772	44369	58.03
58.04 PAIN MANAGEMENT	267548	2395322	.111696			58.04
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	386626	31073405	.012442			60
60.01 PATIENT TREATMENT CENTER	555814	4992171	.111337	219398	24427	60.01
60.02 REHAB SERVICES-BLOOMINGDALE	5302	2552796	.002077			60.02
60.03 CANTERA						60.03
60.04 MENTAL HEALTH O/P	1938078	6146850	.315296			60.04
60.05 WOMEN'S CLINIC	607	32429	.018718			60.05
61 EMERGENCY	1681984	83921390	.020042	14321083	287023	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	558362	3719731	.150108			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	23412549	1188839143		276110397	3796001	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	12593777		12593777	72131	174.60	29648	5176541 25
26 INTENSIVE CARE UNIT	1329922		1329922	4814	276.26	2063	569924 26
27 CORONARY CARE UNIT	1203701		1203701	4390	274.19	2406	659701 27
101 TOTAL	15127400		15127400			34117	6406166 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 6406166

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 3796001

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 10202167

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

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

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	90494033
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	338220529
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.268

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	1987806
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	6512219
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.305

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)	10202167
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.030

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 COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	18140034
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)	82459519
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.220