

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 [ ] MCR CODE

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY GOTTLIEB MEMORIAL HOSPITAL (14-0008) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2008 AND ENDING 06/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX
		PART A	PART B
	1	2	3
1	HOSPITAL	994955	206860
2	SUBPROVIDER I		
3	SWING BED - SNF		
4	SWING BED - NF		
5	SKILLED NURSING FACILITY	22763	
6	NURSING FACILITY		
7	HOME HEALTH AGENCY		
8	OUTPATIENT REHABILITATION PROVIDER		
9	HEALTH CLINIC		
100	TOTAL	1017718	206860

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: 8700 WEST NORTH AVENUE P.O.BOX: 1  
 1.01 CITY: MELROSE PARK STATE: IL ZIP CODE: 60160 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)			
				V 4	XVIII 5	XIX 6	
2	HOSPITAL	GOTTLIEB MEMORIAL HOSPITAL 14-0008	07/01/1966	N	P	O	2
3	SUBPROVIDER I	GOTTLIEB MEMORIAL PSYCHIATRIC UNIT 14-S008	01/01/2007	N	P	N	3
4	SWING BEDS - SNF						4
5	SWING BEDS - NF						5
6	HOSPITAL-BASED SNF	GOTTLIEB SKILLED NURSING CARE 14-5526	06/10/1985	N	P	N	6
7	HOSPITAL-BASED NF						7
8	HOSPITAL-BASED OLTC						8
9	HOSPITAL-BASED HHA	GOTTLIEB HOME CARE 14-7255	02/28/1984	N	P	N	9
11	SEPARATELY CERTIFIED ASC						11
12	HOSPITAL-BASED HOSPICE	GOTTLIEB HOSPICE 14-1561	01/01/2000				12
14	HOSP-BASED RHC						14
15	OUTPATIENT REHABILITATION PROVID						15
16	RENAL DIALYSIS						16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2008 TO: 06/30/2009				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?			YES			21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.			1	N	N 40008	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 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO.			NO			21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS).			NO			21.07
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?			NO			22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW			NO			23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?			YES			25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			YES			25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			YES			25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			NO			25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2			NO			25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)			NO		NO	25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.								26			
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:						26.01			
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.								26.03			
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:						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.							NO	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							100	1.0588	1.0275	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.							1	1600	16974	28.02	
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>												
28.03	STAFFING							0.00		N	28.03	
28.04	RECRUITMENT							0.00		N	28.04	
28.05	RETENTION OF EMPLOYEES							0.00		N	28.05	
28.06	TRAINING							0.00		N	28.06	
28.07	OTHER (SPECIFY)										28.07	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?									NO	29	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.									NO	30	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.										30.01	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?										30.02	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)										30.03	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.										30.04	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).										NO	31
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	
								NO	YES	NO	36.01	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?							NO	NO	NO	37	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?							NO	NO	NO	37.01	

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 (CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: 5297012	PAID LOSSES:		AND/OR SELF INSURANCE:					
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE	Y/N	LIMIT	Y/N	FEE\$	
				0	1	2	3	4	
56				/ /	NO	0.00	NO		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				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: 1	STATE: 2	ZIP CODE 3	CBSA 4		FTE/ CAMPUS 5
SETTLEMENT DATA						
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES		10/26/2009		63





HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I  
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		3429	1734	7762	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		3429	1734	7762	12
13	RPCH VISITS					13
14	SUBPROVIDER I		204	1	229	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		A-6	3	4	5		
1 SALARIES							
2 TOTAL SALARIES	53480238	448626	53928864	1856975.00	29.04		1
3 NON-PHYSICIAN ANESTHETIST PART A							2
4 NON-PHYSICIAN ANESTHETIST PART B							3
4.01 PHYSICIAN - PART A	169615		169615	1198.00	141.58	WS A82	4
5 PHYSICIAN - PART B	101237		101237	1926.00	52.56	WS A82	4.01
5.01 NON-PHYSICIAN - PART B							5
6 INTERNS & RESIDENTS (IN APPR PGM)							5.01
6.01 CONTRACT SERVICES, I&R	129580		129580	2475.20	52.35	GL IRIS	6
7 HOME OFFICE PERSONNEL							6.01
8 SNF	1850436	12506	1862942	74063.80	25.15	CR AND LABOR DI	7
8.01 EXCLUDED AREA SALARIES	3028399	87153	3115552	106658.61	29.21	CR AND FTE REPO	8
9 OTHER WAGES & RELATED COSTS							8.01
9.01 CONTRACT LABOR	1750940		1750940	27941.74	62.66	ANALYSIS	9
9.02 PHARMACY SERVICES UNDER CONTRACT							9
9.03 LABORATORY SERVICES UNDER CONTRACT							9.01
10 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.02
10.01 CONTRACT LABOR: PHYSICIAN PART A	1431855		1431855	15153.00	94.49	STANDBY	9.03
11 TEACHING PHYSICIAN UNDER CONTRACT							10
12 HOME OFFICE SALARIES & WAGE REL COSTS							10.01
12.01 HOME OFFICE: PHYSICIAN PART A							11
13 WAGE RELATED COSTS (CORE)	11891382		11891382			CMS 339	12
14 WAGE RELATED COSTS (OTHER)						CMS 339	11
15 EXCLUDED AREAS	1216141		1216141			CMS 339	12.01
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	13
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	14
18 PHYSICIAN PART A	41433		41433			CMS 339	15
18.01 PART A TEACHING PHYSICIANS						CMS 339	16
19 PHYSICIAN PART B	24730		24730			CMS 339	17
19.01 WAGE RELATED COSTS (RHC/FQHC)						CMS 339	18
20 INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	18.01
21 EMPLOYEE BENEFITS	880211	-78299	801912	41255.10	19.44		19
22 ADMINISTRATIVE & GENERAL	8319694	125870	8445564	313412.30	26.95		19.01
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT	24287		24287	142.50	170.44		20
23 MAINTENANCE & REPAIRS	779905		779905	29274.50	26.64		21
24 OPERATION OF PLANT	917896	148	918044	52645.60	17.44		22
25 LAUNDRY & LINEN SERVICE	103504		103504	7897.50	13.11		23
26 HOUSEKEEPING	1043807		1043807	93935.80	11.11		24
26.01 HOUSEKEEPING UNDER CONTRACT							25
27 DIETARY	778108	-171038	607070	62024.70	9.79		26
27.01 DIETARY UNDER CONTRACT							26.01
28 CAFETERIA	104803	171063	275866	9572.20	28.82		27
29 MAINTENANCE OF PERSONNEL							27.01
30 NURSING ADMINISTRATION	1374958		1374958	30491.70	45.09		28
31 CENTRAL SERVICES AND SUPPLY	523222	85549	608771	27939.10	21.79		29
32 PHARMACY	1792738		1792738	47504.90	37.74		30
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	1157638	277	1157915	52257.50	22.16		31
34 SOCIAL SERVICE	304273		304273	11031.60	27.58		32
35 OTHER GENERAL SERVICE							33

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST.	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	WORKSHEET S-3 PART III
		A-6	3	4	5	
1 NET SALARIES	53273708	448626	53722334	1852716.30	29.00	1
2 EXCLUDED AREA SALARIES	4878835	99659	4978494	180722.41	27.55	2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	48394873	348967	48743840	1671993.89	29.15	3
4 SUBTOTAL OTHER WAGES & REL COSTS	3182795		3182795	43094.74	73.86	4
5 SUBTOTAL WAGE-RELATED COSTS	11932815		11932815		24.48%	5
6 TOTAL (SUM OF LINES 3 THRU 5)	63510483	348967	63859450	1715088.63	37.23	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	18105044	133570	18238614	779385.00	23.40	13

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7255

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY: COOK

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS		3340		141	3481	1
2 UNDUPLICATED CENSUS COUNT		422.00		42.00	464.00	2

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)				4
5 OTHER ADMINISTRATIVE PERSONNEL		7.58	7.58	5
6 DIRECT NURSING SERVICE		9.74	9.74	6
7 NURSING SUPERVISOR				7
8 PHYSICAL THERAPY SERVICE		3.84	3.84	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE		.20	.20	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE		.02	.02	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE		.72	.72	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR				15
16 HOME HEALTH AIDE		1.67	1.67	16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1	1.01	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)	1600		16974	20

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7255

WORKSHEET S-4  
 (CONTINUED)

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC	SCIC ONLY EPISODES 6	TOTAL 7
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2			WITHIN A PEP 5		
21 SKILLED NURSING VISITS	7441		232	120			7793 21
22 SKILLED NURSING VISIT CHARGES	1322638		41238	21330			1385206 22
23 PHYSICAL THERAPY VISITS	4596			38			4634 23
24 PHYSICAL THERAPY VISIT CHARGES	774426			6403			780829 24
25 OCCUPATIONAL THERAPY VISITS	400			2			402 25
26 OCCUPATIONAL THERAPY VISIT CHARGES	68400			342			68742 26
27 SPEECH PATHOLOGY VISITS	31			1			32 27
28 SPEECH PATHOLOGY VISIT CHARGES	5224			169			5393 28
29 MEDICAL SOCIAL SERVICE VISITS	495			14			509 29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	100485			2842			103327 30
31 HOME HEALTH AIDE VISITS	2059		4	11			2074 31
32 HOME HEALTH AIDE VISIT CHARGES	288260		560	1540			290360 32
33 TOTAL VISITS	15022		236	186			15444 33
34 OTHER CHARGES							34
35 TOTAL CHARGES	2559433		41798	32626			2633857 35
36 TOTAL NUMBER OF EPISODES	906		89	15			1010 36
37 TOTAL NUMBER OF OUTLIER EPISODES				1			1 37
38 TOTAL MEDICAL SUPPLY CHARGES	32190		2197	1312			35699 38

PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st		SERVICES ON OR AFTER OCTOBER 1st		SERVICES THROUGH 4/1/2001 - 9/30/2001		SWING BED SNF DAYS	TOTAL
		RATE	DAYS	RATE	DAYS	RATE	DAYS		
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC								1
2	RUB								2
3	RUA								3
3.01	RUX		9						3.01
3.02	RUL								3.02
4	RVC		480						4
5	RVB		530						5
6	RVA		28						6
6.01	RVX		808						6.01
6.02	RVL		645						6.02
7	RHC		635						7
8	RHB		293						8
9	RHA		208						9
9.01	RHX								9.01
9.02	RHL								9.02
10	RMC		46						10
11	RMB		95						11
12	RMA		98						12
12.01	RMX		1900						12.01
12.02	RML		1958						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3		8						15
16	SE2		225						16
17	SE1		10						17
18	SSC		2						18
19	SSB								19
20	SSA		9						20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1		5						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		7992						46

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/25/2009 17:02

HOSPICE IDENTIFICATION DATA

HOSPICE NO.: 14-1561

WORKSHEET S-9  
 PARTS I & II

PART I - ENROLLMENT DAYS

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
1 CONTINUOUS HOME CARE							1
2 ROUTINE HOME CARE	4883				210	5093	2
3 INPATIENT RESPITE CARE							3
4 GENERAL INPATIENT CARE	138					138	4
5 TOTAL HOSPICE DAYS	5021				210	5231	5

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SKILLED NURSING FACILITY 3	TITLE XIX NURSING FACILITY 4	ALL OTHER 5	TOTAL 6	
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	156				1	157	6
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE							7
8 AVERAGE LENGTH OF STAY	32.19				210.00	33.32	8
9 UNDUPLICATED CENSUS COUNT	48				6	54	9

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	16541316 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	16541316 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.168863 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	69571806 28
29	TOTAL GROSS MEDICAID COST	11748104 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	15191549 30
31	UNCOMPENSATED CARE COST	2565291 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	11748104 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3638036	3638036		3638036	-31117	3606919	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3530604	3530604		3530604	-12106	3518498	4
5	0500 EMPLOYEE BENEFITS	880211	14252285	15132496	-533503	14598993	-451959	14147034	5
6	0600 ADMINISTRATIVE & GENERAL	8319694	15573552	23893246	-1678389	22214857	-1552600	20662257	6
7	0700 MAINTENANCE & REPAIRS	779905	391727	1171632		1171632		1171632	7
8	0800 OPERATION OF PLANT	917896	3403987	4321883		4321883	-1756	4320127	8
9	0900 LAUNDRY & LINEN SERVICE	103504	448663	552167		552167		552167	9
10	1000 HOUSEKEEPING	1043807	898534	1942341		1942341		1942341	10
11	1100 DIETARY	778108	1104810	1882918	-405151	1477767		1477767	11
12	1200 CAFETERIA	104803	161604	266407	405151	671558	-360282	311276	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	1374958	93998	1468956		1468956	-5902	1463054	14
15	1500 CENTRAL SERVICES & SUPPLY	523222	977088	1500310	-134584	1365726		1365726	15
16	1600 PHARMACY	1792738	3620132	5412870	-3399030	2013840		2013840	16
17	1700 MEDICAL RECORDS & LIBRARY	1157638	371005	1528643		1528643	-285	1528358	17
18	1800 SOCIAL SERVICE	304273	1666	305939		305939		305939	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A				129580	129580		129580	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	9590799	1364993	10955792	73901	11029693	-290164	10739529	25
26	2600 INTENSIVE CARE UNIT	4121830	688134	4809964	-347902	4462062		4462062	26
31	3100 SUBPROVIDER I	800209	43076	843285		843285		843285	31
33	3300 NURSERY	710695	20533	731228	-9075	722153		722153	33
34	3400 SKILLED NURSING FACILITY	1850436	147052	1997488	-30192	1967296		1967296	34
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	2645570	8114580	10760150	-6762515	3997635	-94088	3903547	37
38	3800 RECOVERY ROOM	394768	135037	529805		529805		529805	38
39	3900 DELIVERY ROOM & LABOR ROOM	1252011	243187	1495198	-124951	1370247	-7149	1363098	39
40	4000 ANESTHESIOLOGY	35995	227182	263177	715500	978677	-164290	814387	40
41	4100 RADIOLOGY-DIAGNOSTIC	1481056	435072	1916128	18537	1934665	-958	1933707	41
43	4300 RADIOISOTOPE		583079	583079	10188	593267	-50	593217	43
43.01	3630 ULTRASOUND	464723	17666	482389	16854	499243		499243	43.01
43.02	3230 MRI-CT SCANS	599874	546557	1146431		1146431		1146431	43.02
44	4400 LABORATORY	2306372	3380121	5686493	16135	5702628	-15051	5687577	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	980838	258213	1239051	562	1239613		1239613	49
50	5000 PHYSICAL THERAPY	1716367	445851	2162218		2162218	-38143	2124075	50
53	5300 ELECTROCARDIOLOGY	378070	55231	433301	19308	452609		452609	53
54	5400 ELECTROENCEPHALOGRAPHY	84868	7618	92486	2094	94580		94580	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				10070700	10070700		10070700	55
55.30	5530 IMPL. DEV. CHARGED TO PATIENT								55.30
56	5600 DRUGS CHARGED TO PATIENTS				3399030	3399030		3399030	56
56.01	5601 OUTPATIENT PHARMACY	317184	1541972	1859156		1859156	-56526	1802630	56.01
59	3950 LITHOTRIPSY								59
59.01	3951 CARDIAC REHABILITATION	153966	8031	161997		161997		161997	59.01
59.03	3120 CARDIAC CATHORIZATION LAB	565492	1928353	2493845	-1740465	753380		753380	59.03
59.05	3954 INPATIENT RENAL DIALYSIS				444901	444901		444901	59.05
OUTPATIENT SERVICE COST CENTERS									
60	6000 CLINIC		4281	4281		4281		4281	60
60.01	6001 OUTPATIENT INFUSION PROCEDURES				1129	1129		1129	60.01
60.02	6002 WOUND CARE	231972	666618	898590	4085	902675	-158495	744180	60.02
61	6100 EMERGENCY	2488196	1497063	3985259	-287917	3697342	-12451	3684891	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	1816091	205861	2021952		2021952		2021952	71
SPECIAL PURPOSE COST CENTERS									
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
93	9300 HOSPICE	254367	95303	349670	26000	375670		375670	93
95	SUBTOTALS	53322506	71128355	124450861	-100019	124350842	-3253372	121097470	95
NONREIMBURSABLE COST CENTERS									
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	27991	32504	60495		60495		60495	96

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES	OTHER	TOTAL	RECLASSI- FICATIONS	RECLASS. TRIAL BALANCE	ADJUST- MENTS	NET EXP FOR ALLOCATION
		1	2	3	4	5	6	7
98	9800 PHYSICIANS' PRIVATE OFFICES				12377	12377		12377 98
98.01	9801 NON-EMPLOYEE CHILD CARE CENTER				87642	87642		87642 98.01
99	9900 NONPAID WORKERS	129741	14990	144731		144731		144731 99
101	TOTAL	53480238	71175849	124656087		124656087	-3253372	121402715 101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----				
		COST CENTER	LINE #	SALARY		
	1	2	3	4	OTHER	5
1 DRUGS SOLD TO PTS	A	DRUGS CHARGED TO PATIENTS	56		3399030	1
2						2
3 PURCHASED SERVICES	B	INPATIENT RENAL DIALYSIS	59.05		444589	3
4	B					4
5						5
6 SHARED DIETARY COST	C	CAFETERIA	12	171063	234088	6
7						7
8 NONEMP CHILD CARE	D	NON-EMPLOYEE CHILD CARE CENTE	98.01	78299	9343	8
9						9
10 HOUSE STAF PHYS.	F	HOSPICE	93		26000	10
11	F	ANESTHESIOLOGY	40		715500	11
12	F	OPERATING ROOM	37		394271	12
13	F	ADULTS & PEDIATRICS	25		397721	13
14	F	EMERGENCY	61		12451	14
15	F					15
16						16
17 APPROVED MED ED	G	I&R SERVICES-OTHER PRGM COSTS	23		129580	17
18						18
19 PT TRANSPORT	H	CENTRAL SERVICES & SUPPLY	15	85549	34344	19
20	H	ADULTS & PEDIATRICS	25	106895	42913	20
21	H	INTENSIVE CARE UNIT	26	16150	6483	21
22	H					22
23	H	SKILLED NURSING FACILITY	34	12032	4830	23
24	H	DELIVERY ROOM & LABOR ROOM	39	13649	5479	24
25	H	RADIOLOGY-DIAGNOSTIC	41	13227	5310	25
26	H	RADIOISOTOPE	43	7270	2918	26
27	H	ULTRASOUND	43.01	12026	4828	27
28	H	LABORATORY	44	11513	4622	28
29	H	RESPIRATORY THERAPY	49	401	161	29
30	H	ELECTROCARDIOLOGY	53	13777	5531	30
31	H	ELECTROENCEPHALOGRAPHY	54	1494	600	31
32	H	CARDIAC CATHERIZATION LAB	59.03	2274	913	32
33	H	INPATIENT RENAL DIALYSIS	59.05	223	89	33
34	H	OUTPATIENT INFUSION PROCEDURE	60.01	813	316	34
35	H	WOUND CARE	60.02	2915	1170	35
36 SUBTOTAL				549570	5883080	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 DRUGS SOLD TO PTS	A	PHARMACY	16		3399030	1
2						2
3 PURCHASED SERVICES	B	INTENSIVE CARE UNIT	26		199537	3
4	B	ADULTS & PEDIATRICS	25		245052	4
5						5
6 SHARED DIETARY COST	C	DIETARY	11	171063	234088	6
7						7
8 NONEMP CHILD CARE	D	EMPLOYEE BENEFITS	5	78299	9343	8
9						9
10 HOUSE STAF PHYS.	F	ADMINISTRATIVE & GENERAL	6		1545943	10
11	F					11
12	F					12
13	F					13
14	F					14
15	F					15
16						16
17 APPROVED MED ED	G	ADMINISTRATIVE & GENERAL	6		129580	17
18						18
19 PT TRANSPORT	H	ADMINISTRATIVE & GENERAL	6	320196	128531	19
20	H					20
21	H					21
22	H					22
23	H					23
24	H					24
25	H					25
26	H					26
27	H					27
28	H					28
29	H					29
30	H					30
31	H					31
32	H					32
33	H					33
34	H					34
35	H					35
36 SUBTOTAL				569558	5891104	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	H	EMERGENCY	61	11156	4479	1
2	H	PHYSICIANS' PRIVATE OFFICES	98	8832	3545	2
3						3
4 FLOOR STOCK SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO P	55		10070700	4
5	I					5
6	I					6
7	I					7
8	I					8
9	I					9
10	I					10
11	I					11
12	I					12
13						13
14 BONUS	K					14
15	K	ADMINISTRATIVE & GENERAL	6	446066		15
16	K	OPERATION OF PLANT	8	148		16
17	K	DIETARY	11	25		17
18	K	MEDICAL RECORDS & LIBRARY	17	277		18
19	K	ADULTS & PEDIATRICS	25	340		19
20	K	SUBPROVIDER I	31	22		20
21	K	NURSERY	33	43		21
22	K	SKILLED NURSING FACILITY	34	474		22
23	K	OPERATING ROOM	37	125		23
24	K	DELIVERY ROOM & LABOR ROOM	39	110		24
25	K	LABORATORY	44	190		25
26	K	RESPIRATORY THERAPY	49	40		26
27	K	PHYSICAL THERAPY	50	590		27
28	K	ELECTROCARDIOLOGY	53	105		28
29	K	ELECTROENCEPHALOGRAPHY	54	30		29
30	K	OUTPATIENT PHARMACY	56.01	41		30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				1018184	15961804	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1	H					1
2	H					2
3						3
4 FLOOR STOCK SUPPLIES	I	CENTRAL SERVICES & SUPPLY	15		254477	4
5	I	ADULTS & PEDIATRICS	25		228576	5
6	I	INTENSIVE CARE UNIT	26		170998	6
7	I	SKILLED NURSING FACILITY	34		47054	7
8	I	OPERATING ROOM	37		7156786	8
9	I	DELIVERY ROOM & LABOR ROOM	39		144079	9
10	I	CARDIAC CATHERIZATION LAB	59.03		1743652	10
11	I	EMERGENCY	61		316003	11
12	I	NURSERY	33		9075	12
13						13
14 BONUS	K	EMPLOYEE BENEFITS	5		445861	9 14
15	K	ADMINISTRATIVE & GENERAL	6		205	15
16	K	OPERATION OF PLANT	8		148	16
17	K	DIETARY	11		25	17
18	K	MEDICAL RECORDS & LIBRARY	17		277	18
19	K	ADULTS & PEDIATRICS	25		340	19
20	K	SUBPROVIDER I	31		22	20
21	K	NURSERY	33		43	21
22	K	SKILLED NURSING FACILITY	34		474	22
23	K	OPERATING ROOM	37		125	23
24	K	DELIVERY ROOM & LABOR ROOM	39		110	24
25	K	LABORATORY	44		190	25
26	K	RESPIRATORY THERAPY	49		40	26
27	K	PHYSICAL THERAPY	50		590	27
28	K	ELECTROCARDIOLOGY	53		105	28
29	K	ELECTROENCEPHALOGRAPHY	54		30	29
30	K	OUTPATIENT PHARMACY	56.01		41	30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				569558	16410430	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 -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND	4293071					4293071		1
2 LAND IMPROVEMENTS	4881753					4881753		2
3 BUILDINGS AND FIXTURES	22451603	141462		141462		22593065		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	88467529	2304425		2304425		90771954		5
6 MOVABLE EQUIPMENT	47856261	2497678		2497678		50353939		6
7 SUBTOTAL	167950217	4943565		4943565		172893782		7
8 RECONCILING ITEMS								8
9 TOTAL	167950217	4943565		4943565		172893782		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	OTHER CAPITAL-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				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		3606919					3606919 3
4 NEW CAP REL COSTS-MVBLE EQUIP		3518498					3518498 4
5 TOTAL		7125417					7125417 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT		3638036					3638036 3
4 NEW CAP REL COSTS-MVBLE EQUIP		3530604					3530604 4
5 TOTAL		7168640					7168640 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					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-12106	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-1756	OPERATION OF PLANT	8	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-879588			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1				14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-349538	CAFETERIA	12	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	-285	MEDICAL RECORDS & LIBRARY	17	20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES	B	-10744	CAFETERIA	12	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				27
	A-8-3		HOME HEALTH AGENCY	71	
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 DIRECTOR PHYSICIAN DEVELOPMENT	A	-68330	ADMINISTRATIVE & GENERAL	6	37
37.01 RELATED FRINGE BENEFITS	A	-13666	EMPLOYEE BENEFITS	5	37.01
38					38
39 NURSING REVENUE	B	-5902	NURSING ADMINISTRATION	14	39
39.01 NEGATIVE SALVAGE VALUE	A	-2771	NEW CAP REL COSTS-BLDG & FIXT	3	9 39.01
39.03 PATIENT TV CAPITAL COSTS	A	-12106	NEW CAP REL COSTS-MVBLE EQUIP	4	9 39.03
39.04 VOLUNTEER SALARIES (632.186)	A	-263960	ADMINISTRATIVE & GENERAL	6	39.04
39.07 MISC INCOME A&G	B	-16099	ADMINISTRATIVE & GENERAL	6	39.07
39.10 OUTSIDE SERVICES PT	B	-11479	PHYSICAL THERAPY	50	39.10
39.15 WEST TOWNS (958.729)	A	-585631	ADMINISTRATIVE & GENERAL	6	39.15
39.19 EMPLOYEE DAY CARE REVENUE	B	-414813	EMPLOYEE BENEFITS	5	39.19
39.20 PHYSICIAN EMPLOYEE BENEFITS	A	-18464	EMPLOYEE BENEFITS	5	39.20
39.22 INTEREST	A	-246874	ADMINISTRATIVE & GENERAL	6	39.22
39.23 DAY CARE DEPR ADDJ	A	-28346	NEW CAP REL COSTS-BLDG & FIXT	3	9 39.23
40 NON ALLOWABLE TAXES	A	-2488	ADMINISTRATIVE & GENERAL	6	40
41 RADIOLOGY	B	-208	RADIOLOGY-DIAGNOSTIC	41	41
42 AHA LOBBYING FEES	A	-8587	ADMINISTRATIVE & GENERAL	6	42
43 IHHS LOBBYING COST	A	-27628	ADMINISTRATIVE & GENERAL	6	43
44					44
45 ADVERTISING	A	-142459	ADMINISTRATIVE & GENERAL	6	45
46					46
46.01 MED STAFF CONTRIBUTION ADD BACK	A	30000	ADMINISTRATIVE & GENERAL	6	46.01
47					47
48					48
48.02 INTERDEPT RENT CONFERENCE	A	-56304	ADMINISTRATIVE & GENERAL	6	48.02
48.03 INTERDEPT RENT AUDIOLOGY	A	-26664	PHYSICAL THERAPY	50	48.03
48.05 INTERDEPT RENT OP PHARMACY	A	-56526	OUTPATIENT PHARMACY	56.01	48.05
48.06 EMPLOYEE HEALTH CENTER	B	-5016	EMPLOYEE BENEFITS	5	48.06
48.07 COMM INCOME	B	-15034	ADMINISTRATIVE & GENERAL	6	48.07
49					49

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL  
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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	
50 TOTAL		-3253372			50

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

WORKSHEET A-8-1

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1						1
2						2
3						3
4						4
5	TOTALS					5

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

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

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

SYMBOL (1)	NAME	----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----				
		PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5

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

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST	A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	39	DELIVERY ROOM & LABOR RO	7149	7149					
2	43.02	MRI-CT SCANS							
3	60.02	WOUND CARE	158495	158495					
4	25	ADULTS & PEDIATRICS	257582	257582					
5	37	OPERATING ROOM	94088	94088					
6	61	EMERGENCY	12451	12451					
7	6	ADMINISTRATIVE & GENERAL	169615		169615	177200	1198	102060	5103
8	44	LABORATORY	15051	15051					
9	43	RADIOISOTOPE	50	50					
10	41	RADIOLOGY-DIAGNOSTIC	750	750					
11	37	OPERATING ROOM	394271		394271	208000	6341	634100	31705
12	40	ANESTHESIOLOGY	715500		715500	200300	5724	551210	27561
14	31	SUBPROVIDER I	40000		40000	154100	1053	78013	3901
15	25	ADULTS & PEDIATRICS	100000		100000	196400	714	67418	3371
16	6	ADMINISTRATIVE & GENERAL	13584		13584	177200	118	10053	503
17	6	ADMINISTRATIVE & GENERAL	168500		168500	177200	1203	102486	5124
101		TOTAL	2147086	545616	1601470		16351	1545340	77268

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.		12	13	14	15	16	17	18
10	11							
1	39 DELIVERY ROOM & LABOR RO	AGGREGATE						7149
2	43.02 MRI-CT SCANS	AGGREGATE						
3	60.02 WOUND CARE	AGGREGATE						158495
4	25 ADULTS & PEDIATRICS	OB COVERAGE						257582
5	37 OPERATING ROOM	AGGREGATE						94088
6	61 EMERGENCY	ER						12451
7	6 ADMINISTRATIVE & GENERAL	MED ADMIN				102060	67555	67555
8	44 LABORATORY	AGGREGATE						15051
9	43 RADIOISOTOPE	AGGREGATE						50
10	41 RADIOLOGY-DIAGNOSTIC	AGGREGATE						750
11	37 OPERATING ROOM	TRAUMA CALL				634100		
12	40 ANESTHESIOLOGY	TRAUMA CALL				551210	164290	164290
14	31 SUBPROVIDER I	DIRECTOR				78013		
15	25 ADULTS & PEDIATRICS	DIRECTOR				67418	32582	32582
16	6 ADMINISTRATIVE & GENERAL	DIRECTOR				10053	3531	3531
17	6 ADMINISTRATIVE & GENERAL	QA				102486	66014	66014
101	TOTAL					1545340	333972	879588

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8	
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	3606919	3606919							3
4 NEW CAP REL COSTS-MVBLE EQUIP	3518498		3518498						4
5 EMPLOYEE BENEFITS	14147034	25502	22177	14194713					5
6 ADMINISTRATIVE & GENERAL	20662257	360613	783633	2256528	24063031	24063031			6
7 MAINTENANCE & REPAIRS	1171632	18206	103866	208379	1502083	371325	1873408		7
8 OPERATION OF PLANT	4320127	437092	187282	245288	5189789	1282952	442053	6914794	8
9 LAUNDRY & LINEN SERVICE	552167	17478		27655	597300	147657	436	44121	9
10 HOUSEKEEPING	1942341	16264	14758	278890	2252253	556773	201972	41057	10
11 DIETARY	1477767	93638	20647	162200	1754252	433663	54138	236377	11
12 CAFETERIA	311276	82574	8480	73707	476037	117680	269	208447	12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION	1463054	46889	11726	367368	1889037	466983	1798	118366	14
15 CENTRAL SERVICES & SUPPLY	1365726	102275	44180	162654	1674835	414031	68677	258180	15
16 PHARMACY	2013840	39249	108133	478993	2640215	652680	839	99079	16
17 MEDICAL RECORDS & LIBRARY	1528358	35723	5857	309378	1879316	464580	1991	90177	17
18 SOCIAL SERVICE	305939	20838	396	81297	408470	100977	120	52603	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	129580				129580	32033			23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	10739529	654708	32961	2591157	14018355	3465418	36780	1652737	25
26 INTENSIVE CARE UNIT	4462062	140540	25235	1105606	5733443	1417347	13044	354775	26
31 SUBPROVIDER I	843285	48141	3255	213810	1108491	274027		121527	31
33 NURSERY	722153	16533	7250	189899	935835	231345	745	41734	33
34 SKILLED NURSING FACILITY	1967296	153546	1492	497750	2620084	647703	1739	387608	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	3903547	324890	368659	706890	5303986	1311182	110243	820143	37
38 RECOVERY ROOM	529805	19382	332	105476	654995	161919	1043	48927	38
39 DELIVERY ROOM & LABOR ROOM	1363098	72519	40457	338195	1814269	448500	13259	183064	39
40 ANESTHESIOLOGY	814387	5967	16018	9617	845989	209134	28412	15062	40
41 RADIOLOGY-DIAGNOSTIC	1933707	127125	571881	399250	3031963	749522	315734	320910	41
43 RADIOISOTOPE	593217	24301	230	1942	619690	153192		61344	43
43.01 ULTRASOUND	499243	24454	80222	127380	731299	180782	9491	61731	43.01
43.02 MRI-CT SCANS	1146431	45573	260329	160277	1612610	398648	251273	115044	43.02
44 LABORATORY	5687577	125438	244801	619355	6677171	1650643	156967	316653	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY	1239613	13965	43233	262183	1558994	385394	9996	35252	49
50 PHYSICAL THERAPY	2124075	139467	14384	458745	2736671	676524	3383	352066	50
53 ELECTROCARDIOLOGY	452609	26294	56342	104724	639969	158205	20467	66375	53
54 ELECTROENCEPHALOGRAPHY	94580	13326	156	23083	131145	32420		33639	54
55 MEDICAL SUPPLIES CHARGED TO PAT	10070700				10070700	2489548			55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS	3399030				3399030	840264			56
56.01 OUTPATIENT PHARMACY	1802630	25374	1751	84758	1914513	473281	66	64053	56.01
59 LITHOTRIPSY									59
59.01 CARDIAC REHABILITATION	161997	46110	11002	41137	260246	64335	3449	116399	59.01
59.03 CARDIAC CATHORIZATION LAB	753380	26358	302797	151699	1234234	305111	49381	66536	59.03
59.05 INPATIENT RENAL DIALYSIS	444901			60	444961	109997			59.05
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	4281	1175	502		5958	1473	1890	2967	60
60.01 OUTPATIENT INFUSION PROCEDURES	1129			217	1346	333			60.01
60.02 WOUND CARE	744180	26294	11669	62758	844901	208865	555		60.02
61 EMERGENCY	3684891	175726	94338	667789	4622744	1142775	65656	443598	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
71 HOME HEALTH AGENCY	2021952		17532	485232	2524716	624127	6123		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE	375670			67963	443633	109669	556		93
95 SUBTOTALS	121097470	3573547	3517963	14129289	120998139	23963017	1872545	6830551	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	60495	13185	128	7479	81287	20095	863	33284	96

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION	NEW CAP- REL COSTS BLDG&FIXT	NEW CAP- REL COSTS MOV EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINI- STRATIVE & GENERAL	MAINTEN- ANCE AND REPAIRS	OPERATION OF PLANT	
		0	3	4	5	5A	6	7	8	
98	PHYSICIANS' PRIVATE OFFICES	12377	20187		2360	34924	8633		50959	98
98.01	NON-EMPLOYEE CHILD CARE CENTER	87642			20920	108562	26837			98.01
99	NONPAID WORKERS	144731		407	34665	179803	44449			99
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	121402715	3606919	3518498	14194713	121402715	24063031	1873408	6914794	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	789514								9
10 HOUSEKEEPING		3052055							10
11 DIETARY	301	82096	2560827						11
12 CAFETERIA		71919		874352					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		6289		20701	2503174				14
15 CENTRAL SERVICES & SUPPLY		46193		18964		2480880			15
16 PHARMACY	62	36589		32251			3461715		16
17 MEDICAL RECORDS & LIBRARY		21381		35471				2492916	17
18 SOCIAL SERVICE				7484		24			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	330711	1192556	1622373	209985	1022264	52571	2821	398036	25
26 INTENSIVE CARE UNIT	54189	128060	279217	63514	309202	17419	3119	105999	26
31 SUBPROVIDER I	34307		168303	22183				23796	31
33 NURSERY	17841	28013		11282	54925	439		15143	33
34 SKILLED NURSING FACILITY	100074	256120	490934	50283	244791	5651	233	128064	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	216618	300483		55705	271187		12508	399334	37
38 RECOVERY ROOM		29042		6326	30796	13204	89	19902	38
39 DELIVERY ROOM & LABOR ROOM	11074	58656		22353	108819	3657	230	31151	39
40 ANESTHESIOLOGY		4231		1384	6737	35278	12037	40669	40
41 RADIOLOGY-DIAGNOSTIC	437	76264		35682		12661	2992	70522	41
43 RADIOISOTOPE		30300				1256	167435	32881	43
43.01 ULTRASOUND	112	6289		6975		1524	45	18604	43.01
43.02 MRI-CT SCANS	189	33501		10830		25009	1051	64465	43.02
44 LABORATORY		112167		65519		5757		217622	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		14978		23228		20640	23430	80472	49
50 PHYSICAL THERAPY		170594		36939		13770	259	43265	50
53 ELECTROCARDIOLOGY		32472		9418		5413	351	54946	53
54 ELECTROENCEPHALOGRAPHY		3316		2471		1205		3029	54
55 MEDICAL SUPPLIES CHARGED TO PAT						2158178		111623	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						2346	3087952	436539	56
56.01 OUTPATIENT PHARMACY				6735		21370			56.01
59 LITHOTRIPSY									59
59.01 CARDIAC REHABILITATION		42077		2937		634		1298	59.01
59.03 CARDIAC CATHERIZATION LAB				9277			4239	74848	59.03
59.05 INPATIENT RENAL DIALYSIS	961								59.05
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC						482		865	60
60.01 OUTPATIENT INFUSION PROCEDURES									60.01
60.02 WOUND CARE	1398			7173		15475	2043		60.02
61 EMERGENCY	21240	108851		53799	261907	54512	116612	119843	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
71 HOME HEALTH AGENCY		141095		34539	168143	10990	928		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE		6403		5013	24403	1415	23341		93
95 SUBTOTALS	789514	3039935	2560827	868421	2503174	2480880	3461715	2492916	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				1469					96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 NON-EMPLOYEE CHILD CARE CENTER		12120		4462					98.01
99 NONPAID WORKERS									99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	789514	3052055	2560827	874352	2503174	2480880	3461715	2492916	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	23	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE	569678					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		161613				23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	361773	162	24366542	-162	24366380	25
26 INTENSIVE CARE UNIT	37355		8516683		8516683	26
31 SUBPROVIDER I	21654		1774288		1774288	31
33 NURSERY			1337302		1337302	33
34 SKILLED NURSING FACILITY	117102		5050386		5050386	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			8801389		8801389	37
38 RECOVERY ROOM			966243		966243	38
39 DELIVERY ROOM & LABOR ROOM			2695032		2695032	39
40 ANESTHESIOLOGY			1198933		1198933	40
41 RADIOLOGY-DIAGNOSTIC			4616687		4616687	41
43 RADIOISOTOPE			1066098		1066098	43
43.01 ULTRASOUND			1016852		1016852	43.01
43.02 MRI-CT SCANS			2512620		2512620	43.02
44 LABORATORY			9202499		9202499	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY			2152384		2152384	49
50 PHYSICAL THERAPY			4033471		4033471	50
53 ELECTROCARDIOLOGY			987616		987616	53
54 ELECTROENCEPHALOGRAPHY			207225		207225	54
55 MEDICAL SUPPLIES CHARGED TO PAT			14830049		14830049	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS			7766131		7766131	56
56.01 OUTPATIENT PHARMACY			2480018		2480018	56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION			491375		491375	59.01
59.03 CARDIAC CATHERIZATION LAB			1744587		1744587	59.03
59.05 INPATIENT RENAL DIALYSIS			554958		554958	59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			13635		13635	60
60.01 OUTPATIENT INFUSION PROCEDURES			1679		1679	60.01
60.02 WOUND CARE			1080410		1080410	60.02
61 EMERGENCY	31794	161451	7204782	-161451	7043331	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
71 HOME HEALTH AGENCY			3510661		3510661	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
93 HOSPICE			614433		614433	93
95 SUBTOTALS	569678	161613	120794968	-161613	120633355	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			136998		136998	96

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
PART I

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	23	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES			94516		94516	98
98.01 NON-EMPLOYEE CHILD CARE CENTER			151981		151981	98.01
99 NONPAID WORKERS			224252		224252	99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL	569678	161613	121402715	-161613	121241102	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAP- REL COSTS BLDG&FIXT 3	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINI- STRATIVE & GENERAL 6	MAINTEN- ANCE AND REPAIRS 7	OPERATION OF PLANT 8
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		25502	22177	47679	47679			5
6 ADMINISTRATIVE & GENERAL	64732	360613	783633	1208978	7576	1216554		6
7 MAINTENANCE & REPAIRS	1610	18206	103866	123682	700	18773	143155	7
8 OPERATION OF PLANT	2345	437092	187282	626719	823	64862	33780	726184 8
9 LAUNDRY & LINEN SERVICE		17478		17478	93	7465	33	4634 9
10 HOUSEKEEPING	29909	16264	14758	60931	936	28149	15434	4312 10
11 DIETARY	162	93638	20647	114447	545	21925	4137	24824 11
12 CAFETERIA		82574	8480	91054	247	5950	21	21891 12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION		46889	11726	58615	1233	23609	137	12431 14
15 CENTRAL SERVICES & SUPPLY	327470	102275	44180	473925	546	20932	5248	27114 15
16 PHARMACY	13117	39249	108133	160499	1608	32997	64	10405 16
17 MEDICAL RECORDS & LIBRARY		35723	5857	41580	1039	23488	152	9470 17
18 SOCIAL SERVICE		20838	396	21234	273	5105	9	5524 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						1619		23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	145989	654708	32961	833658	8724	175204	2811	173565 25
26 INTENSIVE CARE UNIT	21199	140540	25235	186974	3712	71657	997	37258 26
31 SUBPROVIDER I	10968	48141	3255	62364	718	13854		12763 31
33 NURSERY	3511	16533	7250	27294	638	11696	57	4383 33
34 SKILLED NURSING FACILITY	18550	153546	1492	173588	1671	32746	133	40706 34
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	133564	324890	368659	827113	2373	66289	8424	86131 37
38 RECOVERY ROOM	10980	19382	332	30694	354	8186	80	5138 38
39 DELIVERY ROOM & LABOR ROOM	14911	72519	40457	127887	1135	22675	1013	19225 39
40 ANESTHESIOLOGY	11832	5967	16018	33817	32	10573	2171	1582 40
41 RADIOLOGY-DIAGNOSTIC		127125	571881	699006	1340	37893	24126	33702 41
43 RADIOISOTOPE		24301	230	24531	7	7745		6442 43
43.01 ULTRASOUND		24454	80222	104676	428	9140	725	6483 43.01
43.02 MRI-CT SCANS		45573	260329	305902	538	20154	19201	12082 43.02
44 LABORATORY	1700	125438	244801	371939	2079	83451	11994	33255 44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	14561	13965	43233	71759	880	19484	764	3702 49
50 PHYSICAL THERAPY		139467	14384	153851	1540	34203	259	36974 50
53 ELECTROCARDIOLOGY		26294	56342	82636	352	7998	1564	6971 53
54 ELECTROENCEPHALOGRAPHY		13326	156	13482	77	1639		3533 54
55 MEDICAL SUPPLIES CHARGED TO PAT						125864		55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS						42481		56
56.01 OUTPATIENT PHARMACY		25374	1751	27125	285	23928	5	6727 56.01
59 LITHOTRIPSY								59
59.01 CARDIAC REHABILITATION		46110	11002	57112	138	3253	264	12224 59.01
59.03 CARDIAC CATHORIZATION LAB	19644	26358	302797	348799	509	15425	3773	6988 59.03
59.05 INPATIENT RENAL DIALYSIS						5561		59.05
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		1175	502	1677		74	144	312 60
60.01 OUTPATIENT INFUSION PROCEDURES					1	17		60.01
60.02 WOUND CARE		26294	11669	37963	211	10560	42	60.02
61 EMERGENCY	31213	175726	94338	301277	2242	57775	5017	46586 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
71 HOME HEALTH AGENCY			17532	17532	1629	31554	468	71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
93 HOSPICE	34133			34133	228	5545	42	93
95 SUBTOTALS	912100	3573547	3517963	8003610	47460	1211498	143089	717337 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN		13185	128	13313	25	1016	66	3495 96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP-	NEW CAP-	CAP REL	EMPLOYEE	ADMINI-	MAINTEN-	OPERATION
	CAP-REL	REL COSTS	REL COSTS	COST TO	BENEFITS	STRATIVE	ANCE AND	OF
	COSTS	BLDG&FIXT	MOV EQUIP	BE ALLOC		& GENERAL	REPAIRS	PLANT
	0	3	4	4A	5	6	7	8
98 PHYSICIANS' PRIVATE OFFICES		20187		20187	8	436		5352 98
98.01 NON-EMPLOYEE CHILD CARE CENTER					70	1357		98.01
99 NONPAID WORKERS			407	407	116	2247		99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	912100	3606919	3518498	8037517	47679	1216554	143155	726184 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	9	10	11	12	14	15	16	17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	29703								9
10 HOUSEKEEPING		109762							10
11 DIETARY	11	2952	168841						11
12 CAFETERIA		2586		121749					12
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		226		2882	99133				14
15 CENTRAL SERVICES & SUPPLY		1661		2641		532067			15
16 PHARMACY	2	1316		4491			211382		16
17 MEDICAL RECORDS & LIBRARY		769		4939				81437	17
18 SOCIAL SERVICE				1042		5			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	12442	42891	106967	29240	40485	11275	172	13003	25
26 INTENSIVE CARE UNIT	2039	4605	18409	8844	12245	3736	190	3463	26
31 SUBPROVIDER I	1291		11097	3089				777	31
33 NURSERY	671	1007		1571	2175	94		495	33
34 SKILLED NURSING FACILITY	3765	9211	32368	7002	9694	1212	14	4184	34
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	8150	10806		7757	10740		764	13045	37
38 RECOVERY ROOM		1044		881	1220	2832	5	650	38
39 DELIVERY ROOM & LABOR ROOM	417	2109		3112	4310	784	14	1018	39
40 ANESTHESIOLOGY		152		193	267	7566	735	1329	40
41 RADIOLOGY-DIAGNOSTIC	16	2743		4969		2715	183	2304	41
43 RADIOISOTOPE		1090				269	10224	1074	43
43.01 ULTRASOUND	4	226		971		327	3	608	43.01
43.02 MRI-CT SCANS	7	1205		1508		5364	64	2106	43.02
44 LABORATORY		4034		9123		1235		7109	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
49 RESPIRATORY THERAPY		539		3234		4427	1431	2629	49
50 PHYSICAL THERAPY		6135		5144		2953	16	1413	50
53 ELECTROCARDIOLOGY		1168		1311		1161	21	1795	53
54 ELECTROENCEPHALOGRAPHY		119		344		258		99	54
55 MEDICAL SUPPLIES CHARGED TO PAT						462859		3646	55
55.30 IMPL. DEV. CHARGED TO PATIENT									55.30
56 DRUGS CHARGED TO PATIENTS						503	188559	14260	56
56.01 OUTPATIENT PHARMACY				938		4583			56.01
59 LITHOTRIPSY									59
59.01 CARDIAC REHABILITATION		1513		409		136		42	59.01
59.03 CARDIAC CATHERIZATION LAB				1292			259	2445	59.03
59.05 INPATIENT RENAL DIALYSIS									59.05
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC						103		28	60
60.01 OUTPATIENT INFUSION PROCEDURES									60.01
60.02 WOUND CARE	53			999		3319	125		60.02
61 EMERGENCY	799	3915		7491	10372	11691	7121	3915	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
71 HOME HEALTH AGENCY		5074		4809	6659	2357	57		71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
93 HOSPICE		230		698	966	303	1425		93
95 SUBTOTALS	29703	109326	168841	120924	99133	532067	211382	81437	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				204					96

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
98 PHYSICIANS' PRIVATE OFFICES									98
98.01 NON-EMPLOYEE CHILD CARE CENTER		436		621					98.01
99 NONPAID WORKERS									99
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	29703	109762	168841	121749	99133	532067	211382	81437	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	23	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE	33192					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		1619				23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	21079		1471516		1471516	25
26 INTENSIVE CARE UNIT	2176		356305		356305	26
31 SUBPROVIDER I	1262		107215		107215	31
33 NURSERY			50081		50081	33
34 SKILLED NURSING FACILITY	6823		323117		323117	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM			1041592		1041592	37
38 RECOVERY ROOM			51084		51084	38
39 DELIVERY ROOM & LABOR ROOM			183699		183699	39
40 ANESTHESIOLOGY			58417		58417	40
41 RADIOLOGY-DIAGNOSTIC			808997		808997	41
43 RADIOISOTOPE			51382		51382	43
43.01 ULTRASOUND			123591		123591	43.01
43.02 MRI-CT SCANS			368131		368131	43.02
44 LABORATORY			524219		524219	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY			108849		108849	49
50 PHYSICAL THERAPY			242488		242488	50
53 ELECTROCARDIOLOGY			104977		104977	53
54 ELECTROENCEPHALOGRAPHY			19551		19551	54
55 MEDICAL SUPPLIES CHARGED TO PAT			592369		592369	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS			245803		245803	56
56.01 OUTPATIENT PHARMACY			63591		63591	56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION			75091		75091	59.01
59.03 CARDIAC CATHORIZATION LAB			379526		379526	59.03
59.05 INPATIENT RENAL DIALYSIS			5561		5561	59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC			2338		2338	60
60.01 OUTPATIENT INFUSION PROCEDURES			18		18	60.01
60.02 WOUND CARE			53272		53272	60.02
61 EMERGENCY	1852		460053		460053	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
71 HOME HEALTH AGENCY			70139		70139	71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
93 HOSPICE			43570		43570	93
95 SUBTOTALS	33192		7986542		7986542	95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN			18119		18119	96

PROVIDER NO. 14-0008 GOTTLEB MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 17:02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B  
PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-OTHER PROGRAM COSTS	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	TOTAL	
	18	23	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES			25983		25983	98
98.01 NON-EMPLOYEE CHILD CARE CENTER			2484		2484	98.01
99 NONPAID WORKERS			2770		2770	99
101 CROSS FOOT ADJUSTMENTS		1619	1619		1619	101
102 NEGATIVE COST CENTER						102
103 TOTAL	33192	1619	8037517		8037517	103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS REPAIRS REQS	OPERATION OF PLANT SQUARE FEET
	3	4	5	6A	6	7	8
GENERAL SERVICE COST CENTERS							
1							1
2							2
3	282312						3
4		3559781					4
5	1996	22437	53126952				5
6	28225	792826	8445564	-24063031	97339684		6
7	1425	105085	779905		1502083	1942530	7
8	34211	189479	918044		5189789	458368	8
9	1368		103504		597300	452	9
10	1273	14931	1043807		2252253	209424	10
11	7329	20889	607070		1754252	56135	11
12	6463	8580	275866		476037	279	12
13							13
14	3670	11864	1374958		1889037	1864	14
15	8005	44698	608771		1674835	71211	15
16	3072	109402	1792738		2640215	870	16
17	2796	5926	1157915		1879316	2064	17
18	1631	401	304273		408470	124	18
20							20
21							21
22							22
23					129580		23
24							24
INPATIENT ROUTINE SERV COST CENTERS							
25	51244	33348	9698034		14018355	38137	25
26	11000	25531	4137980		5733443	13525	26
31	3768	3293	800231		1108491		31
33	1294	7335	710738		935835	773	33
34	12018	1509	1862942		2620084	1803	34
ANCILLARY SERVICE COST CENTERS							
37	25429	372985	2645695		5303986	114310	37
38	1517	336	394768		654995	1082	38
39	5676	40932	1265770		1814269	13748	39
40	467	16206	35995		845989	29460	40
41	9950	578591	1494283		3031963	327383	41
43	1902	233	7270		619690		43
43.01	1914	81163	476749		731299	9841	43.01
43.02	3567	263383	599874		1612610	260544	43.02
44	9818	247673	2318075		6677171	162758	44
46.30							46.30
49	1093	43740	981279		1558994	10365	49
50	10916	14553	1716957		2736671	3508	50
53	2058	57003	391952		639969	21222	53
54	1043	158	86392		131145		54
55					10070700		55
55.30							55.30
56					3399030		56
56.01	1986	1772	317225		1914513	68	56.01
59							59
59.01	3609	11131	153966		260246	3576	59.01
59.03	2063	306350	567766		1234234	51203	59.03
59.05			223		444961		59.05
OUTPATIENT SERVICE COST CENTERS							
60	92	508			5958	1960	60
60.01			813		1346		60.01
60.02	2058	11806	234887		844901	575	60.02
61	13754	95445	2499352		4622744	68078	61
62							62
63.50							63.50
63.60							63.60
OTHER REIMBURSABLE COST CENTERS							
69.10							69.10
69.20							69.20
69.30							69.30
69.40							69.40
71		17738	1816091		2524716	6349	71
SPECIAL PURPOSE COST CENTERS							
85.01							85.01
85.02							85.02
85.03							85.03
93			254367		443633	576	93
95	279700	3559240	52882089	-24063031	96935108	1941635	211785
NONREIMBURSABLE COST CENTERS							
96	1032	129	27991		81287	895	1032

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP-	NEW CAP-	EMPLOYEE	RECON-	ADMINI-	MAINTEN-	OPERATION	
	REL COSTS	REL COSTS	BENEFITS		STRATIVE	ANCE AND	OF	
	BLDG&FIXT	MOV EQUIP	GROSS	CILIATION	& GENERAL	REPAIRS	PLANT	
	SQUARE	(DOLLAR	SALARIES		ACCUM	MAINT	SQUARE	
	FEET	VALUE)		6A	COST	REQS	FEET	
	3	4	5		6	7	8	
98 PHYSICIANS' PRIVATE OFFICES	1580		8832		34924		1580	98
98.01 NON-EMPLOYEE CHILD CARE CENTE			78299		108562			98.01
99 NONPAID WORKERS		412	129741		179803			99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	3606919		14194713		24063031	1873408	6914794	103
104 UNIT COST MULT-WS B PT I		.988403				.964417		104
104 UNIT COST MULT-WS B PT I	12.776357		.267185		.247207		32.252289	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			47679		1216554	143155	726184	107
108 UNIT COST MULT-WS B PT III						.073695		108
108 UNIT COST MULT-WS B PT III			.000897		.012498		3.387100	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSE-KEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTES SERVED) 12	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS) 15	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9	621280							9
10		26693						10
11	237	718	155016					11
12		629		61921				12
13								13
14		55		1466	36414			14
15		404		1343		11576529		15
16	49	320		2284			3810442	16
17		187		2512		1		17
18				530		110		18
20								20
21								21
22								22
23								23
24								24
INPATIENT ROUTINE SERV COST CENTERS								
25	260241	10430	98208	14871	14871	245310	3105	920
26	42642	1120	16902	4498	4498	81284	3433	245
31	26997		10188	1571				55
33	14039	245		799	799	2049		35
34	78750	2240	29718	3561	3561	26371	256	296
ANCILLARY SERVICE COST CENTERS								
37	170460	2628		3945	3945		13768	923
38		254		448	448	61613	98	46
39	8714	513		1583	1583	17066	253	72
40		37		98	98	164616	13250	94
41	344	667		2527		59082	3293	163
43		265				5859	184302	76
43.01	88	55		494		7111	49	43
43.02	149	293		767		116699	1157	149
44		981		4640		26866		503
46.30								46.30
49		131		1645		96312	25790	186
50		1492		2616		64257	285	100
53		284		667		25259	386	127
54		29		175		5624		7
55						10070700		258
55.30								55.30
56						10949	3399030	1009
56.01				477		99720		56.01
59								59
59.01		368		208		2958		3
59.03	756			657			4666	173
59.05								59.05
OUTPATIENT SERVICE COST CENTERS								
60						2248		2
60.01								60.01
60.02	1100			508		72209	2249	60.02
61	16714	952		3810	3810	254370	128359	277
62								62
63.50								63.50
63.60								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10			1234	2446	2446	51283	1021	71
69.20								69.20
69.30								69.30
69.40								69.40
71								71
SPECIAL PURPOSE COST CENTERS								
85.01								85.01
85.02								85.02
85.03								85.03
93		56		355	355	6603	25692	93
95	621280	26587	155016	61501	36414	11576529	3810442	5762
NONREIMBURSABLE COST CENTERS								
96				104				96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY	HOUSE-	DIETARY	CAFETERIA	NURSING	CENTRAL	PHARMACY	MEDICAL
	AND LINEN SERVICE (POUNDS OF LAUNDRY)	KEEPING (HOURS OF SERVICE)	(MEALS SERVED)	(FTES SERVED)	(DIRECT NRSG HRS)	& SUPPLY (COSTED REQUIS)	(COSTED REQUIS)	RECORDS & LIBRARY (TIME SPENT)
	9	10	11	12	14	15	16	17
98 PHYSICIANS' PRIVATE OFFICES								98
98.01 NON-EMPLOYEE CHILD CARE CENTE		106		316				98.01
99 NONPAID WORKERS								99
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	789514	3052055	2560827	874352	2503174	2480880	3461715	2492916 103
104 UNIT COST MULT-WS B PT I	1.270786		16.519759		68.742077		.908481	104
104 UNIT COST MULT-WS B PT I		114.339153		14.120444		.214303		432.647692 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	29703	109762	168841	121749	99133	532067	211382	81437 107
108 UNIT COST MULT-WS B PT III	.047809		1.089184		2.722387		.055474	108
108 UNIT COST MULT-WS B PT III		4.112014		1.966199		.045961		14.133461 108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	I/R-SALARY AND FRINGES (ASSIGNED TIME)	I/R-OTHER PROGRAM COSTS (ASSIGNED TIME)	
	(TIME SPENT) 18	(TIME) 22	(TIME) 23	
GENERAL SERVICE COST CENTERS				
1 OLD CAP REL COSTS-BLDG & FIXT				1
2 OLD CAP REL COSTS-MVBLE EQUIP				2
3 NEW CAP REL COSTS-BLDG & FIXT				3
4 NEW CAP REL COSTS-MVBLE EQUIP				4
5 EMPLOYEE BENEFITS				5
6 ADMINISTRATIVE & GENERAL				6
7 MAINTENANCE & REPAIRS				7
8 OPERATION OF PLANT				8
9 LAUNDRY & LINEN SERVICE				9
10 HOUSEKEEPING				10
11 DIETARY				11
12 CAFETERIA				12
13 MAINTENANCE OF PERSONNEL				13
14 NURSING ADMINISTRATION				14
15 CENTRAL SERVICES & SUPPLY				15
16 PHARMACY				16
17 MEDICAL RECORDS & LIBRARY				17
18 SOCIAL SERVICE	8708			18
20 NONPHYSICIAN ANESTHETISTS				20
21 NURSING SCHOOL				21
22 I&R SERVICES-SALARY & FRINGES		1000		22
23 I&R SERVICES-OTHER PRGM COSTS			1000	23
24 PARAMED ED PRGM-(SPECIFY)				24
INPATIENT ROUTINE SERV COST CENTERS				
25 ADULTS & PEDIATRICS	5530	1	1	25
26 INTENSIVE CARE UNIT	571			26
31 SUBPROVIDER I	331			31
33 NURSERY				33
34 SKILLED NURSING FACILITY	1790			34
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM				37
38 RECOVERY ROOM				38
39 DELIVERY ROOM & LABOR ROOM				39
40 ANESTHESIOLOGY				40
41 RADIOLOGY-DIAGNOSTIC				41
43 RADIOISOTOPE				43
43.01 ULTRASOUND				43.01
43.02 MRI-CT SCANS				43.02
44 LABORATORY				44
46.30 BLOOD CLOTTING FACTORS ADMIN				46.30
49 RESPIRATORY THERAPY				49
50 PHYSICAL THERAPY				50
53 ELECTROCARDIOLOGY				53
54 ELECTROENCEPHALOGRAPHY				54
55 MEDICAL SUPPLIES CHARGED TO P				55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS				56
56.01 OUTPATIENT PHARMACY				56.01
59 LITHOTRIPSY				59
59.01 CARDIAC REHABILITATION				59.01
59.03 CARDIAC CATHERIZATION LAB				59.03
59.05 INPATIENT RENAL DIALYSIS				59.05
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC				60
60.01 OUTPATIENT INFUSION PROCEDURE				60.01
60.02 WOUND CARE				60.02
61 EMERGENCY	486	999	999	61
62 OBSERVATION BEDS (NON-DISTINC				62
63.50 RHC				63.50
63.60 FQHC				63.60
OTHER REIMBURSABLE COST CENTERS				
69.10 CMHC				69.10
69.20 OUTPATIENT PHYSICAL THERAPY				69.20
69.30 OUTPATIENT OCCUPATIONAL THERA				69.30
69.40 OUTPATIENT SPEECH PATHOLOGY				69.40
71 HOME HEALTH AGENCY				71
SPECIAL PURPOSE COST CENTERS				
85.01 PANCREAS ACQUISITION				85.01
85.02 INTESTINAL ACQUISITION				85.02
85.03 ISLET CELL ACQUISITION				85.03
93 HOSPICE				93
95 SUBTOTALS	8708	1000	1000	95
NONREIMBURSABLE COST CENTERS				
96 GIFT, FLOWER, COFFEE SHOP & C				96

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL	I/R-SALARY	I/R-OTHER	
	SERVICE	AND	PROGRAM	
	(TIME	FRINGES	COSTS	
	SPENT)	(ASSIGNED	(ASSIGNED	
	18	TIME)	TIME)	
		22	23	
98 PHYSICIANS' PRIVATE OFFICES				98
98.01 NON-EMPLOYEE CHILD CARE CENTE				98.01
99 NONPAID WORKERS				99
101 CROSS FOOT ADJUSTMENTS				101
102 NEGATIVE COST CENTER				102
103 COST TO BE ALLOC PER B PT I	569678		161613	103
104 UNIT COST MULT-WS B PT I	65.420073		161.613000	104
104 UNIT COST MULT-WS B PT I				104
105 COST TO BE ALLOC PER B PT II				105
106 UNIT COST MULT-WS B PT II				106
106 UNIT COST MULT-WS B PT II				106
107 COST TO BE ALLOC PER B PT III	33192		1619	107
108 UNIT COST MULT-WS B PT III	3.811667		1.619000	108
108 UNIT COST MULT-WS B PT III				108

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	24366380		24366380	32582	24398962	25
26 INTENSIVE CARE UNIT	8516683		8516683		8516683	26
31 SUBPROVIDER I	1774288		1774288		1774288	31
33 NURSERY	1337302		1337302		1337302	33
34 SKILLED NURSING FACILITY	5050386		5050386		5050386	34
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	8801389		8801389		8801389	37
38 RECOVERY ROOM	966243		966243		966243	38
39 DELIVERY ROOM & LABOR ROOM	2695032		2695032		2695032	39
40 ANESTHESIOLOGY	1198933		1198933	164290	1363223	40
41 RADIOLOGY-DIAGNOSTIC	4616687		4616687		4616687	41
43 RADIOISOTOPE	1066098		1066098		1066098	43
43.01 ULTRASOUND	1016852		1016852		1016852	43.01
43.02 MRI-CT SCANS	2512620		2512620		2512620	43.02
44 LABORATORY	9202499		9202499		9202499	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2152384		2152384		2152384	49
50 PHYSICAL THERAPY	4033471		4033471		4033471	50
53 ELECTROCARDIOLOGY	987616		987616		987616	53
54 ELECTROENCEPHALOGRAPHY	207225		207225		207225	54
55 MEDICAL SUPPLIES CHARGED TO	14830049		14830049		14830049	55
55.30 IMPL. DEV. CHARGED TO PATIE						55.30
56 DRUGS CHARGED TO PATIENTS	7766131		7766131		7766131	56
56.01 OUTPATIENT PHARMACY	2480018		2480018		2480018	56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION	491375		491375		491375	59.01
59.03 CARDIAC CATHERIZATION LAB	1744587		1744587		1744587	59.03
59.05 INPATIENT RENAL DIALYSIS	554958		554958		554958	59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	13635		13635		13635	60
60.01 OUTPATIENT INFUSION PROCEDU	1679		1679		1679	60.01
60.02 WOUND CARE	1080410		1080410		1080410	60.02
61 EMERGENCY	7043331		7043331		7043331	61
62 OBSERVATION BEDS (NON-DISTI	779942		779942		779942	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	117288203		117288203	196872	117485075	101
102 LESS OBSERVATION BEDS	779942		779942		779942	102
103 TOTAL	116508261		116508261	196872	116705133	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	80831824		80831824			25
26 INTENSIVE CARE UNIT	21047077		21047077			26
31 SUBPROVIDER I	7005585		7005585			31
33 NURSERY	2718561		2718561			33
34 SKILLED NURSING FACILITY ANCILLARY SERVICE COST CENTERS	6789002		6789002			34
37 OPERATING ROOM	14151739	15960569	30112308	.292285	.292285	.292285 37
38 RECOVERY ROOM	5287842	3722876	9010718	.107233	.107233	.107233 38
39 DELIVERY ROOM & LABOR ROOM	6005816	600874	6606690	.407925	.407925	.407925 39
40 ANESTHESIOLOGY	8637836	5957131	14594967	.082147	.082147	.093404 40
41 RADIOLOGY-DIAGNOSTIC	6688593	12073754	18762347	.246061	.246061	.246061 41
43 RADIOISOTOPE	3133386	4048012	7181398	.148453	.148453	.148453 43
43.01 ULTRASOUND	3801783	7391911	11193694	.090842	.090842	.090842 43.01
43.02 MRI-CT SCANS	18348973	32918927	51267900	.049010	.049010	.049010 43.02
44 LABORATORY	46724237	30269315	76993552	.119523	.119523	.119523 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	20607924	2090457	22698381	.094825	.094825	.094825 49
50 PHYSICAL THERAPY	12507320	7695257	20202577	.199651	.199651	.199651 50
53 ELECTROCARDIOLOGY	12941438	9083899	22025337	.044840	.044840	.044840 53
54 ELECTROENCEPHALOGRAPHY	456174	1035582	1491756	.138913	.138913	.138913 54
55 MEDICAL SUPPLIES CHARGED TO 55.30 IMPL. DEV. CHARGED TO PATIE	72886932	20394929	93281861	.158981	.158981	.158981 55
56 DRUGS CHARGED TO PATIENTS	93879303	11579374	105458677	.073641	.073641	.073641 56
56.01 OUTPATIENT PHARMACY		2066337	2066337	1.200200	1.200200	1.200200 56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION		640539	640539	.767127	.767127	.767127 59.01
59.03 CARDIAC CATHERIZATION LAB	18617948	5342695	23960643	.072811	.072811	.072811 59.03
59.05 INPATIENT RENAL DIALYSIS	3487020	36013	3523033	.157523	.157523	.157523 59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		156457	156457	.087149	.087149	.087149 60
60.01 OUTPATIENT INFUSION PROCEDU		167236	167236	.010040	.010040	.010040 60.01
60.02 WOUND CARE	20263	4257699	4277962	.252553	.252553	.252553 60.02
61 EMERGENCY	17836258	24701758	42538016	.165577	.165577	.165577 61
62 OBSERVATION BEDS (NON-DISTI	169631	3181400	3351031	.232747	.232747	.232747 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	484582465	205373001	689955466			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	484582465	205373001	689955466			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				1471516		1471516
26 INTENSIVE CARE UNIT				356305		356305
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				107215		107215
33 NURSERY				50081		50081
101 TOTAL				1985117		1985117

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	33817	17661			43.51	768430
26 INTENSIVE CARE UNIT	5364	2805			66.43	186336
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3396	3112			31.57	98246
33 NURSERY	1766				28.36	
101 TOTAL	44343	23578				1053012

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0008) [ ] 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		1041592	30112308	7204478			.034590	249203 37
38 RECOVERY ROOM		51084	9010718	1533659			.005669	8694 38
39 DELIVERY ROOM & LABOR ROOM		183699	6606690	4000			.027805	111 39
40 ANESTHESIOLOGY		58417	14594967	2225047			.004003	8907 40
41 RADIOLOGY-DIAGNOSTIC		808997	18762347	5096734			.043118	219761 41
43 RADIOISOTOPE		51382	7181398	1648528			.007155	11795 43
43.01 ULTRASOUND		123591	11193694	1109277			.011041	12248 43.01
43.02 MRI-CT SCANS		368131	51267900	8586345			.007181	61659 43.02
44 LABORATORY		524219	76993552	23499606			.006809	160009 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		108849	22698381	5318656			.004795	25503 49
50 PHYSICAL THERAPY		242488	20202577	3241633			.012003	38909 50
53 ELECTROCARDIOLOGY		104977	22025337	6867902			.004766	32732 53
54 ELECTROENCEPHALOGRAPHY		19551	1491756	206537			.013106	2707 54
55 MEDICAL SUPPLIES CHARGED TO P		592369	93281861	41015322			.006350	260447 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		245803	105458677	42612224			.002331	99329 56
56.01 OUTPATIENT PHARMACY		63591	2066337				.030775	56.01
59 LITHOTRIPSY								59
59.01 CARDIAC REHABILITATION		75091	640539				.117231	59.01
59.03 CARDIAC CATHERIZATION LAB		379526	23960643	7073562			.015840	112045 59.03
59.05 INPATIENT RENAL DIALYSIS		5561	3523033				.001578	59.05
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2338	156457				.014943	60
60.01 OUTPATIENT INFUSION PROCEDURE		18	167236				.000108	60.01
60.02 WOUND CARE		53272	4277962	5887			.012453	73 60.02
61 EMERGENCY		460053	42538016	9013241			.010815	97478 61
62 OBSERVATION BEDS (NON-DISTINC		47039	3351031				.014037	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5611638	571563417	166262638				1401610 101

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/25/2009 17:02

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN	MEDICAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	INPATIENT
		ANESTHETIST	EDUCATION	ADJUSTMENT					COSTS
		COST	COST	AMOUNT		PATIENT	DIEM	DAYS	COSTS
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					33817		17661	25
26	INTENSIVE CARE UNIT					5364		2805	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					3396		3112	31
33	NURSERY					1766			33
34	SKILLED NURSING FACILITY					9906		7992	34
35	NURSING FACILITY								35
101	TOTAL					54249		31570	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0008) [ ] 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
43 RADIOISOTOPE							43
43.01 ULTRASOUND							43.01
43.02 MRI-CT SCANS							43.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 OUTPATIENT PHARMACY							56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION							59.01
59.03 CARDIAC CATHERIZATION LAB							59.03
59.05 INPATIENT RENAL DIALYSIS							59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT INFUSION PROCEDURE							60.01
60.02 WOUND CARE							60.02
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 (14-0008) [ ] 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		30112308			7204478		3506780 37
38 RECOVERY ROOM		9010718			1533659		1764064 38
39 DELIVERY ROOM & LABOR ROOM		6606690			4000		548 39
40 ANESTHESIOLOGY		14594967			2225047		1071558 40
41 RADIOLOGY-DIAGNOSTIC		18762347			5096734		3812401 41
43 RADIOISOTOPE		7181398			1648528		1577790 43
43.01 ULTRASOUND		11193694			1109277		789737 43.01
43.02 MRI-CT SCANS		51267900			8586345		9230351 43.02
44 LABORATORY		76993552			23499606		1375949 44
46.30 BLOOD CLOTTING FACTORS ADMIN							
49 RESPIRATORY THERAPY		22698381			5318656		1090669 49
50 PHYSICAL THERAPY		20202577			3241633		93246 50
53 ELECTROCARDIOLOGY		22025337			6867902		2441389 53
54 ELECTROENCEPHALOGRAPHY		1491756			206537		92722 54
55 MEDICAL SUPPLIES CHARGED TO P		93281861			41015322		8230518 55
55.30 IMPL. DEV. CHARGED TO PATIENT							
56 DRUGS CHARGED TO PATIENTS		105458677			42612224		4527068 56
56.01 OUTPATIENT PHARMACY		2066337					
59 LITHOTRIPSY							
59.01 CARDIAC REHABILITATION		640539					
59.03 CARDIAC CATHERIZATION LAB		23960643			7073562		3272722 59.03
59.05 INPATIENT RENAL DIALYSIS		3523033					3018 59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		156457					27360 60
60.01 OUTPATIENT INFUSION PROCEDURE		167236					
60.02 WOUND CARE		4277962			5887		451422 60.02
61 EMERGENCY		42538016			9013241		5406628 61
62 OBSERVATION BEDS (NON-DISTINC		3351031					1 62
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		571563417			166262638		48765941 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0008) [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 MRI-CT SCANS					43.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 OUTPATIENT PHARMACY					56.01
59 LITHOTRIPSY					59
59.01 CARDIAC REHABILITATION					59.01
59.03 CARDIAC CATHERIZATION LAB					59.03
59.05 INPATIENT RENAL DIALYSIS					59.05
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT INFUSION PROCEDURE					60.01
60.02 WOUND CARE					60.02
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 (14-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.292285	.292285	.292285			37
38 RECOVERY ROOM	.107233	.107233	.107233			38
39 DELIVERY ROOM & LABOR ROOM	.407925	.407925	.407925			39
40 ANESTHESIOLOGY	.082147	.082147	.082147			40
41 RADIOLOGY-DIAGNOSTIC	.246061	.246061	.246061			41
43 RADIOISOTOPE	.148453	.148453	.148453			43
43.01 ULTRASOUND	.090842	.090842	.090842			43.01
43.02 MRI-CT SCANS	.049010	.049010	.049010			43.02
44 LABORATORY	.119523	.119523	.119523			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.094825	.094825	.094825			49
50 PHYSICAL THERAPY	.199651	.199651	.199651			50
53 ELECTROCARDIOLOGY	.044840	.044840	.044840			53
54 ELECTROENCEPHALOGRAPHY	.138913	.138913	.138913			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.158981	.158981	.158981			55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	.073641	.073641	.073641			56
56.01 OUTPATIENT PHARMACY	1.200200	1.200200	1.200200			56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION	.767127	.767127	.767127			59.01
59.03 CARDIAC CATHERIZATION LAB	.072811	.072811	.072811			59.03
59.05 INPATIENT RENAL DIALYSIS	.157523	.157523	.157523			59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	.087149	.087149	.087149			60
60.01 OUTPATIENT INFUSION PROCEDURES	.010040	.010040	.010040			60.01
60.02 WOUND CARE	.252553	.252553	.252553			60.02
61 EMERGENCY	.165577	.165577	.165577			61
62 OBSERVATION BEDS (NON-DISTINCT	.232747	.232747	.232747			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	.073641	1
2 PROGRAM VACCINE CHARGES	24260	2
2.01 PROGRAM VACCINE CHARGES		2.01
3 PROGRAM COSTS	1787	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 (14-0008) [ ] SNF  
 APPLICABLE [XX] TITLE XVIII-PT B [ ] SUB I [ ] NF  
 BOXES [ ] TITLE XIX - O/P [ ] SUB II [ ] S/B-SNF  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	(SEE INSTRU.)	6	7	8
37 ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		3506780						37
38 RECOVERY ROOM		1764064						38
39 DELIVERY ROOM & LABOR ROOM		548						39
40 ANESTHESIOLOGY		1071558						40
41 RADIOLOGY-DIAGNOSTIC		3812401						41
43 RADIOISOTOPE		1577790						43
43.01 ULTRASOUND		789737						43.01
43.02 MRI-CT SCANS		9230351						43.02
44 LABORATORY		1375949						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		1090669						49
50 PHYSICAL THERAPY		93246						50
53 ELECTROCARDIOLOGY		2441389						53
54 ELECTROENCEPHALOGRAPHY		92722						54
55 MEDICAL SUPPLIES CHARGED TO PA		8230518						55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		4527068						56
56.01 OUTPATIENT PHARMACY								56.01
59 LITHOTRIPSY								59
59.01 CARDIAC REHABILITATION								59.01
59.03 CARDIAC CATHERIZATION LAB		3272722						59.03
59.05 INPATIENT RENAL DIALYSIS		3018						59.05
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		27360						60
60.01 OUTPATIENT INFUSION PROCEDURES								60.01
60.02 WOUND CARE		451422						60.02
61 EMERGENCY		5406628						61
62 OBSERVATION BEDS (NON-DISTINCT		1						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		48765941						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		48765941						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D  
 PARTS V & VI

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-0008) [ ] 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 I/P PART B CHARGES (SEE INSTRU.)	HOSPITAL I/P PART B COST (COLUMNS 1.02x10)
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)		
	9	9.01	9.02	9.03	9.04	10 11
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM		1024979				37
38 RECOVERY ROOM		189166				38
39 DELIVERY ROOM & LABOR ROOM		224				39
40 ANESTHESIOLOGY		88025				40
41 RADIOLOGY-DIAGNOSTIC		938083				41
43 RADIOISOTOPE		234228				43
43.01 ULTRASOUND		71741				43.01
43.02 MRI-CT SCANS		452380				43.02
44 LABORATORY		164458				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		103423				49
50 PHYSICAL THERAPY		18617				50
53 ELECTROCARDIOLOGY		109472				53
54 ELECTROENCEPHALOGRAPHY		12880				54
55 MEDICAL SUPPLIES CHARGED TO PAT		1308496				55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS		333378				56
56.01 OUTPATIENT PHARMACY						56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION						59.01
59.03 CARDIAC CATHERIZATION LAB		238290				59.03
59.05 INPATIENT RENAL DIALYSIS		475				59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		2384				60
60.01 OUTPATIENT INFUSION PROCEDURES						60.01
60.02 WOUND CARE		114008				60.02
61 EMERGENCY		895213				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		6299920				101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		6299920				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB III [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (14-S008) [ ] SUB IV [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL CHARGES	INPATIENT PROGRAM CHARGES	----- OLD CAPITAL -----		----- NEW CAPITAL -----	
	RELATED COST	RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		1041592	30112308				.034590	37
38 RECOVERY ROOM		51084	9010718	2561			.005669	15 38
39 DELIVERY ROOM & LABOR ROOM		183699	6606690				.027805	39
40 ANESTHESIOLOGY		58417	14594967				.004003	40
41 RADIOLOGY-DIAGNOSTIC		808997	18762347	51418			.043118	2217 41
43 RADIOISOTOPE		51382	7181398	6308			.007155	45 43
43.01 ULTRASOUND		123591	11193694	8885			.011041	98 43.01
43.02 MRI-CT SCANS		368131	51267900	242990			.007181	1745 43.02
44 LABORATORY		524219	76993552	492723			.006809	3355 44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		108849	22698381	24214			.004795	116 49
50 PHYSICAL THERAPY		242488	20202577	193078			.012003	2318 50
53 ELECTROCARDIOLOGY		104977	22025337	40022			.004766	191 53
54 ELECTROENCEPHALOGRAPHY		19551	1491756	38026			.013106	498 54
55 MEDICAL SUPPLIES CHARGED TO P		592369	93281861	45615			.006350	290 55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		245803	105458677	1486414			.002331	3465 56
56.01 OUTPATIENT PHARMACY		63591	2066337				.030775	56.01
59 LITHOTRIPSY								59
59.01 CARDIAC REHABILITATION		75091	640539				.117231	59.01
59.03 CARDIAC CATHERIZATION LAB		379526	23960643	3262			.015840	52 59.03
59.05 INPATIENT RENAL DIALYSIS		5561	3523033				.001578	59.05
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2338	156457				.014943	60
60.01 OUTPATIENT INFUSION PROCEDURE		18	167236				.000108	60.01
60.02 WOUND CARE		53272	4277962				.012453	60.02
61 EMERGENCY		460053	42538016	22219			.010815	240 61
62 OBSERVATION BEDS (NON-DISTINC		47039	3351031				.014037	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5611638	571563417	2657735				14645 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-S008) [ ] 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
43 RADIOISOTOPE							43
43.01 ULTRASOUND							43.01
43.02 MRI-CT SCANS							43.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 OUTPATIENT PHARMACY							56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION							59.01
59.03 CARDIAC CATHERIZATION LAB							59.03
59.05 INPATIENT RENAL DIALYSIS							59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT INFUSION PROCEDURE							60.01
60.02 WOUND CARE							60.02
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-S008) [ ] 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		30112308					37
38 RECOVERY ROOM		9010718			2561		38
39 DELIVERY ROOM & LABOR ROOM		6606690					39
40 ANESTHESIOLOGY		14594967					40
41 RADIOLOGY-DIAGNOSTIC		18762347			51418		41
43 RADIOISOTOPE		7181398			6308		43
43.01 ULTRASOUND		11193694			8885		43.01
43.02 MRI-CT SCANS		51267900			242990		43.02
44 LABORATORY		76993552			492723		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22698381			24214		49
50 PHYSICAL THERAPY		20202577			193078		50
53 ELECTROCARDIOLOGY		22025337			40022		53
54 ELECTROENCEPHALOGRAPHY		1491756			38026		54
55 MEDICAL SUPPLIES CHARGED TO P		93281861			45615		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		105458677			1486414		56
56.01 OUTPATIENT PHARMACY		2066337					56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION		640539					59.01
59.03 CARDIAC CATHERIZATION LAB		23960643			3262		59.03
59.05 INPATIENT RENAL DIALYSIS		3523033					59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		156457					60
60.01 OUTPATIENT INFUSION PROCEDURE		167236					60.01
60.02 WOUND CARE		4277962					60.02
61 EMERGENCY		42538016			22219		61
62 OBSERVATION BEDS (NON-DISTINC		3351031					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		571563417			2657735		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-S008) [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF  
 [ ] SUB III [ ] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 MRI-CT SCANS					43.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 OUTPATIENT PHARMACY					56.01
59 LITHOTRIPSY					59
59.01 CARDIAC REHABILITATION					59.01
59.03 CARDIAC CATHERIZATION LAB					59.03
59.05 INPATIENT RENAL DIALYSIS					59.05
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT INFUSION PROCEDURE					60.01
60.02 WOUND CARE					60.02
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 [ ] SUB I [XX] SNF (14-5526) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ] ICF/MR  
 [ ] SUB III

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
43 RADIOISOTOPE							43
43.01 ULTRASOUND							43.01
43.02 MRI-CT SCANS							43.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 OUTPATIENT PHARMACY							56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION							59.01
59.03 CARDIAC CATHERIZATION LAB							59.03
59.05 INPATIENT RENAL DIALYSIS							59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT INFUSION PROCEDURE							60.01
60.02 WOUND CARE							60.02
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 [ ] SUB I [XX] SNF (14-5526) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ] ICF/MR  
 [ ] SUB III

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		30112308					37
38 RECOVERY ROOM		9010718					38
39 DELIVERY ROOM & LABOR ROOM		6606690					39
40 ANESTHESIOLOGY		14594967			28887		40
41 RADIOLOGY-DIAGNOSTIC		18762347			200247		41
43 RADIOISOTOPE		7181398			12568		43
43.01 ULTRASOUND		11193694			25519		43.01
43.02 MRI-CT SCANS		51267900					43.02
44 LABORATORY		76993552			1888281		44
46.30 BLOOD CLOTting FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22698381			490725		49
50 PHYSICAL THERAPY		20202577			5787169		50
53 ELECTROCARDIOLOGY		22025337			68171		53
54 ELECTROENCEPHALOGRAPHY		1491756			14176		54
55 MEDICAL SUPPLIES CHARGED TO P		93281861			3354498		55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		105458677			5750293		56
56.01 OUTPATIENT PHARMACY		2066337					56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION		640539					59.01
59.03 CARDIAC CATHERIZATION LAB		23960643			28024		59.03
59.05 INPATIENT RENAL DIALYSIS		3523033			2820		59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		156457					60
60.01 OUTPATIENT INFUSION PROCEDURE		167236					60.01
60.02 WOUND CARE		4277962					60.02
61 EMERGENCY		42538016					61
62 OBSERVATION BEDS (NON-DISTINC		3351031					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		571563417			17651378		101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [ ] HOSPITAL [ ] SUB IV [ ] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] SUB I [XX] SNF (14-5526) [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] SUB II [ ] NF [ ] ICF/MR  
 [ ] SUB III

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 MRI-CT SCANS					43.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 OUTPATIENT PHARMACY					56.01
59 LITHOTRIPSY					59
59.01 CARDIAC REHABILITATION					59.01
59.03 CARDIAC CATHERIZATION LAB					59.03
59.05 INPATIENT RENAL DIALYSIS					59.05
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT INFUSION PROCEDURE					60.01
60.02 WOUND CARE					60.02
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 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS				1471516		1471516
26 INTENSIVE CARE UNIT				356305		356305
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I				107215		107215
33 NURSERY				50081		50081
101 TOTAL				1985117		1985117

COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS	33817	3190			43.51	138797
26 INTENSIVE CARE UNIT	5364	598			66.43	39725
27 CORONARY CARE UNIT						
28 BURN INTENSIVE CARE UNIT						
29 SURGICAL INTENSIVE CARE UNIT						
30 OTHER SPECIAL CARE (SPECIFY)						
31 SUBPROVIDER I	3396				31.57	
33 NURSERY	1766	797			28.36	22603
101 TOTAL	44343	4585				201125

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

CHECK [ ] TITLE V [XX] HOSPITAL (14-0008) [ ] 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		1041592	30112308				.034590	37
38 RECOVERY ROOM		51084	9010718				.005669	38
39 DELIVERY ROOM & LABOR ROOM		183699	6606690				.027805	39
40 ANESTHESIOLOGY		58417	14594967				.004003	40
41 RADIOLOGY-DIAGNOSTIC		808997	18762347				.043118	41
43 RADIOISOTOPE		51382	7181398				.007155	43
43.01 ULTRASOUND		123591	11193694				.011041	43.01
43.02 MRI-CT SCANS		368131	51267900				.007181	43.02
44 LABORATORY		524219	76993552				.006809	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		108849	22698381				.004795	49
50 PHYSICAL THERAPY		242488	20202577				.012003	50
53 ELECTROCARDIOLOGY		104977	22025337				.004766	53
54 ELECTROENCEPHALOGRAPHY		19551	1491756				.013106	54
55 MEDICAL SUPPLIES CHARGED TO P		592369	93281861				.006350	55
55.30 IMPL. DEV. CHARGED TO PATIENT								55.30
56 DRUGS CHARGED TO PATIENTS		245803	105458677				.002331	56
56.01 OUTPATIENT PHARMACY		63591	2066337				.030775	56.01
59 LITHOTRIPSY								59
59.01 CARDIAC REHABILITATION		75091	640539				.117231	59.01
59.03 CARDIAC CATHERIZATION LAB		379526	23960643				.015840	59.03
59.05 INPATIENT RENAL DIALYSIS		5561	3523033				.001578	59.05
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2338	156457				.014943	60
60.01 OUTPATIENT INFUSION PROCEDURE		18	167236				.000108	60.01
60.02 WOUND CARE		53272	4277962				.012453	60.02
61 EMERGENCY		460053	42538016				.010815	61
62 OBSERVATION BEDS (NON-DISTINC		47039	3351031				.014037	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		5611638	571563417					101

PROVIDER NO. 14-0008 GOTTLIEB MEMORIAL HOSPITAL  
 PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
 11/25/2009 17:02

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
		COST	COST	AMOUNT		PATIENT	DIEM	DAYS	COSTS
		1	2	3	4	5	6	7	8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					33817		3190	25
26	INTENSIVE CARE UNIT					5364		598	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I					3396			31
33	NURSERY					1766		797	33
34	SKILLED NURSING FACILITY					9906		137	34
35	NURSING FACILITY								35
101	TOTAL					54249		4722	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0008) [ ] 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
43 RADIOISOTOPE							43
43.01 ULTRASOUND							43.01
43.02 MRI-CT SCANS							43.02
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS							56
56.01 OUTPATIENT PHARMACY							56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION							59.01
59.03 CARDIAC CATHERIZATION LAB							59.03
59.05 INPATIENT RENAL DIALYSIS							59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
60.01 OUTPATIENT INFUSION PROCEDURE							60.01
60.02 WOUND CARE							60.02
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 (14-0008) [ ] 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	
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		30112308					37
38 RECOVERY ROOM		9010718					38
39 DELIVERY ROOM & LABOR ROOM		6606690					39
40 ANESTHESIOLOGY		14594967					40
41 RADIOLOGY-DIAGNOSTIC		18762347					41
43 RADIOISOTOPE		7181398					43
43.01 ULTRASOUND		11193694					43.01
43.02 MRI-CT SCANS		51267900					43.02
44 LABORATORY		76993552					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		22698381					49
50 PHYSICAL THERAPY		20202577					50
53 ELECTROCARDIOLOGY		22025337					53
54 ELECTROENCEPHALOGRAPHY		1491756					54
55 MEDICAL SUPPLIES CHARGED TO P		93281861					55
55.30 IMPL. DEV. CHARGED TO PATIENT							55.30
56 DRUGS CHARGED TO PATIENTS		105458677					56
56.01 OUTPATIENT PHARMACY		2066337					56.01
59 LITHOTRIPSY							59
59.01 CARDIAC REHABILITATION		640539					59.01
59.03 CARDIAC CATHERIZATION LAB		23960643					59.03
59.05 INPATIENT RENAL DIALYSIS		3523033					59.05
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		156457					60
60.01 OUTPATIENT INFUSION PROCEDURE		167236					60.01
60.02 WOUND CARE		4277962					60.02
61 EMERGENCY		42538016					61
62 OBSERVATION BEDS (NON-DISTINC		3351031					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL		571563417					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-0008) [ ] 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
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 MRI-CT SCANS					43.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 OUTPATIENT PHARMACY					56.01
59 LITHOTRIPSY					59
59.01 CARDIAC REHABILITATION					59.01
59.03 CARDIAC CATHERIZATION LAB					59.03
59.05 INPATIENT RENAL DIALYSIS					59.05
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT INFUSION PROCEDURE					60.01
60.02 WOUND CARE					60.02
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) (14-0008)	SUB I (PPS) (14-S008)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5526)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33817	3396				9906	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33817	3396				9906	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33817	3396				9906	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)	17661	3112				7992	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) (14-0008)	SUB I (PPS) (14-S008)	SUB II	SUB III	SUB IV	SNF (PPS) (14-5526)	
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	24398962	1774288				5050386	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	24398962	1774288				5050386	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37020686	2406144				80831824	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37020686	2406144				80831824	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.659063	.737399				.062480	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1094.74	708.52				8159.89	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	24398962	1774288				5050386	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) (14-0008)	SUB I (PPS) (14-S008)	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	721.50	522.46				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12742412	1625896				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12742412	1625896				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	8516683	5364	1587.75	2805	4453639	43
45 CORONARY CARE UNIT						44
46 BURN INTENSIVE CARE UNIT						45
47 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0008)	SUB I (PPS) (14-S008)	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	20464599	254022				48
49 TOTAL PROGRAM INPATIENT COSTS	37660650	1879918				49
	PASS THROUGH COST ADJUSTMENTS					
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	954766	98246				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1401610	14645				51
52 TOTAL PROGRAM EXCLUDABLE COST	2356376	112891				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	35304274	1767027				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) (14-0008)	SUB I (PPS) (14-S008)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES						54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

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

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

	SNF (PPS) (14-5526) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	5050386	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	509.83	67
68 PROGRAM ROUTINE SERVICE COST	4074561	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	4074561	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	323117	71
72 PER DIEM CAPITAL RELATED COSTS	32.62	72
73 PROGRAM CAPITAL RELATED COSTS	260699	73
74 INPATIENT ROUTINE SERVICE COST	3813862	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	3813862	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	4074561	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	2447738	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	6522299	82

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
 PARTS III & IV

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

HOSPITAL	SUB I	SUB II	SUB III	SUB IV
(PPS)	(PPS)			
(14-0008)	(14-S008)			
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1081	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	721.50	84
85 OBSERVATION BED COST	779942	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		24398962		779942		86
87 NEW CAPITAL-RELATED COST	1471516	24398962	.060311	779942	47039	87
88 NON PHYSICIAN ANESTHETIST		24398962		779942		88
89 MEDICAL EDUCATION		24398962		779942		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) (14-0008)	SUB I	SUB II	SUB III	SUB IV	NF
INPATIENT DAYS	1	1	1	1	1	1
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	33817					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	33817					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)						3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33817					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)	3190					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	1766					15
16 TITLE V OR XIX NURSERY DAYS	797					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) (14-0008)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24366380						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	24366380						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	37020686						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	37020686						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.658183						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1094.74						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	24366380						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) (14-0008)	SUB I	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	720.54						38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2298523						39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2298523						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)	1337302	1766	757.25	797	603528		42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS							
43	INTENSIVE CARE UNIT	8516683	5364	1587.75	598	949475		43
44	CORONARY CARE UNIT							44
45	BURN INTENSIVE CARE UNIT							45
46	SURGICAL INTENSIVE CARE UNIT							46
47	OTHER SPECIAL CARE (SPECIFY)							47
		HOSPITAL (OTHER) (14-0008)	SUB I	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	3851526						49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	201125						50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	201125						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) (14-0008)	SUB I	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	1	
54 PROGRAM DISCHARGES			1			54
55 TARGET AMOUNT PER DISCHARGE						55
56 TARGET AMOUNT						56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT						57
58 BONUS PAYMENT						58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET						58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT						58.03
58.04 RELIEF PAYMENT						58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT						59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)						59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1						59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1						59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)						59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1						59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1						59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)						59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS						62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

PROVIDER NO. 14-0008 GOTTlieb MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 17:02

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. 14-0008 GOTTlieb MEMORIAL HOSPITAL  
PERIOD FROM 07/01/2008 TO 06/30/2009

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

VERSION: 2009.08  
11/25/2009 17:02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1  
PARTS III & IV

TITLE V-INPT                       TITLE XVIII-PART A                       TITLE XIX-INPT

HOSPITAL (OTHER) (14-0008)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1081	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	721.50	84
85 OBSERVATION BED COST	779942	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[ ] TITLE V [XX] HOSPITAL (14-0008) [ ] SNF [XX] PPS  
 [XX] TITLE XVIII-PT A [ ] SUB I [ ] NF [ ] TEFRA  
 [ ] TITLE XIX [ ] SUB II [ ] S/B-SNF [ ] OTHER  
 [ ] SUB III [ ] S/B-NF  
 [ ] SUB IV [ ] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		37020686		25
26 INTENSIVE CARE UNIT		10823571		26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.292285	7204478	2105761	37
38 RECOVERY ROOM	.107233	1533659	164459	38
39 DELIVERY ROOM & LABOR ROOM	.407925	4000	1632	39
40 ANESTHESIOLOGY	.093404	2225047	207828	40
41 RADIOLOGY-DIAGNOSTIC	.246061	5096734	1254107	41
43 RADIOISOTOPE	.148453	1648528	244729	43
43.01 ULTRASOUND	.090842	1109277	100769	43.01
43.02 MRI-CT SCANS	.049010	8586345	420817	43.02
44 LABORATORY	.119523	23499606	2808743	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.094825	5318656	504342	49
50 PHYSICAL THERAPY	.199651	3241633	647195	50
53 ELECTROCARDIOLOGY	.044840	6867902	307957	53
54 ELECTROENCEPHALOGRAPHY	.138913	206537	28691	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.158981	41015322	6520657	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.073641	42612224	3138007	56
56.01 OUTPATIENT PHARMACY	1.200200			56.01
59 LITHOTRIPSY				59
59.01 CARDIAC REHABILITATION	.767127			59.01
59.03 CARDIAC CATHERIZATION LAB	.072811	7073562	515033	59.03
59.05 INPATIENT RENAL DIALYSIS	.157523			59.05
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.087149			60
60.01 OUTPATIENT INFUSION PROCEDURES	.010040			60.01
60.02 WOUND CARE	.252553	5887	1487	60.02
61 EMERGENCY	.165577	9013241	1492385	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.232747			62
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		166262638	20464599	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		166262638		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (14-S008)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I		6404531		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.292285			37
38 RECOVERY ROOM	.107233	2561	275	38
39 DELIVERY ROOM & LABOR ROOM	.407925			39
40 ANESTHESIOLOGY	.093404			40
41 RADIOLOGY-DIAGNOSTIC	.246061	51418	12652	41
43 RADIOISOTOPE	.148453	6308	936	43
43.01 ULTRASOUND	.090842	8885	807	43.01
43.02 MRI-CT SCANS	.049010	242990	11909	43.02
44 LABORATORY	.119523	492723	58892	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.094825	24214	2296	49
50 PHYSICAL THERAPY	.199651	193078	38548	50
53 ELECTROCARDIOLOGY	.044840	40022	1795	53
54 ELECTROENCEPHALOGRAPHY	.138913	38026	5282	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.158981	45615	7252	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.073641	1486414	109461	56
56.01 OUTPATIENT PHARMACY	1.200200			56.01
59 LITHOTRIPSY				59
59.01 CARDIAC REHABILITATION	.767127			59.01
59.03 CARDIAC CATHERIZATION LAB	.072811	3262	238	59.03
59.05 INPATIENT RENAL DIALYSIS	.157523			59.05
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.087149			60
60.01 OUTPATIENT INFUSION PROCEDURES	.010040			60.01
60.02 WOUND CARE	.252553			60.02
61 EMERGENCY	.165577	22219	3679	61
62 OBSERVATION BEDS (NON-DISTINCT	.232747			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		2657735	254022	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2657735		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5526)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.292285			37
38 RECOVERY ROOM	.107233			38
39 DELIVERY ROOM & LABOR ROOM	.407925			39
40 ANESTHESIOLOGY	.082147	28887	2373	40
41 RADIOLOGY-DIAGNOSTIC	.246061	200247	49273	41
43 RADIOISOTOPE	.148453	12568	1866	43
43.01 ULTRASOUND	.090842	25519	2318	43.01
43.02 MRI-CT SCANS	.049010			43.02
44 LABORATORY	.119523	1888281	225693	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.094825	490725	46533	49
50 PHYSICAL THERAPY	.199651	5787169	1155414	50
53 ELECTROCARDIOLOGY	.044840	68171	3057	53
54 ELECTROENCEPHALOGRAPHY	.138913	14176	1969	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.158981	3354498	533301	55
55.30 IMPL. DEV. CHARGED TO PATIENT				55.30
56 DRUGS CHARGED TO PATIENTS	.073641	5750293	423457	56
56.01 OUTPATIENT PHARMACY	1.200200			56.01
59 LITHOTRIPSY				59
59.01 CARDIAC REHABILITATION	.767127			59.01
59.03 CARDIAC CATHERIZATION LAB	.072811	28024	2040	59.03
59.05 INPATIENT RENAL DIALYSIS	.157523	2820	444	59.05
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.087149			60
60.01 OUTPATIENT INFUSION PROCEDURES	.010040			60.01
60.02 WOUND CARE	.252553			60.02
61 EMERGENCY	.165577			61
62 OBSERVATION BEDS (NON-DISTINCT	.232747			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		17651378	2447738	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		17651378		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0008)	<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
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.292285		37
38 RECOVERY ROOM	.107233		38
39 DELIVERY ROOM & LABOR ROOM	.407925		39
40 ANESTHESIOLOGY	.082147		40
41 RADIOLOGY-DIAGNOSTIC	.246061		41
43 RADIOISOTOPE	.148453		43
43.01 ULTRASOUND	.090842		43.01
43.02 MRI-CT SCANS	.049010		43.02
44 LABORATORY	.119523		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.094825		49
50 PHYSICAL THERAPY	.199651		50
53 ELECTROCARDIOLOGY	.044840		53
54 ELECTROENCEPHALOGRAPHY	.138913		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.158981		55
55.30 IMPL. DEV. CHARGED TO PATIENT			55.30
56 DRUGS CHARGED TO PATIENTS	.073641		56
56.01 OUTPATIENT PHARMACY	1.200200		56.01
59 LITHOTRIPSY			59
59.01 CARDIAC REHABILITATION	.767127		59.01
59.03 CARDIAC CATHERIZATION LAB	.072811		59.03
59.05 INPATIENT RENAL DIALYSIS	.157523		59.05
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	.087149		60
60.01 OUTPATIENT INFUSION PROCEDURES	.010040		60.01
60.02 WOUND CARE	.252553		60.02
61 EMERGENCY	.165577		61
62 OBSERVATION BEDS (NON-DISTINCT	.232747		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (14-0008)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	6252800					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6610729					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	13061329					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	702293					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	919983					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	2115716					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	1366041					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	217.21					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	2.54					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	1.19					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	1.19					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	1.00					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..	0.96					3.16
RES. IN INIT YRS						
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	1.05				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART A  
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0008)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.004834				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.005951				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.004834				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	18354				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	19874				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [ 3.21-3.23 ][ LINE 23 ]	40052				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	78280	0	78280		3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0367				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.1172				4.01
4.02	SUM OF 4 AND 4.01	0.1539				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0275				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	712934				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	28082113				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	28082113				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2285345				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	44275				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST					12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS					14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS					15
16	TOTAL	30411733				16
17	PRIMARY PAYER PAYMENTS	18578				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	30393155				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2533820				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	265887				20
21	REIMBURSABLE BAD DEBTS	427349				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	299144				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	243546				21.02
22	SUBTOTAL	27892592				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART A  
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0008)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
24.99	OUTLIER RECONCILIATION ADJUSTMENT	-366				24.99
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	27892226				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	26897271				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	994955				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	136895				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0008) 1	HOSPITAL (14-0008) 1.01	HOSPITAL (14-0008) 1.02	
1 MEDICAL AND OTHER SERVICES	1787			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	6299920			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	6551065			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	1787			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	24260			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	24260			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	24260			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	22473			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	1787			17
17.01 TOTAL PPS PAYMENTS	6551065			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0008) 1	HOSPITAL (14-0008) 1.01	HOSPITAL (14-0008) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1753336		18.01
19 SUBTOTAL	4799516		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	6399		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	4805915		23
24 PRIMARY PAYER PAYMENTS	435		24
25 SUBTOTAL	4805480		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	289908		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	202936		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	218614		27.02
28 SUBTOTAL	5008416		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	5008416		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	4801556		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	206860		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (14-S008)	SUB I (14-S008)	SUB I (14-S008)	
	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-S008)	SUB I (14-S008)	SUB I (14-S008)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5526)	SNF (14-5526)	SNF (14-5526)	
	1	1.01	1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5526)	SNF (14-5526)	SNF (14-5526)
	1	1.01	1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36
TO BE COMPLETED BY CONTRACTOR			
50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)			50
51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT			51
52 THE RATE USED TO CALCULATE THE TIME VALUE			52
53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)			53
54 TOTAL (SUM OF LINES 51 AND 53)			54

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

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

HOSPITAL  
(14-0008)  
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  
(14-0008)  
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  
(14-0008)  
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 (14-0008)

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		26850278		4801556
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.		46993		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				3.01
TO .02				3.02
PROVIDER .03		NONE		NONE
TO .04				3.03
PROVIDER .05				3.04
TO .50	10/22/2002			3.05
PROVIDER .51				3.50
TO .52		NONE		3.51
PROVIDER .53				NONE
PROGRAM .54				3.52
				3.53
				3.54
SUBTOTAL		.99		3.99
4 TOTAL INTERIM PAYMENTS		26897271		4801556
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				
PROGRAM .01				5.01
TO .02		NONE		NONE
PROVIDER .03				5.02
TO .50				5.03
PROVIDER .51		NONE		5.50
TO .52				5.51
PROGRAM .52				NONE
				5.52
SUBTOTAL		.99		5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				
PROGRAM TO .01		994955		206860
PROVIDER TO .02				6.01
PROGRAM				6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		27892226		5008416

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SUBPROVIDER I (14-S008)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2514956		1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			3.01
	TO .02			3.02
	PROVIDER .03	NONE	NONE	3.03
	TO .04			3.04
	PROVIDER .05			3.05
	TO .50			3.50
	PROVIDER .51			3.51
	TO .52	NONE	NONE	3.52
	PROVIDER .53			3.53
	PROGRAM .54			3.54
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		2514956		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01			5.01
	TO .02	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			6.01
	PROVIDER TO .02			6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		2514956		7

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED  
 SKILLED NURSING FACILITY I (14-5526)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3167493		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	NONE		3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH PROVIDER	.03			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.04			3.05
	.05			3.50
	.50			3.51
	PROVIDER .51			3.52
	TO .52	NONE		3.53
	PROGRAM .53			3.54
	.54			
SUBTOTAL	.99			3.99
4 TOTAL INTERIM PAYMENTS		3167493		4
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				5.01
PROGRAM TO	.01			5.02
PROVIDER	.02	NONE		5.03
PROVIDER	.03			5.50
TO	.50			5.51
PROGRAM	.51	NONE		5.52
	.52			
SUBTOTAL	.99			5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.				6.01
PROGRAM TO				6.02
PROVIDER	.01	22763		
PROVIDER TO	.02			
PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		3190256		7

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (14-S008)	SUB II	SUB III	SUB IV	
1						1
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08		2510859				1.08
1.09		127811				1.09
1.10						1.10
1.11						1.11
1.12						1.12
1.13						1.13
1.14						1.14
1.15						1.15
1.16		9.304110				1.16
1.17						1.17
1.18						1.18
1.19		2638670				1.19
1.20						1.20
1.21						1.21
1.22						1.22
1.23		2638670				1.23
1.35						1.35
1.36						1.36
1.37						1.37
1.38						1.38
1.39						1.39
1.40						1.40
1.41						1.41
1.42						1.42
2						2
3						3
4		2638670				4
5						5
6		2638670				6
7		76292				7
8		2562378				8
9		47422				9
10		2514956				10
11						11
11.01						11.01
11.02						11.02
12		2514956				12
13						13



CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
	SNF I (14-5526) (PPS) 2	
COMPUTATION OF NET COST OF COVERED SERVICES		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1
2	MEDICAL AND OTHER SERVICES	2
3	INTERNS AND RESIDENTS	3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY	4
5	COST OF TEACHING PHYSICIANS	5
6	SUBTOTAL	6
7	INPATIENT PRIMARY PAYER PAYMENTS	7
8	OUTPATIENT PRIMARY PAYER PAYMENTS	8
9	SUBTOTAL	9
COMPUTATION OF LESSER OF COST OR CHARGES		
10	ROUTINE SERVICE CHARGES	10
11	ANCILLARY SERVICE CHARGES	11
12	INTERNS AND RESIDENTS SERVICE CHARGES	12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE	13
14	TEACHING PHYSICIANS	14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION	15
16	TOTAL REASONABLE CHARGES	16
CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	18
19	RATIO OF LINE 17 TO LINE 18	19
20	TOTAL CUSTOMARY CHARGES	20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	22
23	COST OF COVERED SERVICES	23
PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS	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	30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	31
32	AMOUNT FROM LINE 30	32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	33

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
 PART III

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

	[ ] TITLE V	[XX] TITLE XVIII	[ ] TITLE XIX
		SNF I (14-5526) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		34
35	SUBTOTAL	3443420	35
36	COINSURANCE	275927	36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38	REIMBURSABLE BAD DEBTS	29435	38
38.01	REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	7194	38.02
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)	22763	38.03
39	UTILIZATION REVIEW		39
40	SUBTOTAL	3190256	40
41	INPATIENT ROUTINE SERVICE COST		41
42	MEDICARE INPATIENT ROUTINE CHARGES		42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45	RATIO OF LINE 43 TO LINE 44		45
46	TOTAL CUSTOMARY CHARGES		46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50	OTHER ADJUSTMENTS		50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52	SUBTOTAL	3190256	52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	3190256	55
56	SEQUESTRATION ADJUSTMENT		56
57	INTERIM PAYMENTS	3167493	57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58	BALANCE DUE PROVIDER/PROGRAM	22763	58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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 (14-0008) (OTHER)	SUB I (14-S008)	SUB II	SUB III	SUB IV	(PPS)
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	3851526					1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	3851526					6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	3851526					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	3851526					22
23	COST OF COVERED SERVICES	3851526					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	3851526					30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						31
32	LESSER OF LINES 30 OR 31	3851526					32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

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

WORKSHEET E-3  
 PART III

	[ ] TITLE V	[ ] TITLE XVIII	[XX] TITLE XIX			
		HOSPITAL (14-0008) (OTHER)	SUB I	SUB II	SUB III	SUB IV NF I
		1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT					
	EXCESS OF REASONABLE COST	3851526				34
35	SUBTOTAL					35
36	COINSURANCE					36
37	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,					37
38	REIMBURSABLE BAD DEBTS					38
38.01	REDUCED REIMBURSABLE BAD DEBTS					38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					38.02
39	UTILIZATION REVIEW					39
40	SUBTOTAL					40
41	INPATIENT ROUTINE SERVICE COST					41
42	MEDICARE INPATIENT ROUTINE CHARGES					42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE					43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)					44
45	RATIO OF LINE 43 TO LINE 44					45
46	TOTAL CUSTOMARY CHARGES					46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST					47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES					48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION					49
50	OTHER ADJUSTMENTS					50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS					51
52	SUBTOTAL					52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT					53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER					55
56	SEQUESTRATION ADJUSTMENT					56
57	INTERIM PAYMENTS					57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					57.01
58	BALANCE DUE PROVIDER/PROGRAM					58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2					59

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

WORKSHEET E-3  
 PART IV

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

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	1.54 3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	1.54 3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	1.19 3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	1.19 3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	1.24 3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	1.24 3.09
3.10	SEE INSTRUCTIONS	1.24 3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	1.24 3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	1.00 3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	0.96 3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	1.07 3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	1.07 3.16
3.17	SEE INSTRUCTIONS	75656.23 3.17
3.18	SEE INSTRUCTIONS	80952 3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		80952	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		23578	4
5	TOTAL INPATIENT DAYS		41496	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.568199	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 45997		45997	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2792	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		41496	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		4677	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0		0	6.08
	PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD			
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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

WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[XX] TITLE XVIII

[ ] TITLE XIX

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

12	REASONABLE COST	43615129	12
13	ORGAN ACQUISITION COSTS		13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	18578	15
16	TOTAL PART A REASONABLE COST	43596551	16
PART B REASONABLE COST			
17	REASONABLE COST	6301707	17
18	PRIMARY PAYER PAYMENTS	435	18
19	TOTAL PART B REASONABLE COST	6301272	19
20	TOTAL REASONABLE COST	49897823	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.873716	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.126284	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	50674	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	44275	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	6399	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)  
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WORKSHEET E-3  
PART IV

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

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

WORKSHEET E-3  
 PART IV  
 (CONT)

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

3.19	SEE INSTRUCTIONS			3.19
3.20	SEE INSTRUCTIONS			3.20
3.21	SEE INSTRUCTIONS			3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001			3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		3788	4
5	TOTAL INPATIENT DAYS		41496	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.091286	6
		[LINE 6 x ] [E-3,PART 6]		
		[LINE 3.25] [ LINE 11 ]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD			6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		41496	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD			6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO ] [E-3,PART 6]		
		[ 422 ] [ LINE 12 ]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0	0	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS			7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES			9
10	MEDICARE O/P ESRD CHARGES			10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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PERIOD FROM 07/01/2008 TO 06/30/2009

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DIRECT GRADUATE MEDICAL EDUCATION (GME)  
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WORKSHEET E-3  
PART IV  
(CONT)

[ ] TITLE V

[ ] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16

PART B REASONABLE COST

17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	26203552			1
2	TEMPORARY INVESTMENTS				2
3	NOTES RECEIVABLE				3
4	ACCOUNTS RECEIVABLE	15537192			4
5	OTHER RECEIVABLES				5
6	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1740740			6
7	INVENTORY	2563355			7
8	PREPAID EXPENSES	1818258			8
9	OTHER CURRENT ASSETS	4901975			9
10	DUE FROM OTHER FUNDS				10
11	TOTAL CURRENT ASSETS	49283592			11
FIXED ASSETS					
12	LAND	4293071			12
12.01	ACCUMULATED DEPRECIATION				12.01
13	LAND IMPROVEMENTS				13
13.01	ACCUMULATED DEPRECIATION	-119300481			13.01
14	BUILDINGS	118105311			14
14.01	ACCUMULATED DEPRECIATION				14.01
15	LEASEHOLD IMPROVEMENTS				15
15.01	ACCUMULATED AMORTIZATION				15.01
16	FIXED EQUIPMENT	50495400			16
16.01	ACCUMULATED DEPRECIATION				16.01
17	AUTOMOBILES AND TRUCKS				17
17.01	ACCUMULATED DEPRECIATION				17.01
18	MAJOR MOVABLE EQUIPMENT				18
18.01	ACCUMULATED DEPRECIATION				18.01
19	MINOR EQUIPMENT DEPRECIABLE				19
19.01	ACCUMULATED DEPRECIATION				19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE				20
21	TOTAL FIXED ASSETS	53593301			21
OTHER ASSETS					
22	INVESTMENTS				22
23	DEPOSITS ON LEASES				23
24	DUE FROM OWNERS/OFFICERS				24
25	OTHER ASSETS	851772			25
26	TOTAL OTHER ASSETS	851772			26
27	TOTAL ASSETS	103728665			27
LIABILITIES AND FUND BALANCES					
		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT LIABILITIES					
28	ACCOUNTS PAYABLE	6961889			28
29	SALARIES, WAGES & FEES PAYABLE	7304898			29
30	PAYROLL TAXES PAYABLE	1410377			30
31	NOTES & LOANS PAYABLE (SHORT TERM)	13864781			31
32	DEFERRED INCOME				32
33	ACCELERATED PAYMENTS				33
34	DUE TO OTHER FUNDS				34
35	OTHER CURRENT LIABILITIES	1077122			35
36	TOTAL CURRENT LIABILITIES	30619067			36
LONG-TERM LIABILITIES					
37	MORTGAGE PAYABLE				37
38	NOTES PAYABLE	39848			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	45765293			41
42	TOTAL LONG TERM LIABILITIES	45805141			42
43	TOTAL LIABILITIES	76424208			43
CAPITAL ACCOUNTS					
44	GENERAL FUND BALANCE	27304457			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	27304457			51
52	TOTAL LIABILITIES AND FUND BALANCES	103728665			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	121824728			1
2 NET INCOME (LOSS)	6353751			2
3 TOTAL	128178479			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5				5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS				10
11 SUBTOTAL	128178479			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)	100874022			12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	100874022			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	27304457			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	80831824		80831824	1
4 SUBPROVIDER I	7005585		7005585	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY	6789002		6789002	6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	94626411		94626411	9
11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
12 INTENSIVE CARE UNIT	21047077		21047077	10
13 CORONARY CARE UNIT				11
14 BURN INTENSIVE CARE UNIT				12
15 SURGICAL INTENSIVE CARE UNIT				13
16 OTHER SPECIAL CARE (SPECIFY)				14
17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	21047077		21047077	15
18 TOTAL INPATIENT ROUTINE CARE SERVICES	115673488		115673488	16
19 ANCILLARY SERVICES	351078903	180846241	531925144	17
20 OUTPATIENT SERVICES	17836258	24701758	42538016	18
18.50 RHC				18.50
18.60 FQHC				18.60
21 HOME HEALTH AGENCY				19
22 AMBULANCE				20
23 CORF				21
24 ASC				22
25 HOSPICE				23
26 TOTAL PATIENT REVENUES	484588649	205547999	690136648	24

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		124656087	26
27 ADD (SPECIFY)			27
28 BAD DEBTS	4892870		28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		4892870	33
34 DEDUCT (SPECIFY)			34
35 IDPA TAX	-3347110		35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS	-3347110		39
40 TOTAL OPERATING EXPENSES		126201847	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	690136648	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	565707579	2
3	NET PATIENT REVENUES	124429069	3
4	LESS - TOTAL OPERATING EXPENSES	126201847	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1772778	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	121862	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	13862	8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	349538	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	285	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES	10744	21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	DAY CARE		24
24.01	REFERENCE LAB	4240769	24.01
24.02	MISCELLANEOUS	1577426	24.02
24.03	GAIN ON INVESTMENTS		24.03
24.04	NET IDPA IMPACT	1812043	24.04
25	TOTAL OTHER INCOME	8126529	25
26	TOTAL	6353751	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	6353751	31

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7255

WORKSHEET H

	SALARIES	EMPLOYEE	TRANS-	CONTRACTED/	OTHER	TOTAL HHA
	1	BENEFITS	PORTATION	PURCH SVCS	COSTS	COST
		2	3	4	5	6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED-BLDG & FIXTURES						1
2 CAPITAL RELATED-MOVABLE EQUIPMENT						2
3 PLANT OPERATION & MAINTENANCE						3
4 TRANSPORTATION						4
5 ADMINISTRATIVE AND GENERAL	458589		48455		86862	593906
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	831091					831091
7 PHYSICAL THERAPY	380279					380279
8 OCCUPATIONAL THERAPY	26738			24693		51431
9 SPEECH PATHOLOGY	1972					1972
10 MEDICAL SOCIAL SERVICES	55935					55935
11 HOME HEALTH AIDE	61486					61486
12 SUPPLIES					45852	45852
13 DRUGS						13
13.20 COST OF ADMINISTERING VACCINES						13.20
14 DME						14
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SERVICES						15
16 RESPIRATORY THERAPY						16
17 PRIVATE DUTY NURSING						17
18 CLINIC						18
19 HEALTH PROMOTION ACTIVITIES						19
20 DAY CARE PROGRAM						20
21 HOME DELIVERED MEALS PROGRAM						21
22 HOMEMAKER SERVICE						22
23 ALL OTHERS						23
23.50 TELEMEDICINE						23.50
24 TOTAL	1816090		48455	24693	132714	2021952

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7255

WORKSHEET H  
 (CONTINUED)

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10	
GENERAL SERVICE COST CENTER					
1 CAPITAL RELATED-BLDG & FIXTURES					1
2 CAPITAL RELATED-MOVABLE EQUIPMENT					2
3 PLANT OPERATION & MAINTENANCE					3
4 TRANSPORTATION					4
5 ADMINISTRATIVE AND GENERAL		593906		593906	5
HHA REIMBURSABLE SERVICES					
6 SKILLED NURSING CARE		831091		831091	6
7 PHYSICAL THERAPY		380279		380279	7
8 OCCUPATIONAL THERAPY		51431		51431	8
9 SPEECH PATHOLOGY		1972		1972	9
10 MEDICAL SOCIAL SERVICES		55935		55935	10
11 HOME HEALTH AIDE		61486		61486	11
12 SUPPLIES		45852		45852	12
13 DRUGS					13
13.20 COST OF ADMINISTERING VACCINES					13.20
14 DME					14
HHA NONREIMBURSABLE SERVICES					
15 HOME DIALYSIS AIDE SERVICES					15
16 RESPIRATORY THERAPY					16
17 PRIVATE DUTY NURSING					17
18 CLINIC					18
19 HEALTH PROMOTION ACTIVITIES					19
20 DAY CARE PROGRAM					20
21 HOME DELIVERED MEALS PROGRAM					21
22 HOMEMAKER SERVICE					22
23 ALL OTHERS					23
23.50 TELEMEDICINE					23.50
24 TOTAL		2021952		2021952	24

COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7255

WORKSHEET H-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6
1 GENERAL SERVICE COST CENTER								1
2 CAPITAL RELATED-BLDG & FIXT								2
3 CAPITAL RELATED-MOVABLE EQUIP								3
4 PLANT OPERATION & MAINTENANCE								4
5 TRANSPORTATION								4
5 ADMINISTRATIVE AND GENERAL	593906					593906	593906	5
HHA REIMBURSABLE SERVICES								
6 SKILLED NURSING CARE	831091					831091	345641	1176732 6
7 PHYSICAL THERAPY	380279					380279	158153	538432 7
8 OCCUPATIONAL THERAPY	51431					51431	21389	72820 8
9 SPEECH PATHOLOGY	1972					1972	820	2792 9
10 MEDICAL SOCIAL SERVICES	55935					55935	23263	79198 10
11 HOME HEALTH AIDE	61486					61486	25571	87057 11
12 SUPPLIES	45852					45852	19069	64921 12
13 DRUGS								13
13.20 COST OF ADMINISTERING VACCINES								13.20
14 DME								14
HHA NONREIMBURSABLE SERVICES								
15 HOME DIALYSIS AIDE SERVICES								15
16 RESPIRATORY THERAPY								16
17 PRIVATE DUTY NURSING								17
18 CLINIC								18
19 HEALTH PROMOTION ACTIVITIES								19
20 DAY CARE PROGRAM								20
21 HOME DELIVERED MEALS PROGRAM								21
22 HOMEMAKER SERVICE								22
23 ALL OTHERS								23
23.50 TELEMEDICINE								23.50
24 TOTAL	2021952					2021952		2021952 24

COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-4  
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							
1 CAPITAL RELATED-BLDG & FIXT							1
2 CAPITAL RELATED-MOVABLE EQUIP							2
3 PLANT OPERATION & MAINTENANCE							3
4 TRANSPORTATION							4
5 ADMINISTRATIVE AND GENERAL HHA REIMBURSABLE SERVICES					-593906	1428046	5
6 SKILLED NURSING CARE						831091	6
7 PHYSICAL THERAPY						380279	7
8 OCCUPATIONAL THERAPY						51431	8
9 SPEECH PATHOLOGY						1972	9
10 MEDICAL SOCIAL SERVICES						55935	10
11 HOME HEALTH AIDE						61486	11
12 SUPPLIES						45852	12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL					-593906	1428046	24
25 COST TO BE ALLOC (PER W/S H)						593906	25
26 UNIT COST MULTIPLIER						.415887	26







ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7255

WORKSHEET H-5  
 PART I

HHA COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		524584		524584			1
2 SKILLED NURSING CARE		1744576		1744576	306481	2051057	2
3 PHYSICAL THERAPY		798259		798259	140236	938495	3
4 OCCUPATIONAL THERAPY		99732		99732	17521	117253	4
5 SPEECH PATHOLOGY		4139		4139	727	4866	5
6 MEDICAL SOCIAL SERVICES		117416		117416	20627	138043	6
7 HOME HEALTH AIDE		129067		129067	22674	151741	7
8 SUPPLIES		92888		92888	16318	109206	8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		3510661		3510661	524584	3510661	20
21 UNIT COST MULTIPLIER					.175677		21

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-5  
 PART II

HHA COST CENTER	OLD CAP BLDGS & FIXTURES SQUARE FEET	OLD CAP MOVABLE EQUIPMENT DOLLAR VALUE	NEW CAP- REL COSTS BLDG&FIXT SQUARE FEET	NEW CAP- REL COSTS MOV EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION	ADMINI- STRATIVE & GENERAL ACCUM COST	MAINTEN- ANCE AND REPAIRS MAINT REQS	
	1	2	3	4	5	6A	6	7	
1 ADMINISTRATIVE AND GENERAL				17738	458589		140060	6349	1
2 SKILLED NURSING CARE					831091		1398787		2
3 PHYSICAL THERAPY					380279		640037		3
4 OCCUPATIONAL THERAPY					26738		79964		4
5 SPEECH PATHOLOGY					1973		3319		5
6 MEDICAL SOCIAL SERVICES					55935		94143		6
7 HOME HEALTH AIDE					61486		103485		7
8 SUPPLIES							64921		8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS				17738	1816091		2524716	6349	20
21 TOTAL COST TO BE ALLOCATED				17532	485232		624127	6123	21
22 UNIT COST MULTIPLIER					.267185		.247207		22
22 UNIT COST MULTIPLIER				.988387				.964404	22

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS  
 STATISTICAL BASIS

HHA NO.: 14-7255

WORKSHEET H-5  
 PART II

HHA COST CENTER	OPERATION OF PLANT SQUARE FEET	LAUNDRY AND LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAIN-TENANCE OF PERSONNEL NUMBER HOUSED	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
	8	9	10	11	12	13	14	15	
1 ADMINISTRATIVE AND GENERAL			1234		2446		2446		1
2 SKILLED NURSING CARE									2
3 PHYSICAL THERAPY									3
4 OCCUPATIONAL THERAPY									4
5 SPEECH PATHOLOGY									5
6 MEDICAL SOCIAL SERVICES									6
7 HOME HEALTH AIDE									7
8 SUPPLIES								51283	8
9 DRUGS									9
9.20 COST OF ADMINISTERING VACC									9.20
10 DME									10
11 HOME DIALYSIS AIDE SERVICE									11
12 RESPIRATORY THERAPY									12
13 PRIVATE DUTY NURSING									13
14 CLINIC									14
15 HEALTH PROMOTION ACTIVITIE									15
16 DAY CARE PROGRAM									16
17 HOME DELIVERED MEALS PROGR									17
18 HOMEMAKER SERVICE									18
19 ALL OTHERS									19
19.50 TELEMEDICINE									19.50
20 TOTALS			1234		2446		2446	51283	20
21 TOTAL COST TO BE ALLOCATED			141095		34539		168143	10990	21
22 UNIT COST MULTIPLIER			114.339546		14.120605		68.742028		22
22 UNIT COST MULTIPLIER								.214301	22



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7255

WORKSHEET H-6  
 PARTS I & II

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

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
		2	1	2	3	4	5	
1	SKILLED NURSING CARE		2051057		2051057	9155	224.04	1
2	PHYSICAL THERAPY		938495		938495	6467	145.12	2
3	OCCUPATIONAL THERAPY		117253		117253	528	222.07	3
4	SPEECH PATHOLOGY		4866		4866	42	115.86	4
5	MEDICAL SOCIAL SERV		138043		138043	587	235.17	5
6	HOME HEALTH AIDE SERV		151741		151741	2161	70.22	6
7	TOTAL		3401455		3401455	18940		7
LIMITATION COST COMPUTATION			MSA				PROGRAM	
PATIENT SERVICES			NO.				COST	
							LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE		1600					8
9	PHYSICAL THERAPY		1600					9
10	OCCUPATIONAL THERAPY		1600					10
11	SPEECH PATHOLOGY		1600					11
12	MEDICAL SOCIAL SERV		1600					12
13	HOME HEALTH AIDE SERV		1600					13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
		8	1	2	3	4	5	
15	COST OF MEDICAL SUPPLIES		109206		109206	43780	2.494427	15
16	COST OF DRUGS							16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA	AMOUNT	
						NO.	2	
						1		
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4					1600		17
18	PER BENEFICIARY COST LIMITATION					1600		18
19	PER BENEFICIARY COST LIMITATION							19



APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7255

WORKSHEET H-6  
 PARTS II & III

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

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

	FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I	
	1	2	3	4	5	6
1	PHYSICAL THERAPY 50	.199651			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY 51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY 52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA 55	.158981			COL 2, LINE 15	4
4.30	IMPL. DEV. CHARGED TO PATIENT 55.30				COL 2, LINE 15	4.30
5	DRUGS CHARGED TO PATIENTS 56	.073641			COL 2, LINE 16	5
5.01	OUTPATIENT PHARMACY 56.01	1.200200			COL 2, LINE 16	5.01

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE

	FROM PART I COL. 5	COST PER VISIT	PRIOR TO 1/1/98	PROGRAM VISITS FROM 1/1/98 THRU 12/31/98	PRIOR TO 1/1/98	PROGRAM COST FROM 1/1/98 THRU 12/31/98	PROGRAM VISITS ON OR AFTER 1/1/99	
	1	2	3	4	5	6	7	
1	PHYSICAL THERAPY 2	145.12	2.01	3	3.01	4	5	1
2	OCCUPATIONAL THERAPY 3	222.07						2
3	SPEECH PATHOLOGY 4	115.86						3
4	TOTAL							4

CALCULATION OF HHA REMIBURSEMENT SETTLEMENT

HHA NO.: 14-7255

WORKSHEET H-7  
 PARTS I & II

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

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

DESCRIPTION	PART A 1	----- PART B -----		
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3	
REASONABLE COST OF PROGRAM SERVICES				
1 REASONABLE COST OF SERVICES				1
2 TOTAL CHARGES	1596039	1073516		2
CUSTOMARY CHARGES				
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				3
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)				4
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)				5
6 TOTAL CUSTOMARY CHARGES	1596039	1073516		6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	1596039	1073516		7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES				8
9 PRIMARY PAYOR PAYMENTS				9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	1577356	1014266	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	11648	32348	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	7035	26903	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	1596039	1073517	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	1596039	1073517	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	1596039	1073517	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1596039	1073517	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			21
22 SUBTOTAL	1596039	1073517	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	1596039	1073517	24
25 TOTAL INTERIM PAYMENTS	1596039	1073517	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S  
 FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7255

WORKSHEET H-8

DESCRIPTION	PART A		PART B	
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1596039		1073517
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM				3.01
ADJUSTMENT AMOUNT BASED ON SUBSEQUENT	PROGRAM			3.02
REVISION OF THE INTERIM RATE FOR THE COST	TO	NONE	NONE	3.03
REPORTING PERIOD. ALSO SHOW DATE OF EACH	PROVIDER			3.04
PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.				3.05
				3.50
	PROVIDER			3.51
	TO	NONE	NONE	3.52
	PROGRAM			3.53
				3.54
SUBTOTAL				3.99
4 TOTAL INTERIM PAYMENTS		1596039		1073517
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM			5.01
	TO	NONE	NONE	5.02
	PROVIDER			5.03
	PROVIDER			5.50
	TO	NONE	NONE	5.51
	PROGRAM			5.52
SUBTOTAL				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO			6.01
	PROVIDER			6.02
	PROVIDER TO			6.02
	PROGRAM			
7 TOTAL MEDICARE PROGRAM LIABILITY		1596039		1073517

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

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

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1561

WORKSHEET K

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED SERVICES 4	OTHER 5	TOTAL 6
GENERAL SERVICE COST CENTER						
1 CAPITAL RELATED COSTS-BLDG AND FIXT.						1
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.						2
3 PLANT OPERATION AND MAINTENANCE						3
4 TRANSPORTATION - STAFF						4
5 VOLUNTEER SERVICE COORDINATION						5
6 ADMINISTRATIVE AND GENERAL	106947			15637	43554	166138
INPATIENT CARE SERVICE						
7 INPATIENT - GENERAL CARE						7
8 INPATIENT - RESPITE CARE						8
VISITING SERVICES						
9 PHYSICIAN SERVICES						9
10 NURSING CARE	85669		4207			89876
10.20 NURSING CARE-CONTINUOUS HOME CARE						10.20
11 PHYSICAL THERAPY						11
12 OCCUPATIONAL THERAPY						12
13 SPEECH/LANGUAGE PATHOLOGY						13
14 MEDICAL SOCIAL SERVICES	23253					23253
15 SPIRITUAL COUNSELING						15
16 DIETARY COUNSELING						16
17 COUNSELING - OTHER	22941					22941
18 HOME HEALTH AIDE AND HOMEMAKER	15557					15557
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE						18.20
19 OTHER						19
OTHER HOSPICE SERVICE COSTS						
20 DRUGS, BIOLOGICAL & INFUSION THERAPY					25691	25691
20.30 ANALGESICS						20.30
20.31 SEDATIVES / HYPNOTICS						20.31
20.32 OTHER - SPECIFY						20.32
21 DURABLE MEDICAL EQUIPMENT/OXYGEN						21
22 PATIENT TRANSPORTATION						22
23 IMAGING SERVICES						23
24 LABS AND DIAGNOSTICS						24
25 MEDICAL SUPPLIES					6214	6214
26 OUTPATIENT SERVICES (INCLUDING E/R DEPT.)						26
27 RADIATION THERAPY						27
28 CHEMOTHERAPY						28
29 OTHER						29
HOSPICE NONREIMBURSABLE SERVICE						
30 BEREAVEMENT PROGRAM COSTS						30
31 VOLUNTEER PROGRAM COSTS						31
32 FUNDRAISING						32
33 OTHER PROGRAM COSTS						33
34 TOTAL	254367		4207	15637	75459	349670

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

HOSPICE NO.: 14-1561

WORKSHEET K  
 (CONTINUED)

	RECLASSIFI- CATION 7	SUBTOTAL 8	ADJUSTMENTS 9	TOTAL 10	
1	GENERAL SERVICE COST CENTER				1
2	CAPITAL RELATED COSTS-BLDG AND FIXT.				2
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.				3
4	PLANT OPERATION AND MAINTENANCE				4
5	TRANSPORTATION - STAFF				5
6	VOLUNTEER SERVICE COORDINATION				6
7	ADMINISTRATIVE AND GENERAL	166138		166138	7
8	INPATIENT CARE SERVICE				8
9	INPATIENT - GENERAL CARE				9
10	INPATIENT - RESPITE CARE				10
11	VISITING SERVICES				11
12	PHYSICIAN SERVICES	26000		26000	12
13	NURSING CARE			89876	13
14	NURSING CARE-CONTINUOUS HOME CARE				14
15	PHYSICAL THERAPY				15
16	OCCUPATIONAL THERAPY				16
17	SPEECH/LANGUAGE PATHOLOGY				17
18	MEDICAL SOCIAL SERVICES	23253		23253	18
19	SPIRITUAL COUNSELING				19
20	DIETARY COUNSELING				20
21	COUNSELING - OTHER	22941		22941	21
22	HOME HEALTH AIDE AND HOMEMAKER	15557		15557	22
23	HH AIDE & HOMEMAKER-CONT. HOME CARE				23
24	OTHER				24
25	OTHER HOSPICE SERVICE COSTS				25
26	DRUGS, BIOLOGICAL & INFUSION THERAPY	25691		25691	26
27	ANALGESICS				27
28	SEDATIVES / HYPNOTICS				28
29	OTHER - SPECIFY				29
30	DURABLE MEDICAL EQUIPMENT/OXYGEN				30
31	PATIENT TRANSPORTATION				31
32	IMAGING SERVICES				32
33	LABS AND DIAGNOSTICS				33
34	MEDICAL SUPPLIES	6214		6214	34
35	OUTPATIENT SERVICES (INCLUDING E/R DEPT.)				35
36	RADIATION THERAPY				36
37	CHEMOTHERAPY				37
38	OTHER				38
39	HOSPICE NONREIMBURSABLE SERVICE				39
40	BEREAVEMENT PROGRAM COSTS				40
41	VOLUNTEER PROGRAM COSTS				41
42	FUNDRAISING				42
43	OTHER PROGRAM COSTS				43
44	TOTAL	26000	375670	375670	44

HOSPICE COMPENSATION ANALYSIS - SALARIES AND WAGES

HOSPICE NO.: 14-1561

WORKSHEET K-1

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
GENERAL SERVICE COST CENTER									
1 CAP REL COSTS-BLDG AND FIXT.									1
2 CAP REL COSTS-MOVABLE EQUIP.									2
3 PLANT OPERATION & MAINT.									3
4 TRANSPORTATION - STAFF									4
5 VOLUNTEER SERVICE COORD.									5
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				88577				18370	106947
7 INPATIENT - GENERAL CARE									7
8 INPATIENT - RESPITE CARE VISITING SERVICES									8
9 PHYSICIAN SERVICES									9
10 NURSING CARE					85669				85669
10.20 NURSING CARE-CONT.HOME CARE									10.20
11 PHYSICAL THERAPY									11
12 OCCUPATIONAL THERAPY									12
13 SPEECH/LANGUAGE PATHOLOGY									13
14 MEDICAL SOCIAL SERVICES								23253	23253
15 SPIRITUAL COUNSELING									15
16 DIETARY COUNSELING									16
17 COUNSELING - OTHER								22941	22941
18 HH AIDE AND HOME MAKER							15557		15557
18.20 HH AIDE & HMKR-CONT.HME CARE									18.20
19 OTHER									19
OTHER HOSPICE SERVICE COSTS									
20 DRUGS, BIOL. & INFUS. THER.									20
20.30 ANALGESICS									20.30
20.31 SEDATIVES / HYPNOTICS									20.31
20.32 OTHER - SPECIFY									20.32
21 DURABLE MED. EQUIP./OXYGEN									21
22 PATIENT TRANSPORTATION									22
23 IMAGING SERVICES									23
24 LABS AND DIAGNOSTICS									24
25 MEDICAL SUPPLIES									25
26 OUTPAT.SERV.(INCL.E/R DEPT.)									26
27 RADIATION THERAPY									27
28 CHEMOTHERAPY									28
29 OTHER									29
HOSPICE NONREIMBURSABLE SERVICE									
30 BEREAVEMENT PROGRAM COSTS									30
31 VOLUNTEER PROGRAM COSTS									31
32 FUNDRAISING									32
33 OTHER PROGRAM COSTS									33
34 TOTAL				88577	85669		15557	64564	254367



HOSPICE COMPENSATION ANALYSIS - CONTRACTED SERVICES/PURCHASED SERVICES HOSPICE NO.: 14-1561 WORKSHEET K-3

	ADMINI- STRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPER- VISORS 4	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8	TOTAL 9
1	GENERAL SERVICE COST CENTER								
2	CAP REL COSTS-BLDG AND FIXT.								1
3	CAP REL COSTS-MOVABLE EQUIP.								2
4	PLANT OPERATION & MAINT.								3
5	TRANSPORTATION - STAFF								4
6	VOLUNTEER SERVICE COORD.								5
7	ADMINISTRATIVE AND GENERAL								
8	INPATIENT CARE SERVICE								15637
9	INPATIENT - GENERAL CARE								7
10	INPATIENT - RESPITE CARE								8
11	VISITING SERVICES								
12	PHYSICIAN SERVICES								9
13	NURSING CARE								10
14	NURSING CARE-CONT.HOME CARE								10.20
15	PHYSICAL THERAPY								11
16	OCCUPATIONAL THERAPY								12
17	SPEECH/LANGUAGE PATHOLOGY								13
18	MEDICAL SOCIAL SERVICES								14
19	SPIRITUAL COUNSELING								15
20	DIETARY COUNSELING								16
21	COUNSELING - OTHER								17
22	HH AIDE AND HOMEMAKER								18
23	HH AIDE & HMKR-CONT.HME CARE								18.20
24	OTHER								19
25	OTHER HOSPICE SERVICE COSTS								
26	DRUGS, BIOL. & INFUS. THER.								20
27	ANALGESICS								20.30
28	SEDATIVES / HYPNOTICS								20.31
29	OTHER - SPECIFY								20.32
30	DURABLE MED. EQUIP./OXYGEN								21
31	PATIENT TRANSPORTATION								22
32	IMAGING SERVICES								23
33	LABS AND DIAGNOSTICS								24
34	MEDICAL SUPPLIES								25
35	OUTPAT.SERV.(INCL.E/R DEPT.)								26
36	RADIATION THERAPY								27
37	CHEMOTHERAPY								28
38	OTHER								29
39	HOSPICE NONREIMBURSABLE SERVICE								
40	BEREAVEMENT PROGRAM COSTS								30
41	VOLUNTEER PROGRAM COSTS								31
42	FUNDRAISING								32
43	OTHER PROGRAM COSTS								33
44	TOTAL								15637
									15637
									34

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

HOSPICE NO.: 14-1561

WORKSHEET K-4  
 PART I

	NET EXPENSES FOR COST ALLOCATION	CAP REL COST BLDG & FIXTURES	CAP REL MOVABLE EQUIPMENT	PLANT OPERATN & MAINT	TRANSPOR- TATION	VOLUNTEER SERV. CO- ORDINATOR	SUBTOTAL 5A	ADMIN & GENERAL 6	TOTAL 7
1									1
2									2
3									3
4									4
5									5
6	166138						166138	166138	6
7									7
8									8
9	26000						26000	20615	46615
10	89876						89876	71264	161140
10.20									10.20
11									11
12									12
13									13
14	23253						23253	18437	41690
15									15
16									16
17	22941						22941	18190	41131
18	15557						15557	12335	27892
18.20									18.20
19									19
20	25691						25691	20370	46061
20.30									20.30
20.31									20.31
20.32									20.32
21									21
22									22
23									23
24									24
25	6214						6214	4927	11141
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	375670						375670		375670









ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS HOSPICE NO.: 14-1561

WORKSHEET K-5  
 PART I

HOSPICE COST CENTER	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS	
	24	25	26	27	28	29	
1 ADMINISTRATIVE AND GENERAL		65055		65055			1
2 INPATIENT - GENERAL CARE							2
3 INPATIENT - RESPITE CARE							3
4 PHYSICIAN SERVICES		58695		58695	6950	65645	4
5 NURSING CARE		260680		260680	30869	291549	5
5.20 NURSING CARE-CONTINUOUS HOM							5.20
6 PHYSICAL THERAPY							6
7 OCCUPATIONAL THERAPY							7
8 SPEECH/LANGUAGE PATHOLOGY							8
9 MEDICAL SOCIAL SERV. - DIRE		59745		59745	7075	66820	9
10 SPIRITUAL COUNSELING							10
11 DIETARY COUNSELING							11
12 COUNSELING - OTHER		58943		58943	6980	65923	12
13 HOME HLTH AIDE & HOMEMAKERS		39972		39972	4733	44705	13
13.20 HH AIDE & HMKR-CONT. HOME C							13.20
14 OTHER							14
15 DRUGS,BIOLOGICALS & INFUSIO		57448		57448	6803	64251	15
15.30 ANALGESICS							15.30
15.31 SEDATIVES / HYPNOTICS							15.31
15.32 OTHER - SPECIFY							15.32
16 DURABLE MED. EQUIP./OXYGEN							16
17 PATIENT TRANSPORTATION							17
18 IMAGING SERVICES							18
19 LABS AND DIAGNOSTICS							19
20 MEDICAL SUPPLIES		13895		13895	1645	15540	20
21 OUTPAT. SERV.(INCL.E/R DEPT							21
22 RADIATION THERAPY							22
23 CHEMOTHERAPY							23
24 OTHER							24
25 BEREAVEMENT PROGRAM COSTS							25
26 VOLUNTEER PROGRAM COSTS							26
27 FUNDRAISING							27
28 OTHER PROGRAM COSTS							28
29 TOTALS		614433		614433		614433	29
30 UNIT COST MULTIPLIER					.118416		30







APPORIONMENT OF HOSPICE SHARED SERVICES

HOSPICE NO.: 14-1561

WORKSHEET K-5  
 PART III

PART III - COMPUTATION OF TOTAL HOSPICE SHARED COSTS

	WKST C, PART I, COL. 9, LINE 0	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
ANCILLARY SERVICE COST CENTERS				
1	PHYSICAL THERAPY	50	0.199651	1
2	OCCUPATIONAL THERAPY	51		2
3	SPEECH/LANGUAGE PATHOLOGY	52		3
4	DRUGS, BIOLOGICALS AND INFUSION	56	0.073641	4
4.01	OUTPATIENT PHARMACY	56.01	1.200200	4.01
5	DURABLE MEDICAL EQUIPMENT/OXYGEN	67		5
6	LABS AND DIAGNOSTICS	44	0.119523	6
7	MEDICAL SUPPLIES	55	0.158981	7
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30		7.30
8	OUTPATIENT SERVICES (INCL. E/R DEPT)	61	0.165577	8
9	RADIATION THERAPY	41	0.246061	9
10	LITHOTRIPSY	59		10
10.01	CARDIAC REHABILITATION	59.01	0.767127	10.01
10.03	CARDIAC CATHERIZATION LAB	59.03	0.072811	10.03
10.05	INPATIENT RENAL DIALYSIS	59.05	0.157523	10.05
11	TOTALS			11

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CALCULATION OF HOSPICE PER DIEM COST

HOSPICE NO.: 14-1561

WORKSHEET K-6

COMPUTATION OF PER DIEM COST	TITLE XVIII 1	TITLE XIX 2	OTHER 3	TOTAL 4	
1 TOTAL COST				614433	1
2 TOTAL UNDUPLICATED DAYS				5231	2
3 AGGREGATE COST PER DIEM				117.46	3
4 UNDUPLICATED MEDICARE DAYS	5021				4
5 AGGREGATE MEDICARE COST	589767				5
6 UNDUPLICATED MEDICAID DAYS					6
7 AGGREGATE MEDICAID COST					7
8 UNDUPLICATED SNF DAYS					8
9 AGGREGATE SNF COST					9
10 UNDUPLICATED NF DAYS					10
11 AGGREGATE NF COST					11
12 OTHER UNDUPLICATED DAYS			210		12
13 AGGREGATE COST FOR OTHER DAYS			24667		13

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0008)	HOSPITAL (14-0008)	SUB I	SUB II	SUB III
	1	1.01			
PART I - FULLY PROSPECTIVE METHOD					
1					1
					CAPITAL FEDERAL AMOUNT
2	2159828				2
					CAPITAL DRG OTHER THAN OUTLIER
3					3
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997
3.01	51002				3.01
					CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997
4	104.38				4
					INDIRECT MEDICAL EDUCATION ADJUSTMENT
					TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [ E-3,PT VI,LN.18]
4.01	1.05	0.00			4.01
					NO. OF INTERNS & RESIDENTS [E,PT A,LN.3.17][x E-3,PT VI,LN.1]
4.02	0.28				4.02
					INDIRECT MEDICAL EDUCATION PERCENTAGE
4.03	6048				4.03
					INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT
5	0.0367				5
					% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS
5.01	0.1172				5.01
					% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I
5.02	0.1539				5.02
					SUM OF LINES 5 AND 5.01
5.03	0.0317				5.03
					ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE
5.04	68467				5.04
					DISPROPORTIONATE SHARE ADJUSTMENT
6	2285345				6
					TOTAL PROSPECTIVE CAPITAL PAYMENTS
PART II - HOLD HARMLESS METHOD					
1					1
					NEW CAPITAL
2					2
					OLD CAPITAL
3					3
					TOTAL CAPITAL
4					4
					RATIO OF NEW CAPITAL TO TOTAL CAPITAL
5					5
					TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE
6					6
					REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT
7					7
					REDUCED OLD CAPITAL AMOUNT
8					8
					HOLD HARMLESS PAYMENT FOR NEW CAPITAL
9					9
					SUBTOTAL
10					10
					PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)
PART III - PAYMENT UNDER REASONABLE COST					
1					1
					PROGRAM INPATIENT ROUTINE CAPITAL COST
2					2
					PROGRAM INPATIENT ANCILLARY CAPITAL COST
3					3
					TOTAL INPATIENT PROGRAM CAPITAL
4					4
					CAPITAL COST PAYMENT FACTOR
5					5
					TOTAL INPATIENT PROGRAM CAPITAL COST
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1					1
					PROGRAM INPATIENT CAPITAL COSTS
2					2
					PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES
3					3
					NET PROGRAM INPATIENT CAPITAL COSTS
4					4
					APPLICABLE EXCEPTION PERCENTAGE
5					5
					CAPITAL COST FOR COMPARISON TO PAYMENTS
6					6
					PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES
7					7
					ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES
8					8
					CAPITAL MINIMUM PAYMENT LEVEL
9					9
					CURRENT YEAR CAPITAL PAYMENTS
10					10
					CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS
11					11
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT
12					12
					NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS
13					13
					CURRENT YEAR EXCEPTION PAYMENT
14					14
					CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD
15					15
					CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)
16					16
					CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)
17					17
					CURRENT YEAR EXCEPTION OFFSET AMOUNT

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
31 SUBPROVIDER I					31
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
38 RECOVERY ROOM					38
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
43 RADIOISOTOPE					43
43.01 ULTRASOUND					43.01
43.02 MRI-CT SCANS					43.02
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
55.30 IMPL. DEV. CHARGED TO PATIENT					55.30
56 DRUGS CHARGED TO PATIENTS					56
56.01 OUTPATIENT PHARMACY					56.01
59 LITHOTRIPSY					59
59.01 CARDIAC REHABILITATION					59.01
59.03 CARDIAC CATHERIZATION LAB					59.03
59.05 INPATIENT RENAL DIALYSIS					59.05
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
60.01 OUTPATIENT INFUSION PROCEDURES					60.01
60.02 WOUND CARE					60.02
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
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
93 HOSPICE					93
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1  
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
98 PHYSICIANS' PRIVATE OFFICES						98
98.01 NON-EMPLOYEE CHILD CARE CENTER						98.01
99 NONPAID WORKERS						99
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	52.23		9.43				61.66 25
26 INTENSIVE CARE UNIT	52.29		11.15				63.44 26
33 NURSERY			45.13				45.13 33
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	23.93	11.65					35.58 37
38 RECOVERY ROOM	17.02	19.58					36.60 38
39 DELIVERY ROOM & LABOR ROOM	0.06	0.01					0.07 39
40 ANESTHESIOLOGY	15.25	7.34					22.59 40
41 RADIOLOGY-DIAGNOSTIC	27.16	20.32					47.48 41
43 RADIOISOTOPE	22.96	21.97					44.93 43
43.01 ULTRASOUND	9.91	7.06					16.97 43.01
43.02 MRI-CT SCANS	16.75	18.00					34.75 43.02
44 LABORATORY	30.52	1.79					32.31 44
49 RESPIRATORY THERAPY	23.43	4.81					28.24 49
50 PHYSICAL THERAPY	16.05	0.46					16.51 50
53 ELECTROCARDIOLOGY	31.18	11.08					42.26 53
54 ELECTROENCEPHALOGRAPHY	13.85	6.22					20.07 54
55 MEDICAL SUPPLIES CHARGED TO PAT	43.97	8.82					52.79 55
56 DRUGS CHARGED TO PATIENTS	40.41	4.29					44.70 56
59.03 CARDIAC CATHERIZATION LAB	29.52	13.66					43.18 59.03
59.05 INPATIENT RENAL DIALYSIS		0.09					0.09 59.05
60 CLINIC		17.49					17.49 60
60.02 WOUND CARE	0.14	10.55					10.69 60.02
61 EMERGENCY	21.19	12.71					33.90 61
101 TOTAL CHARGES	24.10	7.07					31.17 101

\*\*\*\*\* 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	91.64						91.64 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
38 RECOVERY ROOM	0.03						0.03 38
41 RADIOLOGY-DIAGNOSTIC	0.27						0.27 41
43 RADIOISOTOPE	0.09						0.09 43
43.01 ULTRASOUND	0.08						0.08 43.01
43.02 MRI-CT SCANS	0.47						0.47 43.02
44 LABORATORY	0.64						0.64 44
49 RESPIRATORY THERAPY	0.11						0.11 49
50 PHYSICAL THERAPY	0.96						0.96 50
53 ELECTROCARDIOLOGY	0.18						0.18 53
54 ELECTROENCEPHALOGRAPHY	2.55						2.55 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.05						0.05 55
56 DRUGS CHARGED TO PATIENTS	1.41						1.41 56
59.03 CARDIAC CATHERIZATION LAB	0.01						0.01 59.03
61 EMERGENCY	0.05						0.05 61
101 TOTAL CHARGES	0.39						0.39 101

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

SNF / NF

COST CENTERS	SNF		NF		NF		TOTAL THIRD PARTY	UTIL
	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----			
	PART A	PART B	INPATIENT	OUTPATIENT	INPATIENT	OUTPATIENT		
	1	2	3	4	5	6	7	
UTILIZATION PERCENTAGES BASED ON DAYS								
34 SKILLED NURSING FACILITY		80.68					80.68	34
UTILIZATION PERCENTAGES BASED ON CHARGES								
40 ANESTHESIOLOGY		0.20					0.20	40
41 RADIOLOGY-DIAGNOSTIC		1.07					1.07	41
43 RADIOISOTOPE		0.18					0.18	43
43.01 ULTRASOUND		0.23					0.23	43.01
44 LABORATORY		2.45					2.45	44
49 RESPIRATORY THERAPY		2.16					2.16	49
50 PHYSICAL THERAPY		28.65					28.65	50
53 ELECTROCARDIOLOGY		0.31					0.31	53
54 ELECTROENCEPHALOGRAPHY		0.95					0.95	54
55 MEDICAL SUPPLIES CHARGED TO PAT		3.60					3.60	55
56 DRUGS CHARGED TO PATIENTS		5.45					5.45	56
59.03 CARDIAC CATHERIZATION LAB		0.12					0.12	59.03
59.05 INPATIENT RENAL DIALYSIS		0.08					0.08	59.05
101 TOTAL CHARGES		2.56					2.56	101

COST CENTER	---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT						1
2	OLD CAP REL COSTS-MVBLE EQUIP						2
3	NEW CAP REL COSTS-BLDG & FIXT	3606919	2.97	-3606919	-6.16		3
4	NEW CAP REL COSTS-MVBLE EQUIP	3518498	2.90	-3518498	-6.01		4
5	EMPLOYEE BENEFITS	14147034	11.65	-14147034	-24.18		5
6	ADMINISTRATIVE & GENERAL	20662257	17.02	-20662257	-35.31		6
7	MAINTENANCE & REPAIRS	1171632	.97	-1171632	-2.00		7
8	OPERATION OF PLANT	4320127	3.56	-4320127	-7.38		8
9	LAUNDRY & LINEN SERVICE	552167	.45	-552167	-.94		9
10	HOUSEKEEPING	1942341	1.60	-1942341	-3.32		10
11	DIETARY	1477767	1.22	-1477767	-2.53		11
12	CAFETERIA	311276	.26	-311276	-.53		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	1463054	1.21	-1463054	-2.50		14
15	CENTRAL SERVICES & SUPPLY	1365726	1.12	-1365726	-2.33		15
16	PHARMACY	2013840	1.66	-2013840	-3.44		16
17	MEDICAL RECORDS & LIBRARY	1528358	1.26	-1528358	-2.61		17
18	SOCIAL SERVICE	305939	.25	-305939	-.52		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	129580	.11	-129580	-.22		23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	10739529	8.85	13627013	23.29	24366542	20.07
26	INTENSIVE CARE UNIT	4462062	3.68	4054621	6.93	8516683	7.02
31	SUBPROVIDER I	843285	.69	931003	1.59	1774288	1.46
33	NURSERY	722153	.59	615149	1.05	1337302	1.10
34	SKILLED NURSING FACILITY	1967296	1.62	3083090	5.27	5050386	4.16
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	3903547	3.22	4897842	8.37	8801389	7.25
38	RECOVERY ROOM	529805	.44	436438	.75	966243	.80
39	DELIVERY ROOM & LABOR ROOM	1363098	1.12	1331934	2.28	2695032	2.22
40	ANESTHESIOLOGY	814387	.67	384546	.66	1198933	.99
41	RADIOLOGY-DIAGNOSTIC	1933707	1.59	2682980	4.58	4616687	3.80
43	RADIOISOTOPE	593217	.49	472881	.81	1066098	.88
43.01	ULTRASOUND	499243	.41	517609	.88	1016852	.84
43.02	MRI-CT SCANS	1146431	.94	1366189	2.33	2512620	2.07
44	LABORATORY	5687577	4.68	3514922	6.01	9202499	7.58
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	1239613	1.02	912771	1.56	2152384	1.77
50	PHYSICAL THERAPY	2124075	1.75	1909396	3.26	4033471	3.32
53	ELECTROCARDIOLOGY	452609	.37	535007	.91	987616	.81
54	ELECTROENCEPHALOGRAPHY	94580	.08	112645	.19	207225	.17
55	MEDICAL SUPPLIES CHARGED TO PAT	10070700	8.30	4759349	8.13	14830049	12.22
55.30	IMPL. DEV. CHARGED TO PATIENT						55.30

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
56 DRUGS CHARGED TO PATIENTS	3399030	2.80	4367101	7.46	7766131	6.40	56
56.01 OUTPATIENT PHARMACY	1802630	1.48	677388	1.16	2480018	2.04	56.01
59 LITHOTRIpsy							59
59.01 CARDIAC REHABILITATION	161997	.13	329378	.56	491375	.40	59.01
59.03 CARDIAC CATHERIZATION LAB	753380	.62	991207	1.69	1744587	1.44	59.03
59.05 INPATIENT RENAL DIALYSIS	444901	.37	110057	.19	554958	.46	59.05
60 CLINIC	4281		9354	.02	13635	.01	60
60.01 OUTPATIENT INFUSION PROCEDURES	1129		550		1679		60.01
60.02 WOUND CARE	744180	.61	336230	.57	1080410	.89	60.02
61 EMERGENCY	3684891	3.04	3519891	6.02	7204782	5.93	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	2021952	1.67	1488709	2.54	3510661	2.89	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
93 HOSPICE	375670	.31	238763	.41	614433	.51	93
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	60495	.05	76503	.13	136998	.11	96
98 PHYSICIANS' PRIVATE OFFICES	12377	.01	82139	.14	94516	.08	98
98.01 NON-EMPLOYEE CHILD CARE CENTER	87642	.07	64339	.11	151981	.13	98.01
99 NONPAID WORKERS	144731	.12	79521	.14	224252	.18	99
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	121402715	100.00	0	.00	121402715	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	TOTAL	RATIO	INPATIENT	MEDICARE	
	RELATED	CHARGES	CAPITAL	PROGRAM	INPATIENT	
	COSTS		COST TO	CHARGES	PPS CAPITAL	
	1	2	CHARGES	4	COSTS	5
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	1041592	30112308	.034590	7204478	249203	37
38 RECOVERY ROOM	51084	9010718	.005669	1533659	8694	38
39 DELIVERY ROOM & LABOR ROOM	183699	6606690	.027805	4000	111	39
40 ANESTHESIOLOGY	58417	14594967	.004003	2225047	8907	40
41 RADIOLOGY-DIAGNOSTIC	808997	18762347	.043118	5096734	219761	41
43 RADIOISOTOPE	51382	7181398	.007155	1648528	11795	43
43.01 ULTRASOUND	123591	11193694	.011041	1109277	12248	43.01
43.02 MRI-CT SCANS	368131	51267900	.007181	8586345	61659	43.02
44 LABORATORY	524219	76993552	.006809	23499606	160009	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	108849	22698381	.004795	5318656	25503	49
50 PHYSICAL THERAPY	242488	20202577	.012003	3241633	38909	50
53 ELECTROCARDIOLOGY	104977	22025337	.004766	6867902	32732	53
54 ELECTROENCEPHALOGRAPHY	19551	1491756	.013106	206537	2707	54
55 MEDICAL SUPPLIES CHARGED TO PAT	592369	93281861	.006350	41015322	260447	55
55.30 IMPL. DEV. CHARGED TO PATIENT						55.30
56 DRUGS CHARGED TO PATIENTS	245803	105458677	.002331	42612224	99329	56
56.01 OUTPATIENT PHARMACY	63591	2066337	.030775			56.01
59 LITHOTRIPSY						59
59.01 CARDIAC REHABILITATION	75091	640539	.117231			59.01
59.03 CARDIAC CATHERIZATION LAB	379526	23960643	.015840	7073562	112045	59.03
59.05 INPATIENT RENAL DIALYSIS	5561	3523033	.001578			59.05
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	2338	156457	.014943			60
60.01 OUTPATIENT INFUSION PROCEDURES	18	167236	.000108			60.01
60.02 WOUND CARE	53272	4277962	.012453	5887	73	60.02
61 EMERGENCY	460053	42538016	.010815	9013241	97478	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	47039	3351031	.014037			62
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	5611638	571563417		166262638	1401610	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	1471516		1471516	33817	43.51	17661	768430 25
26 INTENSIVE CARE UNIT	356305		356305	5364	66.43	2805	186336 26
101 TOTAL	1827821		1827821			20466	954766 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 954766

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 1401610

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 2356376

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)	35304274
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	214106895
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.165

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))	1879918
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	9062266
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.207

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)	2356376
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.011

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	6281303
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	48672695
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.129